## **CERTIFICATION**

RE: Kahill D. Hammons Y10318 18-483-SMY

> I, \_\_\_\_\_\_, hereby certify that (Name and Title of Authorized Officer - please print)

Kahill D. Hammons currently has the sum of \$\_\_\_\_\_\_ on account at Pinckneyville Correctional Center.

Signature of Authorized Officer

Dated: \_\_\_\_\_

## PURSUANT TO 28 U.S.C. § 1915(a)(2), PLEASE ATTACH A COPY OF THE INMATE'S TRUST FUND ACCOUNT STATEMENT FOR THE PAST SIX MONTHS.

Please mail the statement and this completed form to:

Clerk of Court United States District Court Southern District of Illinois P.O. Box 249 East St. Louis, IL 62201

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