

State of New York  
\_\_\_\_\_ County  
\_\_\_\_\_ Court

-----X  
Petitioner  
v.  
Defendant  
-----X

Affidavit in Support of Application  
Pursuant to CPLR 1101 (f)  
(Reduces Filing Fee)

Index/File # \_\_\_\_\_ \*  
DIN # \_\_\_\_\_  
NYSID # \_\_\_\_\_

State of New York            )  
                                  ) ss:  
County of \_\_\_\_\_ )

I, \_\_\_\_\_, being duly sworn, hereby declare as follows:

1) I am the Petitioner in the above-entitled proceeding, I am an inmate in a federal, state or local correctional facility (state place of incarceration: \_\_\_\_\_), and I submit this affidavit in support of my application for a reduction of the filing fee pursuant to CPLR 1101 (f).

2) I currently receive income from the following sources, exclusive of correctional facility wages:

\_\_\_\_\_  
\_\_\_\_\_

3) I own the following valuable property (other than miscellaneous personal property):

NONE

List Property:

Value:

_____	_____
_____	_____
_____	_____
_____	_____

4) I have no savings, property, assets or income other than as set forth herein.

\* Will be assigned by the Court/County Clerk

- 5) I am unable to pay the total filing fee necessary to prosecute this procedure.
- 6) No other person who is able to pay the total filing fee has a beneficial interest in the result of this proceeding.
- 7) The facts of my case are described in my claim and other papers filed with the court.
- 8) I have made no prior request for this relief in this case.

\_\_\_\_\_  
(signature)

Sworn to before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

#### AUTHORIZATION

I, \_\_\_\_\_, inmate number \_\_\_\_\_, request and authorize the agency holding me in custody to send to the Clerk of the Court certified copies of the correctional facility trust fund account statement (or the institutional equivalent) for the past six months.

I further request and authorize the agency holding me in custody to calculate the amounts specified by CPLR 1101 (f)(2), to deduct those amounts from my correctional facility trust fund account (or the institutional equivalent) and to disburse those amounts as instructed by the Court.

This authorization is furnished in connection with the above entitled case and shall apply to any agency into whose custody I may be transferred.

I UNDERSTAND THAT THE ENTIRE FILING FEE AS DETERMINED BY THE COURT WILL BE PAID IN INSTALLMENTS BY AUTOMATIC DEDUCTIONS FROM MY CORRECTIONAL FACILITY TRUST FUND ACCOUNT EVEN IF MY CASE IS DISMISSED.

\_\_\_\_\_  
(signature)