

AO 240 (EDLA Rev. 8/02)

UNITED STATES DISTRICT COURT

Eastern District of Louisiana

JEROME WOLFE
Plaintiff

U.S. DISTRICT COURT
EASTERN DISTRICT OF LOUISIANA

FILED APR 23 2009

LORETTA G. WYTHE
CLERK

APPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVIT

09-3366
SECT. I MAG 6

BURL CAN
Defendant

CASE NUMBER:

I, JEROME WOLFE, declare that I am the (check appropriate box)

petitioner/plaintiff/movant other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915 I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

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

1. Are you currently incarcerated? Yes No (If "No," go to Part 2)

If "Yes," state the place of your incarceration LOUISIANA STATE PENITENTIARY

Are you employed at the institution? Yes Do you receive any payment from the institution? Yes

Have the institution certify the Statement of Account portion of this affidavit or attach a certified ledger sheet from the institution(s) of your incarceration showing at least the past six months' transactions.

2. Are you currently employed? Yes No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

b. If the answer is "No," state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer. 3/15/01, \$450 week

HUTCO SHIP YARD, HWY 90 HOUMA, LA. 70360

3. In the past 12 twelve months have you received any money from any of the following sources?

- a. Business, profession or other self-employment Yes No
- b. Rent payments, interest or dividends Yes No
- c. Pensions, annuities or life insurance payments Yes No
- d. Disability or workers compensation payments Yes No
- e. Gifts or inheritances Yes No
- f. Any other sources Yes No

If the answer to any of the above is "Yes", describe each source of money and state the amount received and what you expect you will continue to receive.

_____ Fee _____
 _____ Process _____
 X Dkt _____
 _____ CtRmDep _____
 _____ Doc. No. _____

APR 23 2009

U.S. DISTRICT COURT
Eastern District of Louisiana
Deputy Clerk

4. Do you have any cash or checking or savings accounts? Yes No

If "Yes," state the total amount. _____

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or any other thing of value? Yes No

If "Yes," describe the property and state its value.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

<u>Name</u>	<u>Relationship</u>	<u>Amount Contributed for Support</u>
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I declare under penalty of perjury that the above information is true and correct.

4 / 9 / 09 Jerome Wolfe
 Date Signature of Applicant

STATEMENT OF ACCOUNT

(Certified Institutional Equivalent)

(To be completed by the institution of incarceration)

I hereby certify that this inmate, Jerome Wolfe, has a present inmate account balance of \$ 284.91 at the LSP institution. I further certify that the average monthly deposits for the preceding six months is \$ 85.36

(The average monthly deposits are to be determined by adding the deposits made during a given month and dividing the total by the number of deposits made during that month. This is repeated for each of the six months. The average from each of the six months are to be added together and the total is divided by six).

I further certify that the average monthly balance for the prior six months is \$ 133.64

(The average monthly balance is to be determined by adding each day's balance for a given month and dividing that total by the number of days in that month. This is to be repeated for each of the six prior months. The balance from each of the six months are to be added together and the total is to be divided by six).

APR 21 2009
Date Certified

Daundra Ross
Authorized Officer of Institution

CERTIFIED