NOTICE TO PRISONERS SEEKING LEAVE TO PROCEED WITH A CIVIL ACTION OR AN APPEAL IN FEDERAL COURT IN FORMA PAUPERIS PURSUANT TO 28 U.S.C. § 1915

In accordance with 1996 amendments to the *in forma pauperis* (IFP) statute, as a prisoner you will be obligated to pay the full filing fee of \$350.00 if your IFP application is granted, or \$405.00 if your IFP application is denied for a civil action, or \$605.00 for an appeal.

If you have the money to pay the filing fee, you should send a money order to the court with your complaint or notice of appeal. If you do not have enough money to pay the full filing fee when your action or your notice of appeal is filed, you can file the action or the notice of appeal without prepaying the filing fee by filing a Motion To Proceed Without Prepayment of Fees. However, the court may assess an initial partial filing fee at the time your action or notice of appeal is filed. The initial partial filing fee will be equal to 20 percent of the average monthly deposits to your prison or jail account for the six months immediately preceding the filing of the lawsuit, or 20 percent of the average monthly balance in your prison or jail account for that same six month period, whichever is greater.

After the initial partial filing fee has been paid, you will owe the balance of the filing fee. Until the amount of the filing fee is paid in full, each month you will owe 20 percent of your preceding month's income toward the balance. The agency that has custody of you will collect that money and send payments to the court any time the amount in the account exceeds \$10.00.

In order to proceed with an action or an appeal *in forma pauperis* you must complete the attached forms and return them to the court with your complaint or notice of appeal. You must have a prison or jail official complete the Certification section on the back of the Motion To Proceed Without Prepayment of Fees and attach to the form a certified copy of your prison or jail account statement for the last six months. If you submit an incomplete form or do not submit a prison or jail account statement with the form, your request to proceed *in forma pauperis* will be denied.

Regardless of whether some or all of the filing fee has been paid, the court is required to screen your action or appeal and to dismiss the action or appeal if (1) your allegation of poverty is untrue; (2) the action or appeal is frivolous or malicious; (3) your complaint does not state a claim on which relief can be granted; or (4) you sue a defendant for money damages and that defendant is immune from liability for money damages.

If you file more than three actions or appeals while you are a prisoner which are dismissed as frivolous or malicious or for failure to state a claim on which relief can be granted, then you will be prohibited from bringing any other actions in forma pauperis unless you are in imminent danger of serious physical injury.

IN THE UNITED STATES DISTRICT COURT FOR THE SOUTHERN DISTRICT OF ALABAMA

Plai	ntiff(s)/Petitioner(s)			
vs.			CIVIL ACTION NO. (To be supplied by Clerk of Court)	
Defe	endant(s)/Respondent(s)			
	MOTION TO PROC	CEED WITHOUT PREPAY	YMENT OF FEES	
<i>form</i> there	eed Without Prepayment of Fee a pauperis in this action. I ameror, and it is my belief that I amerty, monies or any items of variables. BRIEF STATEMENT AS	es pursuant to Title 28 U.S.C. unable to make prepayment on entitled to redress. I have n	of fees or to give security not divested myself of any ng payment of said fees. IE ACTION:	
II.	RESIDENCE: Your address:	(Street)		
	(City)	(State)	(Zip Code)	
III.		ed Separated name:	Divorced	
IV.	DEPENDENTS: 1. Number: 2. Relationship to dependent 3. How much money do you a monthly basis? \$	nt(s):u contribute toward your depe	endents' support on	

EMPLOYMENT:					
l	Name of employer:				
	a. Address of employer:				
	(Street)				
	(City) (State) (Zip Code)				
b. How long have you been employed by present employer?					
	Years: Months or Weekly \$				
	d. What is your job title?				
2. If unemployed, date of last employment:					
	Amount of salary and wages received per month in last employment: \$				
3	. Is spouse employed? If so, name of employer:				
	a. Income: Monthly \$ or Weekly \$				
	b. What is spouse's job title?				
FIN	. Are you and/or your spouse receiving welfare aid? or Weekly \$ or Weekly \$ ANCIAL STATUS: . Owner of real property (excluding ordinary household furnish				
FIN	If so, amount: Monthly \$ or Weekly \$ ANCIAL STATUS: Owner of real property (excluding ordinary household furnish a. Description: b. Full Address: c. In whose name:	nings and clothing):			
FIN	If so, amount: Monthly \$ or Weekly \$ ANCIAL STATUS: Owner of real property (excluding ordinary household furnish a. Description: b. Full Address: c. In whose name: d. Estimated value	nings and clothing):			
FIN	If so, amount: Monthly \$ or Weekly \$ ANCIAL STATUS: Owner of real property (excluding ordinary household furnish a. Description: b. Full Address: c. In whose name: d. Estimated value e. Total amount owed	s			
FIN	If so, amount: Monthly \$ or Weekly \$ ANCIAL STATUS: Owner of real property (excluding ordinary household furnish a. Description: b. Full Address: c. In whose name: d. Estimated value	nings and clothing):			
FIN	If so, amount: Monthly \$ or Weekly \$ ANCIAL STATUS: Owner of real property (excluding ordinary household furnish a. Description: b. Full Address: c. In whose name: d. Estimated value	ss			
FIN 1	If so, amount: Monthly \$ or Weekly \$ ANCIAL STATUS: Owner of real property (excluding ordinary household furnish a. Description: b. Full Address: c. In whose name: d. Estimated value e. Total amount owed Owed to:	sssssssss			
<u>FIN</u> 1	If so, amount: Monthly \$ or Weekly \$	sssssssss			
<u>FIN</u> 1	If so, amount: Monthly \$ or Weekly \$	sssssssss			
<u>FIN</u> 1	ANCIAL STATUS: Owner of real property (excluding ordinary household furnish a. Description: b. Full Address: c. In whose name: d. Estimated value e. Total amount owed Owed to: f. Annual income from property Other assets/property, such as automobiles, boats, motor homodyndaments, etc. (If more than two, list information on back): a. Asset (1) Make & Model:	sss			
<u>FIN</u> 1	If so, amount: Monthly \$ or Weekly \$	ss			
<u>FIN</u> 1	If so, amount: Monthly \$ or Weekly \$	ss			
<u>FIN</u> 1	If so, amount: Monthly \$ or Weekly \$	sss			
<u>FIN</u> 1	If so, amount: Monthly \$ or Weekly \$	ss			

	and loan associations, prisoner accorder sources as indicated below:	ounts, other financial			
	rofession or other forms of self-emp	ployment\$			
Rent payme	ents, interest or dividends	\$			
Pensions, an	nnuities or life insurance payments.	\$			
Gifts or inh	eritances	\$			
Stocks, bon	ds or notes	\$			
Tax refunds	s, Veteran benefits or social security	benefits\$			
Any other s	ources	\$			
3. Obligations:					
 a. Monthly rer 	ntal on house or apartment	\$			
b. Monthly mo	ortgage payments on house	\$			
4. Other informat	Other information pertinent to your financial debts and obligations:				
(Creditor)	(Total debt)	(Monthly payment)			
(Creditor)	(Total debt)	(Monthly payment)			
(Creditor)	(Total debt)	(Monthly payment)			
5. If you have ind	licated that you have minimal or no	assets or income, please explain			
now you provide i	or your basic fiving needs such as i	food, clothing and shelter. (e.g. food			
stamps, family ass	sistance or charitable contributions.))			
	_				
Other (Explain): _					

VII. <u>ALL PLAINTIFFS/PETITIONERS MUST READ AND SIGN:</u>

I UNDERSTAND that any false state	ement(s) of a material fact contained herein may					
serve as the basis of prosecution and conviction for perjury or making false statements.						
FURTHER, I CERTIFY that all questions contained herein have been answered and are true and						
correct to the best of my knowledge and belief.						
DATE	SIGNATURE OF PLAINTIFF/PETITIONER					
	ADDRESS					

VIII. FOR PRISONER PLAINTIFFS/PETITIONERS ONLY:

A financial statement containing all transactions in your prisoner account for the six (6) months immediately preceding the filing of the Complaint <u>must</u> accompany this Motion. The financial statement must be in the form of a computer printout or bank ledger card prepared by the institution; a notarized financial statement that you prepare; or a financial statement prepared by an authorized officer of the institution. Failure to provide this financial statement information may result in the dismissal of this action.

The requirement to submit the financial statement addressed above does not negate your responsibility to ensure that the Certificate found below is also properly executed and filed.

I hereby authorize the agency having custody of me to collect from my prison account and forward to the Clerk of the United States District Court payments in accordance with 28 U.S.C. § 1915(b)(2). I understand that even if I am allowed to proceed *in forma pauperis* or pay a partial filing fee and even if my case is later dismissed for any reason, I am obligated to pay to the Clerk of the Court the full amount of the filing fee \$350.00 if my IFP application is granted, or \$405.00 if my IFP application is denied for a civil action, \$5.00 for a habeas corpus petition, or \$605.00 for an appeal.

SIGNATURE OF PLAINTIFF/PETITIONER

CERTIFICATE

(To be completed by the institution of incarceration)

I certify that the applicant nam	ned herein has the sum of \$	on account to
his/her credit at	(name of institution). If	further certify that during
the past six months the applicant's ave	erage monthly balance was \$	I further certify
that during the past six months the ave	erage of monthly deposits to the ap	oplicant's account was
\$ (Please attach a certifi	ed copy of the applicant's account	statement showing
transactions for the past six months.)		
DATE	SIGNATURE OF AUTHORIZED	OFFICER