

III. ***In forma application for incarcerated individuals***

Full name(s)

Prisoner or registration number

Street address or postal box number

City, State and zip code

**IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF INDIANA**

Civil Action No. _____
(To be supplied by the Court)

Full name(s) (Do not use ***et al***)

Plaintiff(s)

v.

Full name(s) (Do not use ***et al***)

Defendant(s).

**MOTION AND AFFIDAVIT FOR LEAVE
TO PROCEED IN FORMA PAUPERIS**

I, _____, declare that I am the plaintiff in the above-entitled proceeding; that, in support of my request to proceed without prepayment 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 per month: _____

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 by that item each source of money and state the amount received and what you expect you will continue to receive. Attach an additional sheet if necessary.

4. Do you have cash or checking or savings accounts? _____ Yes _____ No

If "Yes," state the total amount of funds on deposit: _____

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, jewelry, automobiles or other valuable property? _____ Yes _____ No

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

6. Do you have any other assets? _____ Yes _____ No

If "Yes" list the asset(s) and state the value of each asset listed:

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

I hereby authorize the agency having custody of me to collect from my trust account and forward to the Clerk of the United States District Court payments in accordance with 28 U.S.C. § 1915(b)(2).

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

DATE

ORIGINAL SIGNATURE OF APPLICANT

REQUIRED CERTIFICATIONS

Attach to this motion and affidavit: 1) a certified copy of your trust fund account statement (or institutional equivalent), if available, for the six-month period immediately preceding the filing of this action, AND 2) the completed Certificate which follows.

CERTIFICATE

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 likewise has the following securities to his credit according to the records of said institution: _____
_____. I further certify that during the last six months the applicant's average balance in his trust fund account was \$ _____.

Authorized Officer of Institution