

\_\_\_\_\_  
*(full name/prisoner number)*

\_\_\_\_\_  
*(complete mailing address)*

Plaintiff/Petitioner

UNITED STATES DISTRICT COURT

FOR THE DISTRICT OF IDAHO

\_\_\_\_\_,  
*(full name)*

Plaintiff/Petitioner,

v.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Defendant/Respondent.

*(if you need additional space, use a blank page for a continuation page)*

Case No.

*(to be assigned by Court)*

**PRISONER APPLICATION TO  
PROCEED IN FORMA PAUPERIS**

By completing this Application, I am requesting in forma pauperis status rather than paying the filing fee at the time of filing. I understand that, if my request is granted in a civil rights case, my fee will not be waived, but I will be responsible to pay the entire fee from my prison trust account in increments, when and as I am able to do so. If my request is granted in a habeas corpus case, the fee will be waived.

1. Are you employed? Yes \_\_\_ No \_\_\_\_\_. If employed, please state your job title and the total amount of wages you make per month.

\_\_\_\_\_ \$ \_\_\_\_\_ per month  
Job Title

2. Within the past six (6) months, have you received any money from any of the following sources?

a. Business, or other form of self-employment? Yes \_\_\_ No \_\_\_  
b. Rent payments, interest or dividends? Yes \_\_\_ No \_\_\_

- c. Pensions, annuities, or life insurance payments? Yes \_\_\_ No \_\_\_
- d. Welfare, social security, or disability benefits? Yes \_\_\_ No \_\_\_
- e. Gifts or inheritances? Yes \_\_\_ No \_\_\_
- f. Friends or family? Yes \_\_\_ No \_\_\_
- g. Any other sources? \_\_\_\_\_ Yes \_\_\_ No \_\_\_

(identify source)

3. If the answer to any of the above is "yes," describe each source of money and state the amount received from each during the past six (six) months.

\_\_\_\_\_

\_\_\_\_\_

4. Do you own or have any interest in any real estate, stocks, bonds, notes, automobiles or other valuable property?

Yes \_\_\_ No \_\_\_. If the answer is "yes," describe the property and state its approximate value.

\_\_\_\_\_

\_\_\_\_\_

5. List the persons who are dependent upon your support, state your relationship to those persons, and indicate how much you contribute or are obligated to contribute, toward their support.

Person	Relationship	Due Each Month
_____	_____	\$ _____
_____	_____	\$ _____

6. I have attached a Prison Trust Account Statement to this Form. Yes \_\_\_ No \_\_\_.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on this \_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Plaintiff/Petitioner

*Notes: You do not need to send a copy of this document to Defendant/Respondent. This Application must be accompanied by a Prison Trust Account Statement. This Application takes the place of an in forma pauperis motion and affidavit. Notarization is not necessary because the Application is signed under penalty of perjury.*