

**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS**

(full name of plaintiff or petitioner)

vs.

**APPLICATION TO PROCEED
WITHOUT PREPAYING FEES OR
COSTS / FINANCIAL AFFIDAVIT
(PRISONER CASES)**

Case number:

(full name of defendant(s) or respondent(s))

Instructions: Please answer every question. Do not leave blanks.
If the answer is "0" or "none," say so.

If you are in custody, you are subject to the Prison Litigation Reform Act ("PLRA"). The PLRA requires all pretrial detainees and prisoners to pay the filing fee. If you cannot pay the full filing fee at this time, you may seek leave to proceed *in forma pauperis*. A pretrial detainee or prisoner who proceeds *in forma pauperis* pays the full filing fee over time, with monthly installments taken from his or her trust fund account.

Application: I am the plaintiff / petitioner in this case. I believe that I am entitled to the relief I am requesting in this case. I am providing the following information under penalty of perjury in support of my request (check all that apply):

___ to proceed *in forma pauperis* (IFP) (without prepaying fees or costs)

___ to request an attorney

1. Are you in custody? ___ Yes ___ No

ID # _____ Name of jail or prison: _____

Do you receive any payment from this institution? ___ Yes ___ No

If "Yes," how much per month? \$ _____

2. Other sources of income / money: For the past 12 months, list the amount of money that you have received from any of the following sources:

(list the 12-month total for each)

Self-employment, business, or profession:	\$ _____
Income from interest or dividends:	\$ _____
Income from rent payments:	\$ _____
Pensions, annuities, or life insurance:	\$ _____
Disability or worker's compensation:	\$ _____
Gifts:	\$ _____
Deposits by others into your jail or prison account:	\$ _____
Unemployment, public assistance, or welfare:	\$ _____
Settlements or judgments:	\$ _____
Any other source of money:	\$ _____

3. Cash and bank accounts: Do you have any money in cash or in a checking or savings account? ___ Yes ___ No If yes, how much? _____
4. Other assets: Do you have an interest in any real estate (including your home), stocks, bonds, other securities, retirement plans, automobiles, jewelry, or other valuable property (not including ordinary household furnishings and clothing)? ___ Yes ___ No

If yes, list each item of property and state its approximate value:

5. Dependents: Is anyone dependent on you for support? ___ Yes ___ No

If yes, please list their names (for minor children, use only initials); relationship to you; and how much you and/or your spouse contribute toward their support each month:

6. Debts and financial obligations: List any amounts you owe to others:

Declaration: I declare under penalty of perjury that all of the information listed above is true and correct. I understand that a false statement may result in dismissal of my claims or other sanctions.

Date: _____

Applicant's signature

Printed name

NOTICE TO PRISONERS: In addition to the Certificate below, you must attach a print-out from the institution(s) where you have been in custody during the last six months showing all receipts, expenditures and balances in your prison or jail trust fund accounts during that period. Because the law requires information as to such accounts covering a full six months before you have filed your lawsuit, you must attach a sheet covering transactions in your own account – prepared by each institution where you have been in custody during that six-month period. You must also have the Certificate below completed by an authorized officer at each institution.

CERTIFICATE (Incarcerated applicants only)
(To be completed by the institution of incarceration)

I certify that the applicant named above, _____, ID # _____, has the sum of \$ _____ on account to his/her credit at _____ (name of institution). I also certify that during the past six months, the applicant's average monthly deposit was \$ _____. (Add all deposits from all sources and then divide by the number of months.)

Date: _____

Signature of authorized officer

Printed name