## **CERTIFICATION**

RE: John Hallows 32721 18-881-JPG

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

John Hallows currently has the sum of \$\_\_\_\_\_ on account at Madison County Jail.

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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