UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK

BETTA MOMENTS,

Plaintiff,

-against-

WARDEN (JOHN DOE); et al.,

Defendants.

24-CV-7065 (LTS)

ORDER DIRECTING PAYMENT OF FEES OR IFP APPLICATION AND PRISONER AUTHORIZATION

LAURA TAYLOR SWAIN, Chief United States District Judge:

Plaintiff, who is currently incarcerated at Rose M. Singer Center, brings this action *pro se*. To proceed with a civil action in this Court, a prisoner 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 and a prisoner authorization. *See* 28 U.S.C. §§ 1914, 1915. If the Court grants a prisoner's IFP application, the Prison Litigation Reform Act requires the Court to collect the \$350.00 filing fee in installments deducted from the prisoner's account. *See* 28 U.S.C. § 1915(b)(1). A prisoner seeking to proceed in this Court without prepayment of fees must therefore authorize the Court to withdraw these payments from his account by filing a "prisoner authorization," which directs the facility where the prisoner is incarcerated to deduct the \$350.00 filing fee from the prisoner's account in installments and to send to the Court certified copies of the prisoner's account statements for the past six months. *See* 28 U.S.C. § 1915(a)(2), (b).

Plaintiff submitted the complaint without the filing fees or a completed IFP application and prisoner authorization. Within thirty days of the date of this order, Plaintiff must either pay

¹ The \$55.00 administrative fee for filing a civil action does not apply to persons granted IFP status under 28 U.S.C. § 1915.

the \$405.00 in fees or submit the attached IFP application and prisoner authorization. If Plaintiff submits the IFP application and prisoner authorization, they should be labeled with docket number 24-CV-7065 (LTS).²

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

² Plaintiff is cautioned that if a prisoner files a federal civil action or appeal that is dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, the dismissal is a "strike" under 28 U.S.C. § 1915(g). A prisoner who receives three "strikes" cannot file federal civil actions IFP as a prisoner, unless he is under imminent danger of serious physical injury, and he must pay the filing fees at the time of filing any new action.

UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK

(full name of the plaintiff or petitioner applying (each person must submit a separate application)) -against-		CV		()	()
		(Provide docket number, if available; if filing this with your complaint, you will not yet have a docket number.)					
(fu	II name(s) of the defendant(s)/respondent(s))				DSTS roceedings tion to below are on 2.) atthorization" installments s. See 28 filing fee.		
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? Monthly amount: If I am a prisoner, see 28 U.S.C. § 1915(h), I have attadirecting the facility where I am incarcerated to decand to send to the Court certified copies of my account. S.C. § 1915(a)(2), (b). I understand that this means	ached to this docume duct the filing fee fro ount statements for th	om my acco he past six	ount in in months.	nstall . <i>See l</i>	lment 28	
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

lephone Number		ail Address (if ava	ilable)			
dress	City	State		Zip Code		
me (Last, First, MI)	Pris	on Identification #	(if inc	arcerated)		
ted	Sign	nature				
<i>Declaration:</i> I declare under penalty of perjury that the above information is true. I understand that a false statement may result in a dismissal of my claims.						
5	· ·	scribed above?	If so,	describe t	ne am	ounts owed
					erson,	and how
	_			_	r mor	nthly
financial instrument or thing o	f value, including any i					
How much money do you have	re in cash or in a checki	ng, savings, or	inma	te account	,	
If you answered "No" to all of	the questions above, ex	plain how you	are p	oaying you	r exp€	enses:
(f) Any other public benefits (security,	Ye	es		No No No
•	1 ,			es		No No
	(d) Disability or worker's come (e) Gifts or inheritances (f) Any other public benefits (food stamps, veteran's, etc. (g) Any other sources If you answered "Yes" to any of money and state the amount the food state	(d) Disability or worker's compensation payments (e) Gifts or inheritances (f) Any other public benefits (unemployment, social stood stamps, veteran's, etc.) (g) Any other sources If you answered "Yes" to any question above, describe money and state the amount that you received and where we will also the amount that you received and where we will also the property and its approximate value: Do you own any automobile, real estate, stock, bond, financial instrument or thing of value, including any it describe the property and its approximate value: Do you have any housing, transportation, utilities, or expenses? If so, describe and provide the amount of the latest all people who are dependent on you for support much you contribute to their support (only provide in Do you have any debts or financial obligations not destand to whom they are payable: Claration: I declare under penalty of perjury that the about tement may result in a dismissal of my claims. Inted Sign Pris Giry City	(d) Disability or worker's compensation payments (e) Gifts or inheritances (f) Any other public benefits (unemployment, social security, food stamps, veteran's, etc.) (g) Any other sources If you answered "Yes" to any question above, describe below or on s money and state the amount that you received and what you expect If you answered "No" to all of the questions above, explain how you how much money do you have in cash or in a checking, savings, or the describe the property and its approximate value: Do you own any automobile, real estate, stock, bond, security, trust, financial instrument or thing of value, including any item of value he describe the property and its approximate value: Do you have any housing, transportation, utilities, or loan payments, expenses? If so, describe and provide the amount of the monthly exp List all people who are dependent on you for support, your relations much you contribute to their support (only provide initials for minor boy you have any debts or financial obligations not described above? and to whom they are payable: claration: I declare under penalty of perjury that the above information tement may result in a dismissal of my claims. Ited Signature Imperior (City State)	(d) Disability or worker's compensation payments	(d) Disability or worker's compensation payments	(d) Disability or worker's compensation payments (e) Gifts or inheritances (f) Any other public benefits (unemployment, social security, food stamps, veteran's, etc.) (g) Any other sources If you answered "Yes" to any question above, describe below or on separate pages each so money and state the amount that you received and what you expect to receive in the futur If you answered "No" to all of the questions above, explain how you are paying your expect to make a mount that you have in cash or in a checking, savings, or inmate account? Do you own any automobile, real estate, stock, bond, security, trust, jewelry, art work, or of financial instrument or thing of value, including any item of value held in someone else's indescribe the property and its approximate value: Do you have any housing, transportation, utilities, or loan payments, or other regular more expenses? If so, describe and provide the amount of the monthly expense: List all people who are dependent on you for support, your relationship with each person, much you contribute to their support (only provide initials for minors under 18): Do you have any debts or financial obligations not described above? If so, describe the amount of whom they are payable: claration: I declare under penalty of perjury that the above information is true. I understand tement may result in a dismissal of my claims. In declare under penalty of perjury that the above information is true. I understand tement may result in a dismissal of my claims.

UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK

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(full	name of the plaintiff/petitioner)	CV	()()				
	-against-	(Provide docket number, if available; if filing this with your complaint, you will not yet have a docket number.)					
		_					
(full	name(s) of the defendant(s)/respondent(s))						
	PRISONER AUT	HORIZATION					
Ву	signing below, I acknowledge that:						
(1)	because I filed this action as a prisoner, ¹ I am the full filing fees for this case, even if I am g (IFP), that is, without prepayment of fees;						
(2)	(2) the full \$350 filing fee will be deducted in installments from my prison account, even if my case is dismissed or I voluntarily withdraw it.						
I a	uthorize the agency holding me in custody to:						
(1)	send a certified copy of my prison trust fund (from my current institution or any institutio six months);	-					
(2)	2) calculate the amounts specified by 28 U.S.C. § 1915(b), deduct those amounts from my prison trust fund, and disburse those amounts to the Court.						
	is authorization applies to any agency into who ner district court to which my case may be trans	5 5	red and to any				
Dat	re	Signature					
Name (Last, First, MI)		Prison Identification #					
Add	dress City	State	Zip Code				

¹ A "prisoner" is "any person incarcerated or detained in any facility who is accused of, convicted of, sentenced for, or adjudicated delinquent for, violations of criminal law or the terms or conditions of parole, probation, pretrial release, or diversionary program." 28 U.S.C. § 1915(h).