

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

\_\_\_\_\_,  
Plaintiff/Appellant

v.

Docket No. \_\_\_\_\_

\_\_\_\_\_,  
Defendant/Appellee

**Prisoner's Motion to Proceed In Forma Pauperis on Appeal**

**Instructions**

Respond to every question in this Motion form.

Check boxes ask for "Yes" or "No" responses; place a check in the appropriate box for every question. Do not leave any blanks.

If your response or answer to a question is "0" [zero], or "Not Applicable" [N/A], write in that response.

If you need more space to answer or respond to a question, attach a separate sheet of paper identified with your full name, your case's docket number (if known), the question number from this Application, and your answer or response.

Print legibly.

Sign and date the Motion on the last page.

Two forms—an *Authorization for Release of Institutional Account Information and Payment of the Filing Fee*, and a *Certificate*—are attached to this Motion. You must complete the *Authorization for Release of Institutional Account Information and Payment of the Filing Fee* and submit it to the Clerk of the Court at the time you file your Motion.

I swear or affirm under penalty of perjury as follows:

- Because of my poverty, I cannot prepay or give security for the filing fees and costs for my appeal.
- I believe I am entitled to legal redress.
- All my answers and responses on this Motion are true and correct. (28 U.S.C. § 1747; 18 U.S.C. § 1621).

I will present the following issues on appeal:

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

1. Where are you jailed, imprisoned, or confined? \_\_\_\_\_  

Are you employed at this place?	Yes	No
Do you receive any payment from your this place?	Yes	No
  
2. 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 source	Yes	No

If the answer to any item in Question 2 is "Yes," describe each source of money and state the amount received **and** what you expect you will continue to receive.

3. Do you have **any** cash or **any** checking or savings accounts? Yes No  
 If "Yes," state the total amount:  
 \$ \_\_\_\_\_

4. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles, or other valuable property? Yes No  
 If "Yes," describe the property and state its value:

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

Name	Relationship	Amount Contributed for Support

6. Have you filed, while jailed, imprisoned, or otherwise incarcerated, three lawsuits or appeals which were dismissed as frivolous, malicious, or for failure to state a claim? Yes No

- a. If you checked "Yes" above, list the case names and docket numbers for all lawsuits or appeals which were dismissed as frivolous, malicious, or for failure to state a claim.

Case Names	Docket Number	Court	Reason Dismissed

- b. If you checked "Yes" above, state the facts in support of any claim you might have that you are under imminent danger of serious physical injury.

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

-----  
Date

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Signature of Movant

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Movant's Printed Name

**TO BE COMPLETED BY MOVANT**

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

I, \_\_\_\_\_ hereby  
(Movant's Name and Prison Register Number)

authorize and direct the Clerk of Court to obtain from the institution having custody of my person, information from and about my institutional account, including all balances, deposits, and withdrawals. The Clerk of Court may obtain my account information from the past six months and in the future until the full filing fee is paid. I also authorize the institution having custody of my person to withdraw funds from my account and send the payments to the Clerk of Court in accordance with 28 USC § 1915.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Movant's Signature

**CERTIFICATE**

**TO BE COMPLETED BY AUTHORIZED OFFICER**

I certify that the Prisoner identified in the above Authorization is confined at the following institution:

\_\_\_\_\_ located at \_\_\_\_\_,

and that this Prisoner has the sum of \$ \_\_\_\_\_ on account at this institution. I further certify that this Prisoner has the following securities to his credit according to the official records of this institution:

\_\_\_\_\_ Value: \$ \_\_\_\_\_

\_\_\_\_\_ Value: \$ \_\_\_\_\_

I further certify that during the last six months this Prisoner's average monthly balance was \$ \_\_\_\_\_, and that during the last six months this Prisoner's average monthly deposit was \$ \_\_\_\_\_.

\_\_\_\_\_  
Date

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