UNITED STATES DISTRICT COURT District of Kansas

	<u></u>
Plaintiff/Petitioner,	
v.	CASE NO.
Defendant(s)/Responder	nt(s).
WITHOUT	CATION TO PROCEED PREPAYMENT OF FEES IDAVIT BY A PRISONER
I,, declare th	nat I am the (check appropriate box)
☐ Plaintiff ☐	Petitioner
in the above-entitled proceeding; that in	support of my request to proceed without prepayment of
fees or costs under 28 USC § 1915	I declare that I am unable to pay the costs of these
proceedings and that I am entitled to the	relief sought in the complaint/petition.
Are you currently incarcerated?	□ Yes □ No
If "Yes," state the place of your is Are you employed at the institution Do you receive any payment from	ion?
I declare under penalty of perjury that th	e above information is true and correct.
Signed at:(Location)	(Signature)
(Date)	(Inmate Number)

NOTICE TO PRISONER: All Prisoners seeking to proceed without prepayment of fees shall complete the attached Affidavit Accompanying Motion for Permission to Proceed In Forma Pauperis. The Prisoner must also attach one of the following depending on the type of case:

<u>Plaintiffs in a civil case or proceeding</u>: must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. *See* 28 U.S.C. § 1915(a)(2). If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

OR

<u>Petitioners in habeas actions</u>: must attach a certificate executed by an authorized officer of the institution in which he or she is confined. The certificate must state the amount of money or securities on deposit to his or her credit in any account in the institution. D. Kan. Rule 9.1(g)(2)(A).

AFFIDAVIT ACCOMPANYING MOTION FOR PERMISSION TO PROCEED IN FORMA PAUPERIS

Affidavit in Support of Motion Instructions I swear or affirm under penalty of perjury Complete all questions in this application and that, because of my poverty, I cannot prepay then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not the filing fees in this case. I believe I am applicable (N/A)," write in that response. If entitled to redress. I swear or affirm under penalty of perjury under United States laws you need more space to answer a question or to that my answers on this form are true and explain your answer, attach a separate sheet of correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.) paper identified with your name, your case's docket number, and the question number. Signed:

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$	\$	\$	\$
Self-employment	\$	\$	\$	\$
Income from real property (such as rental income)	\$	\$	\$	\$
Interest and dividends	\$	\$	\$	\$
Gifts	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Child support	\$	\$	\$	\$
Retirement (such as social security, pensions, annuities, insurance)	\$	\$	\$	\$
Disability (such as social security, insurance payments)	\$	\$	\$	\$
Unemployment payments	\$	\$	\$	\$
Public-assistance (such as welfare)	\$	\$	\$	\$
Other (specify):	\$	\$	\$	\$
Total monthly income:	\$	\$	\$	\$

2.	List your employment history for the past two years, most recent employer first. (Gross
	monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
			\$
			\$
			\$

3. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
			\$
			\$
			\$

4. How much cash do you and your spouse have? \$	
--	--

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial Institution	Type of Account	Amount you have	Amount your spouse has
		\$	\$
		\$	\$
		\$	\$

If you are a prisoner in a civil action or proceeding, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

5. List the assets, and their values, which you own or your spouse owns. Do not list clothin and ordinary household furnishings.			
Home	Other real estate	Motor vehicle #1	
(Value) \$	(Value) \$	(Value) \$	
		Make and year:	
		Model:	

Registration #:

5.

Motor vehicle #2	Other assets	Other assets
(Value) \$	(Value) \$	(Value) \$
Make and year:		
Model:		
Registration #:		

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
	\$	\$
	\$	\$
	\$	\$
	\$	\$

7. State the persons who rely on you or your spouse for support.

Name [or, if under 18, initials only]	Relationship	Age

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Your 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, heating fuel, water, sewer, and telephone)	\$	\$
Home maintenance (repairs and upkeep)	\$	\$
Food	\$	\$
Clothing	\$	\$
Laundry and dry-cleaning	\$	\$
Medical and dental expenses	\$	\$
Transportation (not including motor vehicle payments)	\$	\$
Recreation, entertainment, newspapers, magazines, etc.	\$	\$
Insurance (not deducted from wages or included in mortgage pa	yments)	
Homeowner's or renter's:	\$	\$
Life:	\$	\$
Health:	\$	\$
Motor vehicle:	\$	\$
Other:	\$	\$
Taxes (not deducted from wages or included in mortgage payments) (specify):	\$	\$
Installment payments		
Motor Vehicle:	\$	\$
Credit card (name):	\$	\$
Department store (name):	\$	\$
Other:	\$	\$
Alimony, maintenance, and support paid to others	\$	\$

Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ \$
Other (specify):	\$ \$
Total monthly expenses:	\$ \$

9.	Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?			
	[] Yes [] No	If yes, describe on an attached sheet.		
10.	Have you spent — or will you be spending — any money for expenses or attorney fees in connection with this lawsuit? [] Yes [] No			
	If yes, how much?	\$		
11.	Provide any other for your case.	information that will help explain why you cannot pay the filing fees		