

UNITED STATES DISTRICT COURT

District of Minnesota

**APPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVIT**

Plaintiff

V.

Defendant

CASE NUMBER

I, _____ declare that I am the (check appropriate box)

G petitioner/plaintiff/movant G other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915 I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? G Yes G No (If "No," go to Part 2)

If "Yes," state the place of your incarceration _____

Are you employed at the institution? _____

If "Yes," what income do you receive from the institution? _____

What is your social security number? _____

YOU MUST HAVE THE INSTITUTION FILL OUT THE CERTIFICATE PORTION OF THIS AFFIDAVIT SHOWING THE PAST SIX MONTHS' TRANSACTIONS FOR YOUR PRISON ACCOUNT.

A ledger sheet showing such transactions also should be attached.

2. Are you currently employed? G Yes G No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

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.

CERTIFICATE

(Incarcerated applicants only)

To be completed by the institution of incarceration

I certify that the applicant named herein has the sum of \$ _____ on account to his/her credit at _____ (name of institution). I further certify that the applicant has the following securities to his/her credit:

I further certify that in the 6-month period immediately preceding the filing of the complaint/petition/motion or notice of appeal, the average monthly deposit to the prisoner's account was \$ _____, and the average monthly balance in the prisoner's account was \$ _____.

Date

Signature of authorized officer