
Name

Prison Number

Mailing Address, Zip Code, Place of Confinement

**UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF ALASKA**

**PRISONER'S APPLICATION
TO WAIVE PREPAYMENT
OF THE FILING FEE**

Plaintiff,

vs.

Defendant(s).

CASE NO. _____
(To be supplied by the Court)

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

- Plaintiff (filing civil rights complaint) Other _____
 Petitioner for writ of habeas corpus
under 28 U.S.C. §§ 2254 or 2241 _____

in this case. I am unable to prepay the filing fee for this proceeding or give security because of my poverty, and I believe I am entitled to the relief I am requesting. I agree that, if I am granted this application, a portion of any recovery, as directed by the Court, will be paid to the Clerk of Court for reimbursement of all unpaid fees and costs incurred by me in the case.

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

1. Are you currently incarcerated? Yes No (**If "No" DO NOT USE THIS FORM**)

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

IMPORTANT: You must attach a certified copy of your prison trust account statement showing transactions for the past six months.

2. Are you currently employed? Yes No

If the answer is "Yes," state both your gross and net salary or wages **per month**, and give the name and address of your employer:

Gross: _____ Net: _____

Employer: _____

If the answer to No. 2 is "No," state the date of last employment and the amount of the gross and net salary and wages **per month** which you received.

Gross: _____ Net: _____

Employer: _____

Date of Last Employment: ____ / ____ / ____ (month/day/year)

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

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

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

4. Do you have **any** cash? Yes No
State the total amount and location: _____

5. Do you have any checking account(s)? Yes No

a. Name(s) and address(es) of bank(s): _____

b. Present balance(s) in account(s): _____

6. Do you have any savings/IRA/money market/CDs' separate from checking accounts?
 Yes No

a. Name(s) and address(es) of financial institution(s) _____

b. Present balance(s) in account(s): _____

7. Do you own an automobile or other motor vehicle? Yes No

a. Make: _____ Year: _____ Model: _____

b. Is it financed? Yes No

c. If so, what is the amount owed? _____

8. Do you own any real estate, stocks, bonds, securities, other financial instruments or other valuable property? Yes No

If "Yes" describe the property and state its value: _____

9. Do you have any other assets or personal property other than clothing? Yes No

If "Yes" list the asset(s) and state the value of each asset listed: _____

10. Have you placed any property, assets or money in the name or custody of anyone else in the last two years? Yes No

If the answer is "Yes," give the date, describe the property, assets or money, give the name of the person given custody of the item and the reason for the transfer:

11. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their **monthly** support. For minors, please use only their initials:

Name _____ Relationship _____ Support: \$ _____

DECLARATION UNDER PENALTY OF PERJURY

I declare under penalty of perjury under the laws of the United States of America that the above information is true and correct.

Executed on: _____
DATE

SIGNATURE OF APPLICANT

AUTHORIZATION

I, _____, request and authorize the agency holding me in custody to prepare for the Clerk of the United States District Court for the District of Alaska, a certified copy of the statement for the past six months of my trust fund account (or institutional equivalent) activity at the institution where I am incarcerated.

I further request and authorize the agency holding me in custody to calculate and disburse funds from my trust fund account (or institutional equivalent) pursuant to any future orders issued by the Court relating to this civil action in accordance with 28 U.S.C. § 1915(b).

DATE	SIGNATURE OF APPLICANT		
	<table style="width: 100%;"><tr><td style="width: 70%; border-bottom: 1px solid black; text-align: center;">COMMITTED NAME OF APPLICANT (Type or Print)</td><td style="width: 30%; border-bottom: 1px solid black; text-align: center;">INMATE NO.</td></tr></table>	COMMITTED NAME OF APPLICANT (Type or Print)	INMATE NO.
COMMITTED NAME OF APPLICANT (Type or Print)	INMATE NO.		

You *must* include a certified copy of your prison account statement, showing the transactions for the past six months, with this application.