Taebel v. ACLU Doc. 3

UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK

MITCH TAEBEL,

Plaintiff,

-against-

ACLU,

Defendant.

24-CV-6817 (LTS)

ORDER DIRECTING PAYMENT OF FEE OR IFP APPLICATION

LAURA TAYLOR SWAIN, Chief United States District Judge:

Plaintiff brings this action *pro se*. To proceed with a civil action in this Court, a plaintiff must either pay \$405.00 in fees – a \$350.00 filing fee plus a \$55.00 administrative fee – or, to request authorization to proceed *in forma pauperis* (IFP), that is, without prepayment of fees, submit a signed IFP application. *See* 28 U.S.C. §§ 1914, 1915.

Plaintiff submitted the complaint without the filing fees or an IFP application. Within thirty days of the date of this order, Plaintiff must either pay the \$405.00 in fees or submit the attached IFP application. If Plaintiff submits the IFP application, it should be labeled with docket number 24-CV-6817 (LTS). If the Court grants the IFP application, Plaintiff will be permitted to proceed without prepayment of fees. *See* 28 U.S.C. § 1915(a)(1).

No summons shall issue at this time. If Plaintiff complies with this order, the case shall be processed in accordance with the procedures of the Clerk's Office. If Plaintiff fails to comply with this order within the time allowed, the action will be dismissed.

The Court certifies under 28 U.S.C. § 1915(a)(3) that any appeal from this order would

not be taken in good faith, and therefore IFP status is denied for the purpose of an appeal. Cf.

Coppedge v. United States, 369 U.S. 438, 444-45 (1962) (holding that appellant demonstrates

good faith when seeking review of a nonfrivolous issue).

SO ORDERED.

Dated:

September 24, 2024

New York, New York

/s/ Laura Taylor Swain

LAURA TAYLOR SWAIN
Chief United States District Judge

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UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK

	Il name of the plaintiff or petitioner applying (each person ust submit a separate application))								
-against-		(Provide docket num your complaint, you			-		·.)		
(fu	II name(s) of the defendant(s)/respondent(s))								
an	APPLICATION TO PROCEED WITHO m a plaintiff/petitioner in this case and declare that I d I believe that I am entitled to the relief requested in occeed in forma pauperis (IFP) (without prepaying fees he:	am unable to pay that this action. In supp	ne costs of to	these pro	oceed	dings o			
1.	Are you incarcerated? Yes I am being held at:	☐ No (If "	No," go to	Questio	n 2.)				
	Do you receive any payment from this institution? Yes No Monthly amount: If I am a prisoner, see 28 U.S.C. § 1915(h), I have attached to this document a "Prisoner Authorization" directing the facility where I am incarcerated to deduct the filing fee from my account in installments and to send to the Court certified copies of my account statements for the past six months. See 28 U.S.C. § 1915(a)(2), (b). I understand that this means that I will be required to pay the full filing fee.								
2.	Are you presently employed? Yes If "yes," my employer's name and address are:	☐ No							
	Gross monthly pay or wages: If "no," what was your last date of employment? Gross monthly wages at the time:								
3.	In addition to your income stated above (which you living at the same residence as you received more to following sources? Check all that apply.	han \$200 in the past	12 months		ny of		з е		
	(a) Business, profession, or other self-employment	_	Yes Yos		No No				

SDNY Rev: 8/5/2015

Telephone Number			E-mail Address (if a	vaila	ble)				
Ad	dress	City	Sta	te		Zip Code			
Na	me (Last, First, MI)		Prison Identificatio	n # (i	if incar	rcerated)			
Da	ted		Signature						
	claration: I declare under penalt tement may result in a dismissa	, i , ,	above informat	ion i	is tru	e. I unders	stand	that a f	false
8.	Do you have any debts or fina and to whom they are payable	· ·	described above	e? If	so, d	lescribe the	e amo	ounts o	wed
7.	List all people who are dependent on you for support, your relationship with each person, and how much you contribute to their support (only provide initials for minors under 18):								
6.	Do you have any housing, tran expenses? If so, describe and p	_				ner regular	mon	thly	
5.	Do you own any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value, including any item of value held in someone else's name? If so, describe the property and its approximate value:								
4.	How much money do you have	ve in cash or in a chec	cking, savings, o	or in	ımate	account?			
	If you answered "No" to all of	the questions above,	, explain how yo	ou a	re pa	ying your	expe	nses:	
	If you answered "Yes" to any omoney and state the amount the								
	(e) Gifts or inheritances(f) Any other public benefits (food stamps, veteran's, etc.)(g) Any other sources		al security,		Yes Yes Yes			No No No	
	(c) Pension, annuity, or life in (d) Disability or worker's con	1 0	3		Yes Yes			No No	
	(a) Dansian armsits on 1:6-1-				V			NIO	