Lam v. Finn et al Doc. 2 Att. 1

	UNITED STATES DISTRICT COURT
	EASTERN DISTRICT OF MISSOURI
	DIVISION
,	,)
Plaintiff,)
,) Civil Case No
v.	
)
)
Defendant(s).	
A DDI ICATION TO DDOCE	ED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS
AFFLICATION TO FROCE	(Short Form)
I am a plaintiff or petitioner in that I am entitled to the relief requested	this case and declare that I am unable to pay the costs of these proceedings and d.
In support of this application,	I answer the following questions under penalty of perjury:
1. If incarcerated. I am being 1	held at:
If employed there, or have an account appropriate institutional officer showing	in the institution, I have attached to this document a statement certified by the ng all receipts, expenditures, and balances during the last six months for any also submitting a similar statement from any other institution where I was
2. If not incarcerated. If I am	employed, my employer's name and address are:
My gross pay or wages are: \$, and my take-home pay or wages are: \$per
(specify pay period)	
3. <i>Other Income</i> . In the past 12	2 months, I have received income from the following sources (check all that apply):
(a) Business, profession, or	r other self-employment Yes No
(b) Rent payments, interest	, or dividends Yes No
(c) Pension, annuity, or life	• •
(d) Disability or worker's c(e) Gifts or inheritances	compensation payments Yes No No No
(f) Any other sources	Yes 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 che	ecking or savings account: \$
	ity, trust, jewelry, art work, or other financial instrument or in someone else's name (describe the property and its approximate
6. Any housing, transportation, utilities, or loan pathe amount of the monthly expense):	nyments, or other regular monthly expenses (describe and provide
7. Names (or, if under 18, initials only) of all person with each person, and how much I contribute to their support	ons who are dependent on me for support, my relationship ort:
8. Any debts or financial obligations (describe the ar	mounts owed and to whom they are payable):
Declaration: I declare under penalty of perjury that statement may result in a dismissal of my claims.	at the above information is true and understand that a false
	Applicant's Signature
	Printed Name
	Date