

Name \_\_\_\_\_  
Prisoner No. \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF WYOMING**

\_\_\_\_\_) )  
\_\_\_\_\_) )  
Plaintiff(s), ) )  
vs. ) Case No. \_\_\_\_\_ )  
\_\_\_\_\_) )  
\_\_\_\_\_) )  
\_\_\_\_\_) )  
Defendant(s). ) )

**MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*  
AND SUPPORTING AFFIDAVIT**  
(Pursuant to 28 U.S.C. 1915 and 28 U.S.C. 1746)

I hereby apply for leave to:

(Check one):

- \_\_\_\_\_ Commence this action for habeas corpus/civil rights relief  
\_\_\_\_\_ Pursue this action under 28 U.S.C. 2255 or Rule 35, F.R.Crim. P.  
\_\_\_\_\_ Commence this appeal to the Tenth Circuit Court of Appeals

without prepayment of fees or giving security therefor.

In support of my application, I state that the following facts are true:

1) I am the party initiating said action or appeal and I believe that I am entitled to relief.

2) The nature of this action or appeal is:

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3) I am unable to prepay the costs of this action or appeal or give security therefor because of my poverty.

4) I own the following assets:

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A) Do you own any cash or do you have money in a checking or savings account (include any funds in prison accounts, and any funds of deposit with a bank, savings & loan or certificates of deposit, outside the 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):

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B) Do you own real estate, stocks, bonds, notes, automobiles or other valuable property? (exclude ordinary household furnishings and clothing)

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_

If the answer is "Yes", describe the property, its location, and state its approximate value:

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5) Have you placed any property, assets or money in the name or custody of anyone else in the last 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.

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6) 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:

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B) If the answer is "No", state the date of last employment and the amount of the salary and wages per month which you received:

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7) Have you received within the past twelve months any money from any of the following sources?

A) Business, profession or form of self-employment?

Yes \_\_\_\_\_ No \_\_\_\_\_

B) Rent payments, interest or dividends?

Yes \_\_\_\_\_ No \_\_\_\_\_

C) Pensions, annuities or life insurance payments?

Yes \_\_\_\_\_ No \_\_\_\_\_

D) Social security, Veterans Administration, disability pensions, workmens' compensation or unemployment benefits?

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 each source of money and state the amount received from each during the past six months:

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- 8) 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.

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- 9) You may state briefly any additional financial or other information regarding your ability to pay the costs of this action:

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## ACKNOWLEDGMENT

I, the undersigned, acknowledge that I have read the foregoing and that the information contained therein is true and correct to my knowledge and belief.

Further, 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, the following:

- (1) dismissal of my case with prejudice;
- (2) imposition of monetary sanctions;
- (3) the Department of Corrections may bring disciplinary proceedings for a violation of the Code of Inmate Discipline, which can include all sanctions authorized under the Code including the loss of good time credits and punitive confinement; and
- (4) perjury charges.

Further, I hereby authorize the United States District Court, District of Wyoming, or its representative, to investigate my financial status, and authorize any individual, corporation, or governmental entity to release any such information to the said Court or its representative.

Further, I acknowledge that a portion of any recovery, as directed by the court, shall be paid to the clerk for reimbursement of all fees incurred by me as a result of being granted leave to proceed *in forma pauperis*.

Dated this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_.

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Signature of Applicant



**AGREEMENT TO PAY FULL FILING FEE  
PURSUANT TO 28 U.S.C. 1915**

I understand that:

(1) The filing fees are as follow:

**PETITION** for writ of habeas corpus in federal court pursuant to 28 U.S.C. 2254: \$5.00,

**CIVIL RIGHTS COMPLAINT** in federal court pursuant to 42 U.S.C. 1983: \$150.00

**APPEAL TO THE TENTH CIRCUIT:** \$105.00

(2) If I am filing a petition for writ of habeas corpus, or am appealing a denial of a petition for writ of habeas corpus or a 2255 motion, I must pay the entire filing fee unless I am granted leave to proceed without prepayment of fees or security under 28 U.S.C. 1915(a)(1).

(3) If I am filing a civil rights complaint I am required to pay the entire filing fee. If I do not have sufficient funds in my trust account to pay the entire fee at this time, I will be required to make an initial partial payment of the filing fee and subsequent monthly payments until I have paid the entire filing fee.

(A) My initial partial payment will be 20% of my average monthly balance or the average monthly deposits to my account, whichever is greater. Thereafter I must pay installments of 20% of the preceding month's income, including all deposits to my account, in months that my account balance exceeds \$10.00;

(B) I must continue to make installment payments until the filing fee is fully paid, without regard to whether my action is closed or my release from confinement;

Type of Action

Civil Rights Complaint \_\_\_\_\_

Petition for Writ of Habeas Corpus \_\_\_\_\_

Appeal to Tenth Circuit from dismissal of Civil Rights Complaint \_\_\_\_\_

Appeal to Tenth Circuit from dismissal of Habeas Corpus Petition \_\_\_\_\_

Appeal to Tenth Circuit from dismissal of 2255 Motion \_\_\_\_\_

\_\_\_\_\_  
Print Inmate's Name

\_\_\_\_\_  
Inmate's Signature

\_\_\_\_\_  
Inmate's Prison Number

\_\_\_\_\_  
Date Signed

**FILING FEE AUTHORIZATION  
FOR CIVIL RIGHTS COMPLAINTS ONLY**

I, \_\_\_\_\_, request and authorize my custodian to send to  
(please print your name)

the Clerk of the United States District Court for the District of Wyoming, a certified copy of the statement for the past six months of my trust fund account (or institutional equivalent). I further request and authorize my custodian to remit the entire filing fee to the Clerk if I have sufficient funds in my trust account to pay the full fee. If I do not have sufficient funds to pay the full filing fee, I request and authorize the custodian to calculate and disburse funds from my trust account (or institutional equivalent) in the amounts specified by 28 U.S.C. § 1915(b). This authorization is furnished in connection with a civil action or appeal, and I understand that the total amount of the filing fee is \$150.00 for a civil rights complaint, \$5.00 for a petition for a writ of habeas corpus, and \$105.00 for an appeal to the Tenth Circuit Court of Appeals. I also understand that these fees will be debited from my account regardless of the outcome of my action or appeal. This authorization shall apply to any other institution to which I may be transferred.

Dated: \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Prisoner

**CERTIFICATE OF PENAL INSTITUTION**

I hereby certify that on \_\_\_\_\_, \_\_\_\_\_, the prisoner herein had the following amount in his/her prisoner's trust fund account:

\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of authorized trust fund officer

\_\_\_\_\_  
Printed or typed name of authorized officer

\_\_\_\_\_  
Title of authorized officer

\_\_\_\_\_  
Name of institution