

UNITED STATES DISTRICT COURT

for the

Southern District of Illinois

Plaintiff(s) v. Defendant(s) Case Number: _____

MOTION AND AFFIDAVIT TO PROCEED ON APPEAL WITHOUT PREPAYING FEES OR COSTS

I am a party to this case and declare that I am unable to prepay the docket fees for an appeal or post a bond for them. My issues on appeal are:

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

1. If incarcerated. I am being held at: _____

I have attached to this document a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months for any institutional account in my name. I am also submitting a similar statement from any other institution where I was incarcerated during the last six months. NOTE: You must have an authorized institutional officer complete the last page of this form.

2. If not incarcerated. If I am employed, my employer's name and address are:

My gross pay or wages are: \$ _____, and my take-home pay or wages are: \$ _____ per (specify pay period) _____

3. Other Income. In the past 12 months, I have received income from the following sources (check all that apply):

- (a) Business, profession, or other self-employment [] Yes [] No
(b) Rent payments, interest, or dividends [] Yes [] No
(c) Pension, annuity, or life insurance payments [] Yes [] No
(d) Disability or worker's compensation payments [] Yes [] No
(e) Gifts or inheritances [] Yes [] No
(f) Any other sources [] Yes [] No

If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.

4. Amount of money that I have in cash or in a checking or savings account: \$ _____ .

5. Any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value that I own, including any item of value held in someone else's name (*describe the property and its approximate value*):

6. Any housing, transportation, utilities, or loan payments, or other regular monthly expenses (*describe and provide the amount of the monthly expense*):

7. Names (or, if under 18, initials only) of all persons who are dependent on me for support, my relationship with each person, and how much I contribute to their support:

8. Any debts or financial obligations (*describe the amounts owed and to whom they are payable*):

Declaration: I declare under penalty of perjury that the above information is true. I understand that a false statement may result in a dismissal of my claims.

Date: _____

Movant's signature

Printed name

CERTIFICATION

(TO BE COMPLETED BY AN AUTHORIZED INSTITUTIONAL OFFICER)

Plaintiff/Petitioner: _____

Institution: _____

Register Number: _____

I, _____, hereby certify that the
(Name and Title of Authorized Officer - please print)

inmate identified above currently has the sum of \$ _____ on account at

(Institution where confined)

Signature of Authorized Officer

Dated: _____

**PURSUANT TO 28 U.S.C. § 1915(a)(2),
PLEASE ATTACH A COPY OF THE INMATE'S
TRUST FUND ACCOUNT STATEMENT
FOR THE PAST SIX MONTHS.**

Please mail the statement and this completed form to:

Clerk of Court
United States District Court
Southern District of Illinois
P.O. Box 249
East St. Louis, IL 62201