

APPENDIX B
POST-CONVICTION HABEAS CORPUS FORM
APPLICATION TO PROCEED IN FORMA PAUPERIS
AND AFFIDAVIT

STATE OF WEST VIRGINIA

County

Name	Prisoner No.	Case No.
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Place of Confinement

Name of Petitioner (include name under which convicted)	Name of Respondent (authorized person having custody of petitioner)
v.	

NOTICE: This form is only to be used by incarcerated persons seeking post-conviction habeas corpus relief pursuant to W. Va. Code § 53-4A-1, et seq.



I, _____ declare that I am the petitioner in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs, I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the petition.

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

1. State the place of your incarceration _____ .
 Are you employed at the institution? _____ Do you receive any payment from the institution? _____

Have the institution fill out the Certificate portion of this application and attach a ledger sheet from the institution(s) of your incarceration showing at least the past **six** months' transactions.

2. In the past twelve months have you received any money from any of the following sources?

- | | | | |
|---|------------------------------|--|-----------------------------|
| a. Business, profession or other self-employment | Yes <input type="checkbox"/> | | No <input type="checkbox"/> |
| b. Rent payments, interest or dividends | Yes <input type="checkbox"/> | | No <input type="checkbox"/> |
| c. Pensions, annuities or life insurance payments | Yes <input type="checkbox"/> | | No <input type="checkbox"/> |
| d. Disability or workers compensation payments | Yes <input type="checkbox"/> | | No <input type="checkbox"/> |
| e. Gifts or inheritances | Yes <input type="checkbox"/> | | No <input type="checkbox"/> |
| f. Any other sources | Yes <input type="checkbox"/> | | No <input type="checkbox"/> |

If the answer to any of the above is "Yes" describe each source of money and state the amount received and what you expect you will continue to receive.

3. Other than any institutional accounts, do you have **any** cash, checking or savings accounts? Yes No

If "Yes" state the total amount _____ .

4. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property?

Yes No

If "Yes" describe the property and state its value.

5. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

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

DATE

SIGNATURE OF APPLICANT

CERTIFICATE

(To be completed by the institution of incarceration)

I certify that the applicant named herein has the sum of \$_____ in a trustee spending account to his/her credit at (name of institution) _____. I further certify that during the past six months the applicant's average balance was \$_____, and the average of monthly deposits was \$_____.

DATE

SIGNATURE OF AUTHORIZED OFFICER