

**UNITED STATES COURT OF APPEALS
FOR THE TENTH CIRCUIT**

<p style="text-align: center;">Plaintiff/Petitioner - Appellant,</p> <p style="text-align: center;">v.</p> <p style="text-align: center;">Defendant/Respondent - Appellee.</p>	<p>Case No. _____</p> <p style="text-align: center;">Motion for Leave to Proceed on Appeal Without Prepayment of Costs or Fees (PLRA Form)</p>
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I, _____, the petitioner/appellant in the captioned case move this court for leave to proceed in forma pauperis.

Your motion for leave to proceed on appeal without prepayment of costs or fees and/or application for a certificate of appealability will be evaluated by the court using these standards:

Leave to Proceed Without Prepayment of Costs or Fees. You must meet all of the requirements of the Prisoner Litigation Reform Act, Pub. L. No. 104-134, 110 Stat. 1321 (Apr. 26, 1996); 28 U.S.C. § 1915. This includes submitting the certified statement of trust account and authorization to deduct funds attached to this form. The forms will not be considered unless they are complete.

FINANCIAL DECLARATION

Affidavit to Accompany Motion for Permission to Appeal in Forma Pauperis

I swear or affirm under penalty of perjury that because of my poverty I am unable to pay the docket fees of my appeal or to post a bond for them. I believe I am entitled to a different result than that reached in the district court.

I further swear or affirm under penalty of perjury that the responses which I have made to the questions and instructions below relating to my ability to pay the fees for my appeal are true.

Instructions. Please complete all questions in this application and then sign it on the last page. If the answer to any question is "0" or "none," or the question is "not applicable", so indicate by writing "0", "none", or "not applicable (N/A)". If additional space is needed to answer any question or to explain your answer to any question, please use and attach a separate sheet of paper identified with your name, the docket number of your case and the number of the question.

My issues on appeal are:

1. Are you or your spouse currently employed? Yes _____ No _____
2. If you or your spouse are currently employed, state the name and address of your employer, the length of your employment with that employer, and your monthly gross pay. Gross pay is pay before any taxes or other deductions are taken. If you have more than one employer, please provide the information requested below about the other employer(s) on a separate sheet of paper and attach it to this application.

Yourself:

Your Spouse:

Name and Address of Employer

Name and Address of Employer

Length of Employment

Length of Employment

Years Months

Years Months

Monthly Gross Pay \$ _____

Monthly Gross Pay \$ _____

3. If you are currently unemployed, state the date of your last employment and your monthly gross pay during your last month of employment. Gross pay is pay before any taxes or other deductions are taken.

Date of last employment (Month/Year) for yourself _____; spouse _____

Monthly gross pay during last month of employment \$ _____

4. State whether you or your spouse have received money from any of the following sources during the past twelve months, and, if so, the average monthly amount from that source. Adjust any money that was received weekly, bi-weekly, quarterly, semi-annually, or annually to show the monthly rate.

Did you receive money from any of the following sources during the past 12 months?

Average monthly amount during past 12 months for you and your spouse if applicable.

Amount expected next month

	Y/N	You		Spouse	
		Spouse	You	Spouse	You
Self-employment	Y/N	\$	\$	\$	\$
Income from real property (such as rental income)	Y/N	\$	\$	\$	\$
Interest and dividends	Y/N	\$	\$	\$	\$
Gifts	Y/N	\$	\$	\$	\$
Alimony	Y/N	\$	\$	\$	\$
Child Support	Y/N	\$	\$	\$	\$

Retirement income from sources such as social security, private pensions, annuities, or insurance policies

Y/N ___ \$ _____ \$ _____ \$ _____ \$ _____

Disability payments such as social security, other state or federal government, or insurance payments

Y/N ___ \$ _____ \$ _____ \$ _____ \$ _____

Unemployment payments

Y/N ___ \$ _____ \$ _____ \$ _____ \$ _____

Public assistance payments such as welfare payments

Y/N ___ \$ _____ \$ _____ \$ _____ \$ _____

Other sources of money (specify: _____)

Y/N ___ \$ _____ \$ _____ \$ _____ \$ _____

TOTAL \$ _____ \$ _____ \$ _____

5. State the amount of cash you and your spouse have: \$ _____

State below any money you or your spouse have in savings, checking, or other accounts in a bank or other financial institution.

Bank or Other Financial Institution:	Type of Account such as savings, checking, or CD:	Amount you have:	Amount your spouse has:
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

If you have funds in a prison or other similar institutional account, the Certified Statement of Institutional Account for the Past Six Months at the end of this form must be completed by the institution.

6. State below the assets owned by you and your spouse. **Do not list ordinary household furnishings and clothing.**

Home	Address: _____ _____	Value: \$ _____ Amount owed on mortgages and liens: \$ _____
Other real estate	Address: _____ _____	Value: \$ _____ Amount owed on mortgages and liens: \$ _____
Motor vehicle	Model/Year: _____ _____	Value: \$ _____ Amount owed: \$ _____
Motor vehicle	Model/Year: _____ _____	Value: \$ _____ Amount owed: \$ _____
Other	Description: _____ _____	Value: \$ _____ Amount owed: \$ _____

7. State below any person, business, organization, or governmental unit that owes you or your spouse money and the amount that is owed.

Name of Person, Business, or Organization that Owes You or Your Spouse Money	Amount Owed You:	Amount Owed Your Spouse:
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

8. State the individuals who rely on you and your spouse for support. Indicate their relationship to you, their age, and whether they live with you.

Name	Relationship	Age	Does this person live with you?	
_____	_____	_____	Yes _____	No _____
_____	_____	_____	Yes _____	No _____
_____	_____	_____	Yes _____	No _____
_____	_____	_____	Yes _____	No _____

9. Complete this question by estimating the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, bi-weekly, quarterly, semi-annually, or annually to show the monthly rate.

	You	Spouse
Rent or home mortgage payment (include lot rented for mobile home)	\$ _____	\$ _____
Are real estate taxes included? Yes ____ No ____		
Is property insurance included? Yes ____ No ____		
Utilities: Electricity and heating fuel	\$ _____	\$ _____
Water and sewer	\$ _____	\$ _____
Telephone	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
Home maintenance (Repairs and upkeep)	\$ _____	\$ _____
Food	\$ _____	\$ _____
Clothing	\$ _____	\$ _____
Laundry and dry cleaning	\$ _____	\$ _____
Medical and dental expenses	\$ _____	\$ _____
Transportation (not including car payments)	\$ _____	\$ _____

Recreation, clubs and entertainment, newspapers, magazines, etc.	\$ _____	\$ _____
Charitable contributions	\$ _____	\$ _____
Insurance (not deducted from wages or included in home mortgage payments)		
Homeowner's or renter's	\$ _____	\$ _____
Life	\$ _____	\$ _____
Health	\$ _____	\$ _____
Auto	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
Taxes (not deducted from wages or included in home mortgage payments) (specify) _____		\$ _____
Installment payments		
Auto:	\$ _____	\$ _____
Credit Card: (name) _____	\$ _____	\$ _____
Department Store: (name) _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
Alimony, maintenance, and support paid to others	\$ _____	\$ _____
Payments for support of additional dependents not living at your home	\$ _____	\$ _____
Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
 TOTAL MONTHLY EXPENSES	 \$ _____	 \$ _____

10. Do you expect any major changes to your monthly income or expenses during the next four months? Yes _____ No _____

If yes, describe.

11. Have you paid an attorney any money for services in connection with this case, including the completion of this form? Yes _____ No _____

If yes, how much? \$ _____

If yes, provide the name, address, and telephone number of the attorney:

Have you promised to pay or do you anticipate paying an attorney any money for services in connection with this case, including the completion of this form? Yes _____ No _____

If yes, how much? \$ _____

If yes, provide the name, address, and telephone number of the attorney:

12. Have you paid anyone other than an attorney (such as a paralegal, typing service, or another person) any money for services in connection with this case, including the completion of this form?

Yes _____ No _____

If yes, how much? \$ _____

If yes, provide the name, address, and telephone number of the person or service:

13. Have you promised to pay or do you anticipate paying anyone other than an attorney (such as a paralegal, typing service, or another person) any money for services in connection with this case, including the completion of this form? Yes _____ No _____

If yes, how much? \$ _____

If yes, provide the name, address, and telephone number of the person or service:

14. How much can you pay each month toward the docket fee for your appeal.

\$ _____

15. Please provide any other information that helps to explain why you are unable to pay the docket fees for your appeal.

16. State the address of your legal residence:

Your daytime phone number:

(_____) _____

Your age: _____

Years of schooling: _____

Your social security number: _____

I DECLARE 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.

Date: _____ Signature: _____

ADDENDUM TO FINANCIAL DECLARATION

**THIS ADDENDUM MUST BE COMPLETED BY ANYONE WHO IS A
PRISONER AS DEFINED BY 28 U.S.C § 1915(h)**

Prisoner Name _____

Appeal Number _____

Facility _____

**PLEASE NOTE THAT SECTION A AND B OF THIS PART OF THE FORM
BOTH MUST BE COMPLETED IN ORDER FOR US TO PROCESS THIS
APPEAL. FAILURE TO COMPLY MAY BE GROUNDS FOR DISMISSAL.**

Section A:

Certified Trust Fund Account Statement

I certify that the prisoner named below has had an average monthly balance of _____ for the previous six month period. Attached to this document is a certified copy of the prisoner's trust fund account statement for the past six months.

Prisoner's Name _____

Signature of Authorized Officer _____

Date _____

Section B:

AUTHORIZATION

I, _____, request and authorize the agency
[print your name]
holding me in custody to send to the clerk of the United States Court of Appeals for the
Tenth Circuit a certified copy of the statement for the past six months of my trust account
or institutional equivalent 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
account or institutional equivalent in the amounts specified by 28 U.S.C. § 1915(b). This
authorization is furnished in connection with this appeal and I understand that the total fee
is due regardless of the outcome of the case. I understand the fee is \$505 in an appeal or
\$500 in an original proceeding or petition for review.

Prisoner Name (please print) _____

Signature _____

CERTIFICATE OF SERVICE

I affirm under the penalty for perjury that I placed this Motion with first-class postage prepaid in the prison mail system or, if I was not incarcerated, in the United States Mail, addressed to the Clerk of the U.S. Court of Appeals for the Tenth Circuit, 1823 Stout St., Denver, CO 80257. In addition, I hereby certify that a copy of this form was placed with first-class postage prepaid in the prison mail system or, if I was not incarcerated, in the United States Mail, addressed to:

(identify the name and address of the opposing attorney)

on the following date:

month day year signature