



pauperis, he must also submit a certified copy of his prison account statement for the six month period immediately preceding the filing of his complaint.

**IT IS FURTHER ORDERED** that if plaintiff fails to comply with this Order, the court will dismiss this action without prejudice. If the case is dismissed, the dismissal will not constitute a "strike" under 28 U.S.C. § 1915(g).

Dated this 12th day of June, 2015.

/s/ Nannette A. Baker  
**NANNETTE A. BAKER**  
**UNITED STATES MAGISTRATE JUDGE**

**UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF MISSOURI  
\_\_\_\_\_ DIVISION**

\_\_\_\_\_)  
\_\_\_\_\_)  
\_\_\_\_\_)  
\_\_\_\_\_)  
\_\_\_\_\_)

(Enter above the full name of the Plaintiff[s]  
in this action.)

- vs -

Case No. \_\_\_\_\_  
(To be assigned by Clerk  
of District Court)

\_\_\_\_\_)  
\_\_\_\_\_)  
\_\_\_\_\_)  
\_\_\_\_\_)  
\_\_\_\_\_)  
\_\_\_\_\_)  
\_\_\_\_\_)  
\_\_\_\_\_)

(Enter above the full name of **ALL** Defend-  
ant[s] in this action. Fed. R. Civ. P. 10(a)  
requires that the caption of the complaint  
include the names of **all** the parties. Merely  
listing one party and "et al." is insufficient.  
Please attach additional sheets if necessary.)

**COMPLAINT**

- I. State the grounds for filing this case in Federal Court (include federal statutes and/or U.S. Constitutional provisions, if you know them):

II. Plaintiff, \_\_\_\_\_ resides at

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
street address city county

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
state zip code telephone number

(if more than one plaintiff, provide the same information for each plaintiff below)

III. Defendant, \_\_\_\_\_ lives at, or its business is located at

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
street address city county

\_\_\_\_\_, \_\_\_\_\_.  
state zip code

(if more than one defendant, provide the same information for each defendant below)

IV. Statement of claim (State as briefly as possible the facts of your case. Describe how each defendant is involved. You must state exactly what each defendant personally did, or failed to do, which resulted in harm to you. Include also the names of other persons involved, dates, and places. Be as specific as possible. You may use additional paper if necessary):

V. Relief: State briefly and exactly what you want the Court to do for you.

VI. **MONEY DAMAGES:**

A) Do you claim either actual or punitive monetary damages for the acts alleged in this complaint?

YES

NO

B) If your answer to "A" is YES, state below the amount claimed and the reason or reasons you believe you are entitled to recover such money damages:

VII. Do you maintain that the wrongs alleged in the complaint are continuing to occur at the present time?

YES

NO

I declare under penalty of perjury that the foregoing is true and correct.

Signed this \_\_\_ day of \_\_\_\_\_, 20\_\_\_

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Signature of Plaintiff(s)

**UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF MISSOURI**

_____	)	
	)	
Plaintiff(s),	)	
	)	
v.	)	No. _____
	)	
_____	)	
	)	
Defendant(s).	)	

**MOTION TO PROCEED IN FORMA PAUPERIS**  
**AND FINANCIAL AFFIDAVIT**

I, \_\_\_\_\_, hereby apply for leave to proceed in this action without prepayment of fees or costs and without giving security therefor. In support of this application, I declare that the following facts are true:

- (1) I am the plaintiff in this case and I believe I am entitled to relief.
- (2) Because of my poverty I am unable to prepay the costs of this proceeding or to give security therefor.
- (3) The nature of my action, defense, or appeal is briefly stated as follows:

I declare under penalty of perjury that the foregoing is true and correct. Executed on

\_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of plaintiff

# FINANCIAL AFFIDAVIT

IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE

IN UNITED STATES  MAGISTRATE  DISTRICT  APPEALS COURT or  OTHER PANEL (Specify below)

IN THE CASE OF

\_\_\_\_\_ V.S. \_\_\_\_\_  
\_\_\_\_\_

FOR \_\_\_\_\_  
AT \_\_\_\_\_

LOCATION NUMBER  
\_\_\_\_\_  
\_\_\_\_\_

PERSON REPRESENTED (Show your full name)  
\_\_\_\_\_

- 1  Defendant—Adult
- 2  Defendant - Juvenile
- 3  Appellant
- 4  Probation Violator
- 5  Parole Violator
- 6  Habeas Petitioner
- 7  2255 Petitioner
- 8  Material Witness
- 9  Other (Specify) \_\_\_\_\_

DOCKET NUMBERS

Magistrate

District Court

Court of Appeals

CHARGE/OFFENSE (describe if applicable & check box →)  Felony  Misdemeanor

## ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

EMPLOYMENT	Are you now employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Am Self-Employed												
	Name and address of employer: _____												
ASSETS	<b>IF YES</b> , how much do you earn per month? \$ _____ <b>IF NO</b> , give month and year of last employment How much did you earn per month? \$ _____												
	If married is your Spouse employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>IF YES</b> , how much does your Spouse earn per month? \$ _____ If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____												
OTHER INCOME	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input type="checkbox"/> No												
CASH	Have you any cash on hand or money in savings or checking accounts? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>IF YES</b> , state total amount \$ _____												
PROPERTY	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input type="checkbox"/> No												
	<table border="1"> <thead> <tr> <th>IF YES, GIVE THE AMOUNT RECEIVED &amp; IDENTIFY THE SOURCES</th> <th>RECEIVED</th> <th>SOURCES</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>	IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES	RECEIVED	SOURCES	_____	_____	_____	_____	_____	_____	_____	_____	_____
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_____	_____	_____											
_____	_____	_____											
_____	_____	_____											
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_____	_____	_____											
_____	_____	_____											
_____	_____	_____											

DEPENDENTS	MARITAL STATUS	Total No. of Dependents	List persons you actually support and your relationship to them	
	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED OR DIVORCED	_____		_____ _____ _____
DEBTS & MONTHLY BILLS <small>(LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)</small>	APARTMENT OR HOME:	Creditors	Total Debt	Monthly Paymt.
	_____	_____	\$ _____	\$ _____
	_____	_____	\$ _____	\$ _____
	_____	_____	\$ _____	\$ _____

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date) \_\_\_\_\_

SIGNATURE OF DEFENDANT  
(OR PERSON REPRESENTED) \_\_\_\_\_