

UNITED STATES DISTRICT COURT
DISTRICT OF KANSAS

Plaintiff/Petitioner

APPLICATION TO PROCEED IN
FORMA PAUPERIS

v

.

Defendant/Respondent

I, _____, declare that I am the (*check the appropriate item*)

_____ **Plaintiff**

(Filing 42 U.S.C. § 1983; or
pursuant to Bivens v. Six
Unknown Named Agents
403 U.S. 388 (1971))

_____ **Movant**

(Filing 28 U.S.C. § 2255)

_____ **Other**

_____ **Petitioner**

(Writ of Habeas Corpus, 28
U.S.C. § 2254 or 2241)

_____ **Defendant/Respondent**

in this case. I am the party initiating this action, and I believe that I am entitled to relief. I am unable to pay the costs of this proceeding or give security because of my poverty. I acknowledge and consent that a portion of any recovery, as directed by the court, shall be paid to the clerk for reimbursement of all fees and costs incurred by me as a result of being granted leave to proceed *in forma pauperis*.

In further support of this application, I answer the following questions:

I Are you presently employed? _____Yes _____No

- .
- a. If the answer is "yes," state the amount of your salary or wages per month, and give the name and address of your employer. (List gross and net salary)
- b. If the answer is no, state the date of last employment and the amount of last

employment and the amount of the salary or wages per month which you received.

2. Are you presently married? Yes No

If the answer is "yes," state whether your spouse has monthly or annual income, and; if so, the source and amount of such income (include the name and address of your spouse's employer).

3. Have you received, within the past twelve months, any money from any of the following sources?

- | | | | |
|----|---|------------------------------|-----------------------------|
| a. | Business, profession or other form of self-employment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. | Rent payments, interest or dividends? Pensions, | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. | annuities, or life insurance payments? Social Security, | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. | Veteran's Administration, disability pensions,
workmen's compensation or unemployment
benefits? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. | Gifts or inheritances? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. | Any other sources? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If the answer to any of the above is "yes," describe each source of money and state the amount received from each during the past twelve months.

4. Do you own any cash, or do you have money in checking or savings accounts (include any funds in prison accounts, and any funds on deposit with a bank, savings & loan, etc., outside prison)?

Yes No

If the answer is "yes," state the total value and location, including each account number, of the items owned (list the location of each account, type of account, and amount or balance in the account).

5. Do you own or have an interest in any real estate, stocks, bonds, notes, trusts,

automobiles or other valuable property (excluding ordinary household Furnishings and clothing)?

_____Yes _____No

If the answer is "yes," describe the property, its location and state its approximate value.

6. List the persons who are dependent upon you for support, state your relationship to those persons, and indicate how much you contribute toward their support each month.

7. Have you placed any property, assets or money in the name or custody of anyone else in the past two years?

_____Yes _____No

If the answer is "yes," give the date, describe the property, assets or money, give the name of the person given custody of the item and the reason for the transfer.

8. You may state briefly any additional financial or other information regarding your ability to pay the costs of this action (for example, persons who are dependent on you for support).

ACKNOWLEDGMENT

I state that I have not directly or indirectly paid or caused to be paid to any inmate, agent of an inmate, or family member of any inmate a sum of money, favors or anything else for assistance in the preparation of this document or any other document in connection with this action.

I acknowledge that if any of the information included in this motion for leave to proceed in forma pauperis is false or misleading, I understand that sanctions may be imposed against me. Those sanctions may include, but are not limited to:

- (1) dismissal of my case with prejudice;
- (2) imposition of monetary sanctions;
- (3) administrative disciplinary proceedings may be brought under prison disciplinary provisions.

I hereby authorize the United States District Court, District of Kansas, or its representative, to investigate my financial status, and authorize any individual, corporation, or governmental entity, or institution in which I am or have been incarcerated, to release any information concerning my inmate account(s) or other information concerning my financial affairs.

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES OF AMERICA THAT THE FOREGOING IS TRUE AND CORRECT. See 28 U.S.C. § 1746 and 18 U.S.C. § 1621.

Signed at:

(Location)

(Signature)

(Date)

(Inmate Number)

FINANCIAL CERTIFICATE

INMATE NAME *(please print)*

INMATE NUMBER

1.

Attached hereto is a copy of the inmate's financial transactions for the **six months** preceding.

2.

CURRENT ACCOUNT BALANCE:

Funds accessible to inmate, including amount in savings account in excess of minimum amount that must be maintained. \$ _____

I hereby certify that as of this date, the above financial information is accurate for the above named inmate, and that a copy of this certificate is being provided to the above-named inmate.

AUTHORIZED OFFICER

(DATE)

TITLE