Gilberti v. Bush et al Doc. 3

UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK

JOSEPH D. GILBERTI,

Plaintiff,

-against-

GEORGE W. BUSH; ET AL.,

Defendants.

24-CV-7851 (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 Sarasota County Jail, 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-7851 (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: October 23, 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

	Il name of the plaintiff or petitioner applying (each person ust submit a separate application))	CV		()	()
-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? 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

Tel	ephone Number		E-mail Address (if a	vaila	ble)				
Ad	dress	City	Sta	te		Zip Code			
Na	me (Last, First, MI)	ı	Prison Identificatio	n # (i	if incar	rcerated)			
Da	ted		Signature						
<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.									
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 depend much you contribute to their s						rson,	and ho)W
6.	Do you have any housing, tran expenses? If so, describe and p	_				ner regular	mon	thly	
5.	Do you own any automobile, in financial instrument or thing of describe the property and its a	of value, including an							If so,
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	

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 availab complaint, you will not yet have a	
		_	
(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)	the full \$350 filing fee will be deducted in inscase is dismissed or I voluntarily withdraw it	• •	ount, even if my
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)	calculate the amounts specified by 28 U.S.C. prison trust fund, and disburse those amounts	• •	nts from my
	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 Identificatio	n #
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).