

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF OHIO
FINANCIAL APPLICATION

In order for the court to determine whether to grant in forma pauperis status in this civil action, **you must complete and submit all parts of this Application together at one time.** The Application includes:

1. The Affidavit of Prisoner
2. The Request for Certified Account Statement and Acknowledgment of Understanding

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TO FILE AN ACTION FOR WRIT OF HABEAS CORPUS PURSUANT TO 28 U.S.C. § 2254 OR § 2241, THE FILING FEE IS \$5.

TO FILE ANY OTHER CIVIL ACTION, (OTHER THAN AN ACTION UNDER 28 U.S.C. § 2255 TO VACATE A FEDERALLY IMPOSED SENTENCE) THE FILING FEE IS \$400 if paid all at once, or \$350 if paid in installments.

CHECKS ARE TO BE MADE PAYABLE TO:

Clerk, U.S. District Court

IF YOU DO NOT HAVE FUNDS TO PAY THE FULL FEE, COMPLETE THE APPLICATION, WHICH INCLUDES: 1) THE AFFIDAVIT OF PRISONER, AND 2) THE REQUEST FOR CERTIFIED ACCOUNT STATEMENT AND ACKNOWLEDGMENT OF UNDERSTANDING.

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UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF OHIO

Plaintiff,

AFFIDAVIT OF PRISONER

v.

Defendant(s).

Case Number:

I, _____, declare that I am the

_____ plaintiff/petitioner

_____ defendant/respondent

_____ other

in the above-entitled proceeding. I am requesting to proceed without being required to prepay the entire filing fee. In support of my request, I state that because of my poverty, I am unable to prepay the entire filing fee or give security therefor.

In further support of this request, I answer the following questions.

1. Are you presently employed?

_____yes _____no

a. If the answer is "yes" state the amount of your salary or wages per month.

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.

2. Do you have a work, program or status assignment, or other circumstance which causes you to be paid by the agency which has custody of you?

_____yes _____no

If the answer is "yes" state the amount paid or credited to you each month.

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?

_____yes _____no

b. Rent payments, interest or dividends?

_____yes _____no

c. Pensions, annuities or life insurance payments?

_____yes _____no

d. Gifts or inheritances?

_____yes _____no

e. Any other sources?

_____yes _____no

If you answered "yes" to any of the above questions, 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?

_____yes _____no

If the answer is "yes" state the total value of the items owned?

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

Executed on _____
Date

Signature of Applicant

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF OHIO

REQUEST FOR CERTIFIED ACCOUNT STATEMENT
AND
ACKNOWLEDGMENT OF UNDERSTANDING

I request that an authorized officer of the institution in which I am confined, or other designated entity, complete the section below concerning my prisoner account statement. Pursuant to amended 28 U.S.C. § 1915:

I UNDERSTAND THAT:

If I commence any civil action, (other than an action under 28 U.S.C. §§ 2254 or 2255) the filing fee is \$400, if paid all at once, or \$350 if paid in installments as set forth below.

FURTHER, I understand that:

If I do not have the funds to pay the full fee as provided above, I must pay an initial partial fee of 20% of the greater of

-- the average monthly deposits in my account

OR

-- the average monthly balance in my account

for the 6 month period immediately preceding the filing of my civil action.

FURTHER, I understand that:

If I do not currently have funds in my prisoner account to pay the initial partial fee, the agency having custody of me is required by law to and will forward said fee when funds become available in my account.

FURTHER, I understand that:

After the payment of the initial partial fee, the agency having custody of me is required by law to and will forward installment payments from my account equaling 20% of the preceding month's income credited to my account each time the amount in the account exceeds \$10. Such installment payments must be made until \$350 has been paid.

FURTHER, I understand that:

Regardless of the outcome of my action, I am liable for the full fee. For example, even if the action is dismissed without service of process, the court will continue to collect installment payments from my account until the entire filing fee is paid. I further understand that I will continue to be liable for the full amount of the fee even after I am released from incarceration.

I have read the forgoing information, and I understand that if I submit this Application, the court will assess and, when funds exist, collect the full fee in the manner set forth above. I further understand that no money should be sent with this Application.

I authorize the correctional facility in which I am housed and any correctional facility to which I am transferred to withdraw from my trust fund account and forward to the federal court a) an initial partial filing fee for this action (20% of greater of my average monthly deposits or average monthly balance for the past six months), and b) subsequent monthly payments (20% of my previous month's deposits) until I have paid \$350 for this action.

Print your name _____

Signature and Prisoner #

Date

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TO BE COMPLETED BY AUTHORIZED OFFICER OF INSTITUTION (PLEASE ATTACH LEGIBLE CERTIFIED COPY OF INMATE'S PRISONER ACCOUNT STATEMENT FOR THE PREVIOUS SIX MONTH PERIOD):

I certify that the attached is a true and accurate copy of the inmate's prisoner account statement.

Authorized Officer of Institution