UNITED STATES DISTRICT COURT

WESTERN DISTRICT OF OKLAHOMA

DI : (:ec/D /)))		
Plaintiff/Pet	etitioner))) CASE NO.:	
v.) CASE NO.:		
) (To be supplied by the () (Prisoner form)	Clerk)	
Defendant/I	t/Respondent)		
and sup	APPLICATION FOR LEAVE TO PROCEED IN FORMA PAUPERIS apporting affidavit (pursuant to 28 U.S.C. § 1915 and 28 U.S.C. § 1746 for prisoner of the control of the	cases)	
I here	reby apply for leave to: (check one)		
	Commence this action for habeas corpus relief.		
	Commence this action for civil rights relief.		
witho	out prepayment of fees and costs or giving security therefor.		
In sup	apport of my application, I answer the following questions under penalty of perjury	y:	
1.)	I am the party initiating said action and I believe that I am entitled to relief.		
2.)	The nature of said action is:		
3.)	I am unable to prepay the costs of this action or give security therefor because poverty.	se of my	
4.)	I have no assets or funds which could be used to prepay the fees or costs, ex-	cept:	
	(Write "none" above if you have nothing; otherwise list your assets.)		

	If the answer is "No," state the date of last employment and the amount of wages per month which you received:
—— With	in the past twelve months I have received money from the following source
(a)	Business, profession, or form of self-employment?
	□YES □NO
(b)	Rent payments, interest, or dividends?
	□YES □NO
(c)	Pensions, annuities, or life insurance payments?
	□YES □NO
(d)	Social security, Veterans Administration, disability pensions, workmen's compensation, or unemployment benefits?
	TYES NO
(e)	Gifts or inheritances?
()	□YES □NO
(f)	Any other sources?
	□YES □NO
state	If the answer to any of the above is "Yes," describe each source of mone the amount received from each during the past twelve months:
	n cash, including funds in my prison/jail accounts, including any mandator autional savings accounts:
	□YES □NO
	If the answer is "Yes," state the total amount of cash owned:

on (Date)
on
any question in this declaration could subject he dismissal of all my claims pursuant to
Time to collect from my prison/jail account(s) strict Court payments assessed by the Court in
or other information regarding my ability to pay persons who are dependent on you for support)
e the property and state its approximate value:

REQUIRED CERTIFICATION

You MUST ATTACH to this application and affidavit a certified copy of your institutional account statement (or institutional equivalent) for the six-month period immediately preceding the filing of this action. You must obtain the certified copy of your institutional account statement (or institutional equivalent) from the appropriate official of each penal institution or jail at which you are or were confined during the six-month period immediately preceding the filing of this action.

STATEMENT OF INSTITUTIONAL ACCOUNTS

I hereby certify that on	,				
(name of prisoner) had \$	in his/her institutional account(s). I further				
certify that the average monthly deposits to the prisoner's accounts for the six-month period					
(continued on next page)					

immediately preceding the filing of this action	n was: $x 20\% = x$.
The average monthly balance in the prisoner's	s account(s) for the six-month period
immediately preceding the filing of this action	n was: $ x 20\% = $.
I further certify that the above referenced amo	ounts were calculated pursuant to the prisoner's
institutional account(s) a copy of which is at	tached hereto.
	(Authorized Prison Official)
	,
	(Title)