

IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF WISCONSIN

DOC NO
REC'D/FILED

ROGER ALLEN COSE,

Plaintiff-Appellant,

-v-

MARY GORSKE,
CHARLES LARSON, and
BELINDA SCRUBBE,

Defendants-Appellees.

2018 MAR 12 AM 10:27
MOTION FOR COURT ORDER
PETER OPPEL
CLERK U.S. DIST. COURT
Case No.: 14-CV-540-jdp
WD OF WI

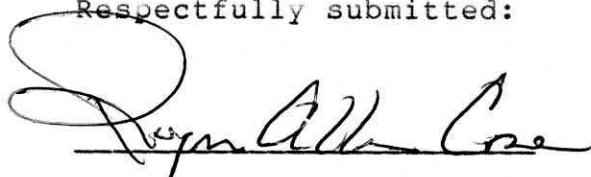
MOTION FOR A MOTION FOR A COURT ORDER TO
DIRECT THE DEPARTMENT OF CORRECTIONS TO TAKE COSE'S
APPEAL FILING FEES FOR THE ABOVE MENTIONED CASE FROM
COSE'S RELEASE ACCOUNT ONLY

HEREBY Roger Allen Cose, requests the Court to notify and direct the Inmate Accounts Office at Department of Corrections, Stanley Correctional Institution, 100 Corrections Drive, Stanley, WI 54768-6500, to withdraw the appeal fees and costs (\$505.00) for the above mentioned case, from Cose's release account only, per D.A.I. Policy 309.45.02.

Cose is requesting that the Court order this, due to according to the "NEW" D.A.I. Policy 309.45.02, Cose's regular account would have to be depleted and the balance taken from the release account and in doing so, would cause undo hardship on to Cose. Cose has included a copy of his Trust Account Statement dated 02-12-2018, Exhibit 01), which shows a balance of \$3.31 under Cose's regular account and a balance of \$1,101.45 under his release account, which is sufficient to pay the required fees, without depleting Cose's regular account. Cose has also submitted a copy of Disbursement Request, showing his request for release account only was denied. (Exhibit 02).

Dated this 4th day of March, 2018.

Respectfully submitted:



Roger Cose, Pro Se
DOC#: 376435
Stanley Correctional Institution
100 Corrections Drive
Stanley, WI 54768-6500

WI DOC
REPORT NO. IBSR903 - 92

Trust Account Statement

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PROCESSED: 02/12/2018 12:58

Stanley Correctional Institution
From 01/29/2018 through 02/12/2018
Canteen Statement

DOC #: 376435
Name: COSE, ROGER A
DOB: [REDACTED]/1954
Location: 4C/LT__13/_1

Account Balances:

Account Type	Start Balance	End Balance	Hold Balance
REG	\$42.70	\$3.31	\$0.00
REL	\$1,101.09	\$1,101.45	\$0.00
Total:	\$1,143.79	\$1,104.76	\$0.00

Debts and Obligations:

Total Deposited, Not yet Distributed: \$0.00

Payable	Facility	Pfx	Info Number	Balance	Status	%

Account Activity:

Date	Acct Type	Facility	Transaction Description	Receipt/Info Number	Amount
01/31/2018	REG	SCI	Record Canteen Purchase (Contracted Canteen)		(\$42.63)
02/01/2018	REG	SCI	Involuntary Unassigned 001 1/14/18-1/27/18 Reg:72@\$0.05		\$3.60
02/01/2018	REL	SCI	Post Inmate Release Withdrawal		\$0.36
02/01/2018	REG	SCI	Withhold for Inmate Release Account		(\$0.36)

* Division of Adult Institution not collecting at this time.

DISBURSEMENT REQUEST

SOLICITUD DE DESEMBOLSO

EXHIBIT 02

OFFENDER REQUEST - To be completed by the offender. Please print or type all items except your signature
SOLICITUD DE OFENSOR - Debe ser completado por ofensor. Por favor imprima todo excepto su firma

OFFENDER NAME <i>NOMBRE DE OFENSOR</i>	DOC NUMBER NUMERO	FACILITY NAME (Abbreviate) <i>NOMBRE-INSTALACION (Abrevie)</i>	HOUSING UNIT/FLOOR/CELL <i>UNIDAD / PISO / CELDA</i>
Cose, Roger	376435	S.C.I.	4C/13

PAY TO NAME <i>NOMBRE A QUIEN SE PAGUE</i>	STREET ADDRESS <i>DIRECCION DE CALLE</i>	CITY <i>CIUDAD</i>	STATE <i>ESTADO</i>	ZIP <i>CODIGO POSTAL</i>
Clerk of Court, Western District of Wisconsin	120 N Henry St. Rm 320	Madison	WI	53703


REQUEST FOR: *SOLICITUD PARA:*

<input type="checkbox"/> 1 - Copies <i>Copias</i>	<input type="checkbox"/> 4 - Photos <i>Fotos</i>	<input type="checkbox"/> 8 - Savings Withdrawal <i>Desembolso de Ahorros</i>
<input type="checkbox"/> 2 - Shipping/Freight <i>Envio /Carga</i>	<input type="checkbox"/> 5 - State ID Photo <i>Foto ID del Estado</i>	<input type="checkbox"/> 9 - Property Purchase (reason required)* <i>Compra de Propiedad (requiere razón)*</i>
<input type="checkbox"/> 3 - Postage <i>Posta de Correo</i>	<input type="checkbox"/> 6 - Savings Bond Purchase <i>Compra Bonos de Ahorro</i>	<input checked="" type="checkbox"/> 10 - Other (reason required)* <i>Otro (requiere razón)*</i>
	<input type="checkbox"/> 7 - Savings Deposit <i>Deposito Ahorros</i>	<input type="checkbox"/> 11 - Route Check to: <i>Envie cheque a:</i> _____


FUNDING SOURCE: *FUENTE DE FONDOS*


REG - Regular Account *Cuenta Regular* WR - Work Release Account *Cuenta de Trabajo* REL - Release Account *Cuenta de Liberación* Legal Loan *Préstamo Legal*

*REASON FOR REQUEST (Must complete if you choose 9 or 10 above) *RAZON POR LA SOLICITUD (Debe completar si escoge casillas 9 o 10 arriba)	INDIVIDUAL ITEMS REQUESTED <i>Articulos Individuales Solicitados</i>	AMOUNT <i>CANTIDAD</i>
Filing fee for appeal	fee	\$ 505.00
		\$
		\$
		\$

OFFENDER SIGNATURE <i>FIRMA OFENSOR(A)</i>	DATE SIGNED <i>FECHA DE FIRMA</i>	OFFENDER ID VERIFIED <i>ID DE OFENSOR CHEQUEADO</i>	Total Amount Requested <i>Suma Total Solicitada:</i>
	02-19-18		\$ 505.00

DECISION - To be Completed by Department Staff Only
DECISION - Debe ser Completada por Empleados Solamente

DISBURSEMENT APPROVED BY SIGNATURE:	DATE SIGNED	No Check: <input type="checkbox"/> DMV Acct. <input type="checkbox"/> Other: _____
	02/19/18	Deliver Check to: _____ Release Date (if REL acct is requested) _____
SUPERVISOR APPROVAL SIGNATURE (If required)	DATE SIGNED	CHECK# DATE PAID

REQUEST DENIED BY SIGNATURE	DATE SIGNED	REASON REQUEST WAS DENIED
	2/22/18	<i>DAI Policy 309.45.02 - Filing Fees may only be used upon notification directly from the courts - Regular Acct must be used first & Release accts funds can only be used for th balance.</i>

DISTRIBUTION: Original (White) - Business Office; Copy (Yellow) - Inmate

From Release Accts