

UNITED STATES DISTRICT COURT

for the

Eastern District of Michigan

| | | |
|-----------------------------|---|------------------|
| _____ |) | |
| <i>Plaintiff/Petitioner</i> |) | |
| v. |) | Civil Action No. |
| _____ |) | |
| <i>Defendant/Respondent</i> |) | |

APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS (Short Form)

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested.

In support of this application, I answer the following questions and make the following statements by checking the appropriate boxes under penalty of perjury.

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

☐ I understand that if I have an account at the institution, I must attach 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. **If applicable, I am attaching such a Certificate of Trust Account or certified statement to this application.**

☐ I understand that if I was incarcerated at any other institution during the last six months and had an account there, I must also **attach a Certificate of Trust Account or certified statement** from that institution. **If applicable, I am attaching such a certified statement to this application.**

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 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Rent payments, interest, or dividends | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Pension, annuity, 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 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 and understand that a false statement may result in a dismissal of my claims.

If incarcerated, I hereby authorize the agency holding me in custody to calculate the amounts specified by 28 U.S.C. § 1915(b), and to withdraw funds from my prison trust fund account (or institutional equivalent) and disburse those funds to the United States District Court for the Eastern District of Michigan to pay the filing fee in this case. This authorization shall also apply to any agency into whose custody I may be transferred, and to any other district court to which my case may be transferred where my *in forma pauperis* application may be decided.

Date: _____

Applicant's signature

Printed name