

**IN THE UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF OKLAHOMA**

\_\_\_\_\_  
Name & DOC Number

v.  
  
\_\_\_\_\_

Case No. \_\_\_\_\_  
(To be supplied by the Clerk)

**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 civil rights relief
- Commence this action for habeas corpus relief
- Pursue this action under 28 U.S.C. § 2255 or Rule 35, Fed. R. Crim. P.

without prepayment of fees and costs or giving security therefor. In support of my application, I state that the following facts are true:

1. I am the party initiating this action, and I believe I am entitled to relief.
2. The nature of this action is: \_\_\_\_\_
3. I am unable to prepay the costs of this action or give security therefor because of my poverty.
4. I have no assets or funds which could be use to prepay the fees or costs, except:

\_\_\_\_\_  
*(Write "none" above if you have no assets; otherwise list your assets.)*

5. I am 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: \_\_\_\_\_  
\_\_\_\_\_
  - b. If the answer is "No," state the date of last employment and the amount of the salary and monthly wages you received: \_\_\_\_\_  
\_\_\_\_\_

6. I have received money within the past twelve months from the following sources:

- |    |  |                              |                             |
|----|--|------------------------------|-----------------------------|
| a. | Business, profession, or form of 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. | Social Security benefits, Veterans Administration benefits, disability benefits or pensions, worker's compensation, or unemployment benefits | 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 from each during the past twelve months:

\_\_\_\_\_

7. I have cash or have money in a checking or savings account, including any funds in prison accounts. Yes  No

If the answer is "Yes," state the total amount of the money and its location:

\_\_\_\_\_

8. I own real estate, stocks, bonds, notes, automobiles, or other valuable property, excluding ordinary household furnishings and clothing. Yes  No

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

\_\_\_\_\_

9. You may briefly state any additional financial or other information regarding your ability to pay the costs of this action (for example, persons who are dependent on you for support):

\_\_\_\_\_

\_\_\_\_\_

I understand that a false statement or answer to any question in this declaration will subject me to penalties of perjury.

I DECLARE (OR CERTIFY, VERIFY, OR STATE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES OF AMERICA THAT THE FOREGOING IS TRUE AND CORRECT. 28 U.S.C. § 1746. 18 U.S.C. § 1621.

Executed at \_\_\_\_\_ on \_\_\_\_\_  
(location) (date)

\_\_\_\_\_  
(Original signature)

## REQUIRED CERTIFICATION

You must attach to this motion and affidavit a certified copy of your trust fund account statement (or institutional equivalent) for the six-month period immediately preceding the filing of this action. You must obtain the certified copy of your trust fund account statement (or institutional equivalent) from the appropriate official of each penal institution at which you are or were confined during the six-month period.

**This certification must be completed by the appropriate institutional officer, and a copy of your trust account history must be included.**

### STATEMENT OF INSTITUTIONAL ACCOUNTS

Prisoner's Name \_\_\_\_\_ DOC # \_\_\_\_\_

I hereby certify that on the \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_ this prisoner had a total of \$ \_\_\_\_\_ in his/her institutional account(s):

**Draw Account:**     \$ \_\_\_\_\_

**Savings Account:** \$ \_\_\_\_\_

I further certify that the amounts listed below are correct:

1.     Average monthly **deposits** to the prisoner's account(s) for the 6-month period immediately preceding the filing of this action:

\$ \_\_\_\_\_ x 20% = \$ \_\_\_\_\_

2.     Average monthly **balance** in the prisoner's account(s) for the 6-month period immediately preceding the filing of this action:

\$ \_\_\_\_\_ x 20% = \$ \_\_\_\_\_

**I FURTHER CERTIFY THAT THE ABOVE AMOUNTS WERE CALCULATED PURSUANT TO THE PRISONERS INSTITUTIONAL ACCOUNT(S), A COPY OF WHICH IS ATTACHED HERETO.**

\_\_\_\_\_  
Authorized Prison Official

\_\_\_\_\_  
Title