

**UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF ALASKA**

222 West 7th Avenue #4  
Anchorage, Alaska 99513-7564  
(907) 677-6100

**INFORMATION TO PRISONERS APPLYING TO FILE A CIVIL ACTION  
IN FEDERAL COURT WITHOUT PREPAYMENT OF FEES**

Under the **Prison Litigation Reform Act of 1996**, as a prisoner you are now required to pay the full federal court **filing fee** of **\$150.00** for a civil action challenging the conditions of your confinement. If you later file an appeal, your filing fee for the appeal is \$255.00. The filing fee for filing a Petition for Writ of *Habeas Corpus* under 28 U.S.C. § 2254 is \$5.00.

If you have the money to pay the filing fee, send a cashier's check or money order to the Court with your complaint. If you do not have enough money to pay the full filing fee at the time you file your complaint, you must file an **Application to Waive Prepayment of Fees**. If the Court grants your application, you will be required to pay an **initial partial filing fee** of 20 percent of the greater of (a) the average monthly deposits to your prison or jail account for the six months immediately before filing the lawsuit; or (b) the average monthly balance in your prison or jail account for that same six month period. Your signed **Authorization**, included in your application, will allow the agency with custody of you to (1) prepare for the Court, a certified statement of your trust fund account for the past six months, and (2) deduct money, when funds are available, from your prison or jail account and to send the money to the Court as ordered.

To waive prepayment of fees, you must complete the attached form listing all your assets, and return it to the Court with your complaint. Your application must be typewritten or legibly handwritten. You must declare under penalty of perjury that the information you provide is correct. Fill in all requested information about yourself. If a question does not apply to you, write "N/A." If you leave any answers blank, you may be required to amend your application. You must answer completely and truthfully. Penalties for perjury can be severe.

**In addition, you must complete the Authorization section, and you must have the Department of Corrections complete the Certification and Calculation section. You must attach a certified copy of your prison or jail trust account**

**statement for the last six months.** If you file an incomplete form or do not submit a prison or jail account statement with the form, your application will be denied. The financial certificate must be received by the Court within thirty (30) days of the date it was completed and signed by the corrections official. In Alaska, send the blank certificate for completion to:

Department of Corrections  
P.O. Box 112000  
Juneau, Alaska 99811-2000  
Attention: Inmate Accounts

After the initial partial filing fee has been paid, you will still owe the balance of the filing fee. Each month, you will be required to make payments of 20 percent of the past month's income credited to your account, until the filing fee is paid in full. The institution having custody of you will collect these payments each time the amount in your account is greater than \$10.00, and forward them to the Court.

The balance of the filing fee may be collected even if the action is dismissed, summary judgment is granted against you or you fail to prevail at trial. If you are successful in receiving any monetary award, the court can require you to reimburse any fees and costs that are unpaid.

**If, while you are a prisoner, you file more than three actions or appeals in any federal court in the United States that are dismissed as frivolous or malicious or for failure to state a claim on which relief can be granted, you will be prohibited from bringing any other actions without prepayment of fees unless you can demonstrate that you are in imminent danger of serious physical injury.**

All prisoners who seek to waive prepayment of fees must complete the entire application, including the Certification and Calculation section, which is filled out by the Department of Corrections. However, although they must also comply with these requirements, state prisoners filing habeas corpus petitions under 28 U.S.C. § 2254, will not be required to pay their \$5.00 filing fees in installments. Instead, their filing fees may be waived at the direction of the Court. Federal prisoners filing motions in their original criminal cases, under 28 U.S.C. § 2255, are not required to pay a new filing fee.

If you are transferred or released, you must immediately inform the Court of your new address and/or place of confinement. Otherwise, your case may be dismissed.

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
Prisoner No.

\_\_\_\_\_  
(Place of Confinement)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip)

Telephone \_\_\_\_\_

**UNITED STATES DISTRICT COURT  
DISTRICT OF ALASKA**

_____ )	Case No. _____
Plaintiff )	
vs )	APPLICATION TO WAIVE
_____ )	FILING FEE
_____ )	(Prisoner)
_____ )	
Defendant(s) )	
_____ )	

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

Plaintiff (filing civil rights complaint)	Movant (filing 28 U.S.C. § 2855 Motion)
Petitioner (for writ of <i>habeas corpus</i> under 28 U.S.C. § 2854)	Other _____

I am unable to prepay the fees for this proceeding or give security because of my poverty and I am entitled to the relief I am requesting. I agree that if I am granted this application to waive the fee in this case, a portion of my recovery, as directed by the court will be paid to the Clerk of the Court for reimbursement of all fees and costs incurred by me in the case. In support of this application, I make the following statement under penalty of perjury.

1. I am presently incarcerated. **[If not incarcerated, do not use this form]**

Place of incarceration \_\_\_\_\_

**IMPORTANT: HAVE THE DEPARTMENT OF CORRECTIONS FILL OUT THE CERTIFICATION AND CALCULATION PORTION OF THIS APPLICATION AND ATTACH A CERTIFIED COPY OF YOUR PRISON TRUST ACCOUNT STATEMENT SHOWING TRANSACTIONS FOR THE PAST SIX MONTHS.**

2. Are you presently employed? Yes No

a. If yes, what is your income? Gross \_\_\_\_\_ Net \_\_\_\_\_

Weekly Bi-Weekly Semi-Monthly Monthly (Check One)

Employer: \_\_\_\_\_  
(Name)

Address \_\_\_\_\_ Telephone \_\_\_\_\_  
(Street, City, State)

Nature of Employment \_\_\_\_\_

Length of employment \_\_\_\_\_

b. If no, date of last employment \_\_\_\_\_

Former Employer \_\_\_\_\_  
(Name)

Address \_\_\_\_\_ Telephone \_\_\_\_\_  
(Street, City, State)

What was your income? Gross \_\_\_\_\_ Net \_\_\_\_\_

Weekly Bi-Weekly Semi-Monthly Monthly (Check One)

Nature of Employment \_\_\_\_\_

Length of employment \_\_\_\_\_

3. In the past 12 months have you received money from any of the following sources?

a. Business, profession or self-employment Yes No

If yes, state amount received \_\_\_\_\_

Do you expect to receive any future income from this source? Yes No

If yes, state the amount you expect to receive \_\_\_\_\_

When do you expect to receive it? \_\_\_\_\_

b. Rental, interest or dividends (not PFD) Yes No

If yes, state amount received \_\_\_\_\_

Do you expect to receive any future income from this source? Yes No

If yes, state the amount you expect to receive \_\_\_\_\_

When do you expect to receive it? \_\_\_\_\_

c. Pension, annuity or life insurance payments Yes No

If yes, state amount received \_\_\_\_\_

Do you expect to receive any future income from this source? Yes No

If yes, state the amount you expect to receive \_\_\_\_\_

When do you expect to receive it? \_\_\_\_\_

d. SSI, Disability or worker's compensation Yes No

If yes, state amount received \_\_\_\_\_

Do you expect to receive any future income from this source? Yes No

If yes, state the amount you expect to receive \_\_\_\_\_

When do you expect to receive it? \_\_\_\_\_

e. Gift or inheritance Yes No

If yes, state amount received \_\_\_\_\_

Do you expect to receive any future income from this source? Yes No

If yes, state the amount you expect to receive \_\_\_\_\_

When do you expect to receive it? \_\_\_\_\_

f. Any other source Yes No

If yes, state amount received \_\_\_\_\_

Describe \_\_\_\_\_

Do you expect to receive any future income from this source? Yes No

If yes, state the amount you expect to receive \_\_\_\_\_

When do you expect to receive it? \_\_\_\_\_

4. State the amount of cash (coin and currency) you have \_\_\_\_\_

5. Do you have a checking account? Yes No

If yes, current balance \_\_\_\_\_ Account No. \_\_\_\_\_

Bank: \_\_\_\_\_

(Name and Branch)

(Street, City, State)

6. Do you have an IRA, CD, savings or money market account? Yes No

If yes, current balance \_\_\_\_\_ Account No. \_\_\_\_\_

Financial Institution: \_\_\_\_\_

(Name and Branch)

(Street, City, State)

7. Do you own an automobile or other motor vehicle? Yes No

a. Make: \_\_\_\_\_ Year \_\_\_\_\_ Model \_\_\_\_\_

b. Current Value: \_\_\_\_\_

c. Is it financed? Yes No Balance owed: \_\_\_\_\_

8. Do you own any real property? Yes No

a. If yes, describe \_\_\_\_\_

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

b. Current Value \_\_\_\_\_

c. Is it financed? Yes No Balance owed: \_\_\_\_\_

9. Do you own any stocks, bonds, securities, financial instruments? Yes No

a. If yes, describe \_\_\_\_\_

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

b. Current Value \_\_\_\_\_

10. Do you own any other personal property other than clothing? Yes No

*(If yes list each asset or item of property and give the value of each)*

a. \_\_\_\_\_ Value \_\_\_\_\_

b. \_\_\_\_\_ Value \_\_\_\_\_

- c. \_\_\_\_\_ Value \_\_\_\_\_
- d. \_\_\_\_\_ Value \_\_\_\_\_
- e. \_\_\_\_\_ Value \_\_\_\_\_

11. Have you transferred, given away, or placed any property in the name of any other person during the past two years? Yes No (If yes provide details)

- a. Property \_\_\_\_\_
- b. Value \_\_\_\_\_ Transferred to \_\_\_\_\_
- c. Reason: \_\_\_\_\_

12. For each person who is dependent upon you for support provide the name, relationship, and amount of support you provide.

- a. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Support: \_\_\_\_\_
- b. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Support: \_\_\_\_\_
- c. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Support: \_\_\_\_\_

**Declaration Under Penalty of Perjury**

I hereby declare under penalty of perjury under the laws of the United States of America that the information is true and correct.

Dated: \_\_\_\_\_

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

**AUTHORIZATION**

I, \_\_\_\_\_, request and authorize the agency holding me in custody to prepare for the Clerk of the United States District Court for the District of Alaska, a certified copy of the statement for the past six months of my trust fund account (or institutional equivalent) activity at the institution where I am incarcerated.

I further request and authorize the agency holding me in custody to calculate and disburse funds from my trust fund account (or institutional equivalent) pursuant to any future orders issued by the Court relating to this civil action in accordance with 28 U.S.C. § 1915(b).

Dated: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Typed or Printed Committed Name of Applicant)

\_\_\_\_\_  
(Inmate Number)

**CERTIFICATION AND CALCULATION**

(To be Completed by Department of Corrections/Bureau of Prisons)

I hereby certify that the applicant has the (available) sum of \_\_\_\_\_ on account to his/her credit at \_\_\_\_\_

(Name of Institution)

I certify that during the past six months, the average monthly **deposits** to the applicant's account were:

I further certify that during the past six months, the average monthly **balance** in the applicant's account was: \_\_\_\_\_

**Please attach certified copy of applicant's account statement showing transactions for past six months.**

Dated: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Authorized Officer)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Agency