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

CARL C. GILBERT, II AND JERRED WASHINGTON,

ORDER

Plaintiffs,

v.

Case No. 16-cv-729-jdp

STATE OF WISCONSIN-DEPARTMENT OF HEALTH SERVICES, et al.

Defendants.

Plaintiffs Carl C. Gilbert, II and Jerred Washington, patients at Sand Ridge Secure Treatment Center in Mauston, Wisconsin, have filed a proposed complaint under 42 U.S.C. § 1983, alleging constitutional rights violations. Plaintiffs have not paid the filing fee nor requested leave to proceed without prepayment. For this case to proceed, plaintiffs must pay the \$400 filing fee or submit a properly supported motion for leave to proceed without prepayment of the filing fee no later than November 30, 2016.

This court uses one method for determining the indigent status of all institutionalized persons, even those like plaintiffs who are not subject to the 1996 Prisoner Litigation Reform Act. This method requires each plaintiff to submit a certified copy of a resident account statement for the six-month period immediately preceding the filing of the complaint

A motion for leave to proceed without prepayment of the filing fee must be accompanied by a certified copy of plaintiff's resident account statement (or institutional

equivalent) for the six-month period immediately preceding the date of the complaint. 28 U.S.C. § 1915(a)(2).

ORDER

IT IS ORDERED that plaintiffs Carl C. Gilbert, II and Jerred Washington may have until November 30, 2016 to submit the \$400 filing fee or motions for leave to proceed without prepayment along with certified copies of their resident account statements for the period beginning approximately May 7, 2016 and ending approximately November 7, 2016. If, by November 30, 2016, either plaintiff fails to respond to this order, I will assume that plaintiff wishes to withdraw from this action

Entered this 8th day of November, 2016.

voluntarily.

BY THE COURT:

/s/ PETER OPPENEER Magistrate Judge

UNITED STATES DISTRICT COURT FOR THE WESTERN DISTRICT OF WISCONSIN

CAR	L C. GIL	BERT, II AND	JERRED WASHINGTON,							
v.	Plair	ntiffs,			ORDER Case No. 16-cv-729-jdp					
STA	ГЕ OF W VICES, e		PARTMENT OF HEALTH							
	Defe	endants.								
			REQUEST TO PROCEED WITHOUT PREPAYING T							
			ns to the best of your ability. th, the court may dismiss your	lawsuit.						
I.	Perso	onal Informatio	<u>on</u>							
1)	Your name:									
	(a)	(a) State the place of your residency and provide your identification number if applicable:								
		(pl	ace)		number)					
	(b)	Are you em	ployed at the institution?		Yes	□ No				
	(c)	Do you rece	vive any payment from the insti	tution?	Yes	□ No				
			sident account statement sho iling of this request and show							
2)	Do yo	Do you have any dependents that you are responsible for supporting?								
	□ Yes									
	If "ye	es," list them be	low.							
Name or initials (for <u>Relationship to You Age</u> <u>minor children only)</u>					unt of Support ded per Month					
				\$						
				\$						
				ф						

	Do you own a car?								
	□ Yes □ No		If "yes," list the car(s) below:						
	Make and Model			<u>Year</u>	Approximate Current Value				
					\$				
					\$				
2)	Do you own your home(s)	?	□ Yes	□ No					
	If "Yes," state the approxi	mate value(s).	\$		_				
	What is the amount of equity (assessed value of residence minus outstanding mortgage balance) in the home(s)? \$								
3)	Do you have any cash or checking, savings, or other similar accounts? \Box Yes \Box No								
	If "Yes," state the total of	such sums.	\$		_				
4)	Do you own any other property of value, such as real estate, stocks, bonds, trusts, or individual retirement accounts (e.g., IRA, 401 k), artwork, or jewelry?								
	□ Yes □ No								
	If "Yes," describe the property and the approximate value(s).								
III.	Litigation History								
III.	Litigation History	nat you recall ha	ving filed.	list as much of th	e following information that you				
remen	Litigation History For each federal lawsuit the shout each case: The national description of the same shout each case.	me of the case (the	hat is, the	plaintiffs and the	e following information that you defendants), the case number or yea				
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IV.	<u>Other Circumstances</u> - Describe any other financial circumstance(s) that you would consider when reviewing this petition.	like the court to
	, declare that I am the plaintiff bringing this complaint. I declare that the full filing fee and that I am entitled to the relief sought in the complaint.	nt I am unable to
Date	Signature - Signed Under Penalty of Perjury	_