

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF MISSISSIPPI

**APPLICATION TO PROCEED  
WITHOUT PREPAYMENT OF  
FEES AND AFFIDAVIT**

v.

CASE NUMBER:

I, \_\_\_\_\_, declare that I am the (check appropriate box):

**G** petitioner/plaintiff/movant

**G** other

in the above-styled and -numbered proceeding, and that in support of my request to proceed without prepayment of fees or costs under 28 USC § 1915 I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint, petition, or motion.

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

1. Are you currently incarcerated? **G** Yes **G** No (If "No," go to Question 2)

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

Are you employed at your place of incarceration? **G** Yes **G** No

Do you receive any payment from your place of incarceration? **G** Yes **G** No

Have your place of incarceration complete the *CERTIFICATE* portion of this affidavit and attach a ledger sheet from that institution and all others showing at least **the past six month's** transactions.

2. Are you currently employed? **G** Yes **G** No

a. If your answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer:

\$\_\_\_\_\_ salary or wages per \_\_\_\_\_

Employer's name and address:

b. If your 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 employer:

\$\_\_\_\_\_ salary or wages per \_\_\_\_\_

Employer's name and address:

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

a. Business, profession, or other self-employment **G** Yes **G** No

b. Rent payments, interest, or dividends **G** Yes **G** No

c. Pensions, annuities, or life insurance payments **G** Yes **G** No

d. Disability or workers compensation payments **G** Yes **G** No

e. Gifts or inheritances **G** Yes **G** No

f. Any other source **G** Yes **G** No

If the answer to any item in Question 3 is "Yes," describe each source of money and state the amount received **and** what you expect you will continue to receive.

- 4. Do you have **any** cash or **any** checking or savings accounts? **G** Yes **G** No If "Yes," state the total amount: \$\_\_\_\_\_
- 5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles, or other valuable property? **G** Yes **G** No

If "Yes," describe the property and state its value:

- 6. List the persons who are dependent on you for support, state your relationship to each person, and state how much you contribute to their support.

<u>Name</u>	<u>Relationship</u>	<u>Amount Contributed for Support</u>
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I declare under penalty of perjury that the foregoing information is true and correct.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

**CERTIFICATE**

(Incarcerated applicants only)  
(To be completed by the institution of incarceration)

I certify that the applicant named herein has the sum of \$\_\_\_\_\_ on account to his or her credit at (name of institution) \_\_\_\_\_. I further certify that the applicant has the following securities to his or her credit: \_\_\_\_\_. I further certify that during the past six months the applicant's average balance was \$\_\_\_\_\_.

\_\_\_\_\_  
Date

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