

United States District Court  
Northern District of Mississippi

**PETITION UNDER 28 U.S.C. § 2254 FOR WRIT OF HABEAS CORPUS  
BY A PERSON IN STATE CUSTODY**

Note: If you are attacking a judgment which imposed a sentence to be served in the future, you must fill in the name of the state in which the judgment was imposed. If you have a sentence to be served under a federal judgment which you want to attack, you must file a motion under 28 U.S.C. § 2255 in the federal court which entered the judgment.

**INSTRUCTIONS**

1. All petitions must be submitted on the Northern District of Mississippi's Form P1, pursuant to the court's *Standing Order* dated September 17, 1998. Petitions must be typewritten or legibly handwritten, and signed by you under penalty of perjury. Any false statement of a material fact may serve as the basis for prosecution and conviction for perjury. All questions must be answered *concisely* in the proper space on Form P1.
2. Upon receipt of the \$5 filing fee, your Petition will be filed in the Clerk's Office. If you cannot pay the filing fee, you may request permission for leave to proceed *in forma pauperis*. An application form for leave to proceed *in forma pauperis* appears as the final two pages of this Form P1. The application form requires detailed information regarding your prison inmate trust account; this part of the form *must* be completed by the officer at your institution authorized to certify as to the funds available in your account. **If your account has a balance of \$10 or more, you must pay the \$5 filing fee.**
3. Use the spaces provided in Form P1 to present your case. Do not use additional pages except with respect to the facts upon which you rely to support your case. Citation of cases, statutes, or other authority is not required. Briefs and argument are not required; however, if they are provided, they must be submitted in the form of a separate memorandum.
4. A petition may challenge the judgment entered by one court *only*. If you seek to challenge judgments entered by two or more courts, you must file a separate petition for each.
5. Include in your petition *all* grounds and bases for relief, together with all supporting facts. All grounds and bases for relief, and all supporting facts, not included in your petition will be considered as legally waived.
6. Numbers of copies to file:
  - U original for the Clerk of Court
  - U 1 copy for the District Judge
  - U 1 copy for the Magistrate Judge
  - U 1 copy for **each** respondent you name in your petition.
7. If your petition does not conform to these instructions, it will be filed but not considered until all deficiencies are corrected. You will be notified if your petition is deficient.

United States District Court  
Northern District of Mississippi

-----  
(Your full name and prison inmate number. Include any other name under which convicted, if different)

PETITIONER

v.

CASE No.

-----  
(Full name of Warden, Superintendent, Jailor, or other person who has custody over you)

RESPONDENT

AND

THE ATTORNEY GENERAL OF THE STATE OF -----

ADDITIONAL RESPONDENT

PETITION

1. Place of confinement -----

2. Name and location of court which entered the judgment of conviction under attack -----  
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3. Date of judgment of conviction -----

4. Length of sentence -----

5. Nature of offense involved (all counts) -----  
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6. What was your plea? (Check one)      " Not guilty      " Guilty      " Nolo contendere

7. If you entered a guilty plea to one count or indictment, and a not guilty plea to another count or indictment, give details  
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(b) If you have filed more than one petition, application, or motion, give the same information in 13(a) above for each such additional petition, application, or motion. This information may be stated on a separate sheet of paper, clearly labeled as part of your answer to Question 13, attached to this petition.

14. State below *concisely* every ground on which you claim that you are being held unlawfully. Summarize *briefly* the facts supporting each ground. If necessary, attach pages stating additional grounds and *facts* supporting each. Each page must be clearly labeled as part of your answer to Question 14, attached to this petition.

**CAUTION**

In order to proceed in federal court, you must first exhaust your state court remedies as to each ground on which you request action by the federal court. If you fail to state all ground in *this* petition, you may be barred from presenting additional grounds at a later date. Re-read the Instructions carefully before you complete the rest of this form.

**GROUND 1** .....

SUPPORTING FACTS (Tell your story *briefly* without citing legal cases or other authority) .....

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.....  
.....

Explain *briefly* all the steps you have taken to present this ground to the state courts .....

.....  
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**GROUND 2** .....

SUPPORTING FACTS (Tell your story *briefly* without citing legal cases or other authority) .....

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.....  
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Explain *briefly* all the steps you have taken to present this ground to the state courts .....

.....  
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.....

**GROUND 3** \_\_\_\_\_

SUPPORTING FACTS (Tell your story *briefly* without citing legal cases or other authority) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Explain briefly all the steps you have taken to present this ground to the state courts \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**GROUND 4** \_\_\_\_\_

SUPPORTING FACTS (Tell your story *briefly* without citing legal cases or other authority) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Explain briefly all the steps you have taken to present this ground to the state courts \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. If any of the grounds listed in Question 14 have not been presented in the state courts, explain why \_\_\_\_\_

\_\_\_\_\_

16. Do you have any petition(s) or appeal(s) now pending in any court, state or federal, pertaining to the judgment now under attack?

“ Yes                      “ No

17. Give the name and address, if known, of each attorney who represented you in the following stages of the judgment attacked:

(a) Preliminary Hearing \_\_\_\_\_

(b) Arraignment and Plea \_\_\_\_\_

(c) Trial \_\_\_\_\_

(d) Sentencing \_\_\_\_\_

(e) On appeal \_\_\_\_\_

(f) In any postconviction proceeding \_\_\_\_\_

(g) On appeal from adverse ruling of a postconviction proceeding \_\_\_\_\_

(h) At parole or probation revocation proceeding \_\_\_\_\_

18. Were you sentenced on more than one count of an indictment, or on more than one indictment, in the same court at the same time?

“ Yes “ No

19. Do you have any future sentence to serve after you complete the sentence imposed by the judgment under attack?

“ Yes “ No

(a) If so, state the name and location of the court which imposed the sentence to be served in the future \_\_\_\_\_

(b) State the date and length of the sentence to be served in the future \_\_\_\_\_

(c) Have you filed, or do you plan to file, a petition attacking the judgment which imposed the future sentence(s)?

“ Yes “ No

20. What relief do ask the United States District Court for the Northern District of Mississippi to grant you? \_\_\_\_\_

This Petition was signed at \_\_\_\_\_ on this date \_\_\_\_\_

\_\_\_\_\_  
Petitioner's Signature

I declare (or certify, verify, or state) under penalty of perjury that the foregoing is true and correct, this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_.

\_\_\_\_\_  
Petitioner's Signature

United States District Court
Northern District of Mississippi

Application to Proceed In Forma Pauperis by a Prisoner

PETITIONER

(Your full name and prison inmate number. Include any other name under which convicted, if different)

v.

CASE No.

RESPONDENT

I, \_\_\_\_\_, declare that I am the Petitioner in the above-styled and numbered proceeding and that, in support of my application to proceed without payment of fees under 28 USC § 1915, I declare that I am unable to pay the fees for these proceedings or give security therefor, that I am entitled to the reliefs sought in the complaint, and that the issues which I want to present to the district court are the following:

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

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

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

Are you employed at your place of incarceration? Yes No

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

If at 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 months' transactions.

2. Are you currently employed? Yes 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  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 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?  Yes  No If "Yes," state the total amount \$\_\_\_\_\_

5. Do you own any real estate, stocks, bonds, securities, or other financial instruments, automobiles, or other valuable property?  Yes  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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7. 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 numbers and names for all lawsuits or appeals which were dismissed as frivolous, malicious, or for failure to state a claim.

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 Applicant

**TO BE COMPLETED BY APPLICANT**

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

I, \_\_\_\_\_ hereby  
(Applicant'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

\_\_\_\_\_  
Applicant's Signature

**CERTIFICATE**

*(Prisoner Accounts Only)*

To be completed by authorized officer

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

\_\_\_\_\_  
\_\_\_\_\_

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

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

\_\_\_\_\_  
Date

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