UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF MISSISSIPPI

APPLICATION TO PROCEED IN FORMA PAUPERIS BY A PRISONER

,							PLAINTIFF
V.						NO	
,						DE	FENDANT(S)
 I,, de request to proceed without payment of fees under 28 security therefor and that I am entitled to the relief security therefor and that I am entitled to the relief security therefor and that I am entitled to the relief security therefor and that I am entitled to the relief security therefor and the name and address of your last employed 	ought in the g questions t (If "No r pay. \$ last employ	complaint. inder penalty o" DO NOT ment, the an	y of perjui USE THI	ry: S FORM) your take-ho	ome salary	or wages an	nd pay period,
3. In the past twelve months have you received any	money from	any of the fo	ollowing	sources?			
a. Business, profession or other self-employment	Yes_	No	_				
b. Rent payments, interest or dividends	Yes	No					
c. Pensions, annuities or life insurance payments	Yes	No	_				
d. Disability or workers compensation payments	Yes_	No	_				
e. Gifts or inheritances	Yes	No					
f. Any other sources	Yes	No					

If the answer to any of the above is "Yes" describe each source of money and state the amount received from each during the twelve months (Attach an additional sheet if necessary)

4. Do you own any cash or have money in a checking or savings account (including funds in prison accounts)? Yes ____ No ____

If "Yes" state the total amount. \$_____

5. Do you own any real estate, stocks, bonds, notes, securities, other financial instruments, automobiles or other valuable property or assets (excluding ordinary household furnishings and clothing)? Yes ____ No ____

If the answer is yes, describe the property and state its approximate value.

6. List the persons who are dependent upon you for support; state your relationship to those persons; and indicate how much you contribute toward their support.

I understand that a false statement or answer to any question in this declaration will subject me to the penalties for perjury and I declare that this information is true and correct.

Signed this the _____ day of _____, 20____.

Signature of Applicant

..... TO BE COMPLETED BY APPLICANT

AUTHORIZATION FOR RELEASE INSTITUTIONAL ACCOUNT INFORMATION AND PAYMENT OF THE FILING FEE

(Name of Applicant)

hereby direct and (Register Number)

authorize the custodian of my inmate account to provide the Clerk of the United States District Court for the Northern District of Mississippi information from my prison inmate institutional account, including all balances, deposits and withdrawals. The custodian of my inmate account may also provide the Clerk of Court information from the past six months and in the future, until the full filing fee is paid. I also authorize custodian of my inmate account to withdraw funds from my account and forward payments to the Clerk of Court, in accordance with 28 U.S.C. §1915 (as amended).

(Date)

I,

(Signature of Applicant)

CERTIFICATE (Prisoner Accounts Only) TO COMPLETED BY AUTHORIZED OFFICER

I certify that the applicant named herein has the sum of \$______ on account to his credit at the ______ institution where he is confined. I further certify that the applicant has the following securities to his credit according to the records of said institution:

Signature of Authorized Officer of Institution