

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.

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