

\_\_\_\_\_  
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**

\_\_\_\_\_,

Petitioner,

v.

\_\_\_\_\_,

Respondent(s).

CASE NO. \_\_\_\_\_

**APPLICATION TO PROCEED  
IN FORMA PAUPERIS  
BY A PRISONER  
(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. Are you currently employed at the institution where you are confined?  Yes  No  
If "Yes," state the amount of your pay and where you work. \_\_\_\_\_

\_\_\_\_\_

2. Do you receive any other payments from the institution where you are confined?  Yes  No  
If "Yes," state the source and amount of the payments. \_\_\_\_\_

\_\_\_\_\_

3. Do you have any other sources of income, savings, or assets either inside or outside of the institution where you are confined?  Yes  No  
 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

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: \$\_\_\_\_\_.

DATE	AUTHORIZED SIGNATURE	TITLE/ID NUMBER	INSTITUTION
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