

\_\_\_\_\_  
Name and Prisoner/Booking Number

\_\_\_\_\_  
Place of Confinement

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State, Zip Code

**IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF ARIZONA**

	)	
	)	CASE NO. _____
Plaintiff,	)	
	)	
vs.	)	APPLICATION TO PROCEED
	)	<i>IN FORMA PAUPERIS</i>
	)	BY A PRISONER
Defendant(s).	)	CIVIL (NON-HABEAS)
	)	

I, \_\_\_\_\_, declare, in support of my request to proceed in the above entitled case without prepayment of fees under 28 U.S.C. § 1915, that I am unable to pay the fees for these proceedings or to give security therefor and that I believe I am entitled to relief.

In support of this application, I answer the following questions under penalty of perjury:

1. Have you ever before brought an action or appeal in a federal court while you were incarcerated or detained? **GYes** **GNo** If "Yes," how many have you filed? \_\_\_\_\_.  
Were any of the actions or appeals dismissed because they were frivolous, malicious, or failed to state a claim upon which relief may be granted? **GYes** **GNo** If "Yes," how many of them? \_\_\_\_\_.
  
2. Are you currently employed at the institution where you are confined? **GYes** **GNo**  
If "Yes," state the amount of your pay and where you work. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
3. Do you receive any other payments from the institution where you are confined? **GYes** **GNo**  
If "Yes," state the source and amount of the payments. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Do you have any other sources of income, savings, or assets either inside or outside of the institution where you are confined? GYes      GNo  
 If "Yes," state the sources and amounts of the income, savings, or assets. \_\_\_\_\_

I declare under penalty of perjury that the above information is true and correct.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF APPLICANT

CONSENT TO COLLECTION OF FEES FROM TRUST ACCOUNT

I, \_\_\_\_\_, hereby consent to having the designated correctional officials at this institution release to the Court my trust account information. I further consent to having the designated correctional officials at this institution withdraw from my trust account the funds required to comply with the order of this Court for the payment of filing fees in accordance with 28 U.S.C. § 1915(b).

My consent includes withdrawal from my account by correctional officials of partial initial payments to this Court equal to 20% of the greater of:

- (A) the average monthly deposits to my account for the six-month period preceding my filing of this action, or
- (B) the average monthly balance in my account for the six-month period preceding my filing of this action.

My consent also includes monthly withdrawals from my account by correctional officials of an amount equal to 20% of each month's income. Whenever the amount in my account reaches \$10, correctional officials will withdraw that amount and forward it to the Court until the required filing fee is paid in full. I understand that I am liable for paying the entire fee, even if my case is dismissed by the Court before the fee is fully paid.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF APPLICANT

CERTIFICATE OF CORRECTIONAL OFFICIAL  
AS TO STATUS OF APPLICANT'S TRUST ACCOUNT

I, \_\_\_\_\_, certify that as of the date applicant signed this application:  
 (Printed name of official)

The applicant's trust account balance at this institution is: \$ \_\_\_\_\_

The applicant's average monthly deposits during the prior six months is: \$ \_\_\_\_\_

The applicant's average monthly balance during the prior six months is: \$ \_\_\_\_\_

The attached certified account statement accurately reflects the status of the applicant's account.

DATE

AUTHORIZED SIGNATURE

TITLE/ID NUMBER

INSTITUTION