

**UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF MISSISSIPPI**

**APPLICATION TO PROCEED *IN FORMA PAUPERIS*  
BY A PRISONER**

\_\_\_\_\_

**PETITIONER**

V.

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

\_\_\_\_\_

**RESPONDENTS**

I, \_\_\_\_\_, declare that I am the petitioner in the above-entitled proceeding; that, in support of my request to proceed without payment of fees under 28 U.S.C. §1915, I declare that I am unable to pay the fees for these proceedings or give security therefor and that I am entitled to the relief sought in the complaint.

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

1. Are you currently incarcerated? Yes \_\_\_ No \_\_\_ (If "No" DO NOT USE THIS FORM)

If "Yes" state the place of your incarceration \_\_\_\_\_

2. Are you currently employed? Yes \_\_\_ No \_\_\_

a. If the answer is "Yes" state the amount of your pay. \$ \_\_\_\_\_

b. If the answer is "No" state the date of your last employment, the amount of your take-home salary or wages and pay period, and the name and address of your last employer \_\_\_\_\_  
\_\_\_\_\_

3. In the past twelve months have you received any money from any of the following 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 past 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**

I, \_\_\_\_\_ hereby direct and  
(Name of Applicant) (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 6 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 to send the payments to the Clerk of Court, in accordance with 28 United States Code § 1915 (as amended).

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(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: \_\_\_\_\_

I further certify that during the last six months applicant's average monthly balance was \$ \_\_\_\_\_  
I further certify that during the last six months applicant's average monthly deposit was \$ \_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Officer of Institution