

# UNITED STATES DISTRICT COURT

## For the Southern District of Illinois

|              |   |                    |
|--------------|---|--------------------|
| Plaintiff(s) | ) |                    |
| v.           | ) | Case Number: _____ |
| Defendant(s) | ) |                    |

### MOTION AND AFFIDAVIT TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested.

In support of this motion, I answer the following questions under penalty of perjury:

1. If incarcerated:

A. I am being held at: \_\_\_\_\_.

I have attached to this document a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months for any institutional account in my name. I am also submitting a similar statement from any other institution where I was incarcerated during the last six months. NOTE: *You must have an authorized institutional officer complete the last page of this form.*

B. I declare one of the following:

\_\_\_ I have NOT had 3 or more civil actions dismissed as being frivolous, malicious, or for failure to state a claim and/or received 3 or more “strikes” under 28 U.S.C. § 1915(g).

\_\_\_ I am proceeding under 28 U.S.C. § 1915(g), based on my claim that I am in imminent danger of serious physical injury.

2. If not incarcerated:

A. Are you ☐ Yes ☐ No employed?

B. If employed, my employer’s name and address are:

C. My gross pay or wages are: \$\_\_\_\_\_, and my take-home pay or wages are: \$ \_\_\_\_\_ per (specify pay period) \_\_\_\_\_.

3. Other Income. In the past 12 months, I have received income from the following sources (check all that apply):

- |  |                           |                          |
|--|---------------------------|--------------------------|
| (a) Business, profession, or other               | <input type="radio"/> Yes | <input type="radio"/> No |
| (b) Rent payments, interest, or dividends        | <input type="radio"/> Yes | <input type="radio"/> No |
| (c) Pension, annuity, or life insurance payments | <input type="radio"/> Yes | <input type="radio"/> No |
| (d) Disability or worker's compensation          | <input type="radio"/> Yes | <input type="radio"/> No |
| (e) Gifts or inheritances                        | <input type="radio"/> Yes | <input type="radio"/> No |
| (f) Any other sources                            | <input type="radio"/> Yes | <input type="radio"/> No |

If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.

4. Amount of money that I have in cash or in a checking or savings account: \_\_\_\_\_.
5. Any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value that I own, including any item of value held in someone else's name (describe the property and its approximate value):
6. Any housing, transportation, utilities, or loan payments, or other regular monthly expenses (describe and provide the amount of the monthly expense):
7. Names (or, if under 18, initials only) of all persons who are dependent on me for support, my relationship with each person, and how much I contribute to their support:
8. Any debts or financial obligations (describe the amounts owed and to whom they are payable):

DECLARATION: I declare under penalty of perjury that the above information is true. I understand that a false statement may result in a dismissal of my claims.

Date: \_\_\_\_\_

\_\_\_\_\_  
Movant's signature

\_\_\_\_\_  
Printed name

**CERTIFICATION**

(TO BE COMPLETED BY AN AUTHORIZED INSTITUTIONAL OFFICER)

Plaintiff/Petitioner: \_\_\_\_\_

Institution: \_\_\_\_\_

Register Number: \_\_\_\_\_

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

inmate identified above currently has the sum of \$\_\_\_\_\_ on account at

\_\_\_\_\_.  
(Institution where confined)

\_\_\_\_\_  
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  
750 Missouri Ave.  
East St. Louis, IL 62201