

**IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF VIRGINIA
ROANOKE DIVISION**

JOSEPH LEE LOCKLEAR, JR.,
Plaintiff,

Civil Action No. 7:16-cv-00308

v.

ORDER

JOHN WALRATH, et al,
Defendant(s).

By: **Hon. Robert S. Ballou**
United States Magistrate Judge

Plaintiff filed a civil rights action pursuant to 42 U.S.C. §1983. On July 5, 2016 the Court conditionally filed the action and plaintiff was directed to return to the court an inmate account form, and a certified copy of plaintiff's trust fund account statement for the six-month period immediately preceding the filing of the complaint, obtained from the appropriate prison official of each prison at which plaintiff is or was confined during that six-month period. On July 5, 2016 the plaintiff returned an inmate account form signed by the trust officer however the six-month statements were not included.

It is hereby **ORDERED** that the Plaintiff shall be given one last opportunity to cure these deficiencies within twenty days from the entry of this order by sending the required six-month statements for the months of March 2016 –June 2016. The Clerk is directed to send a certified copy of this Order to plaintiff. All mailed pleadings should be sent to Clerk, U.S. District Court, 210 Franklin Road, S.W. Suite 540, Roanoke, VA 24011-2208.

ENTER: This 27th day of July, 2016.

s/Robert S. Ballou
United States Magistrate Judge

**UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF VIRGINIA
ROANOKE DIVISION**

Joseph Lee Locklear _____

v.
John Walrath, et al _____

Civil Action No. 7:16cv00308

INMATE ACCOUNT REPORT

Joseph Lee Locklear, #1173586

(Inmate Name & #)

DATE OF INQUIRY

Balance at time of inquiry

Current rate of pay

Total Deposits for six months prior to

Month Amount

Plaintiff: Have you been at this location for the entire requested six-month period? Yes ____ or No ____

If the answer is NO, you are required to obtain and submit that information from the other location(s) within the required time. You will have to make a copy of this form and send it to the location(s) to be certified by that Trust Account Officer.

March _____
April _____
May _____
June _____
_____ _____
_____ _____

AVERAGE MONTHLY DEPOSITS

Account Balance on Last Day of Month for six months prior to

Month Amount

_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____

AVERAGE MONTHLY BALANCE

(To be completed by Trust Account Officer)
I have attached certified copies of the inmate’s trust fund account statement, and maintain said records in the regular and ordinary course of business. PLAINTIFF must return this signed form AND the six month-statements together from each prison which plaintiff is or was confined during that six-month period.

DATED: _____ **SIGNATURE:** _____ **TITLE:** _____