## UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF NEW YORK

Plaintiff(s) v.	APPLICATION TO PROCEED WITHOUT FULL PREPAYMENT OF FEES; AFFIDAVIT AND AUTHORIZATION FORM
Defendant(s)	CASE NUMBER:
I,	declare that I am (check appropriate box)
petitioner/plaintiff/movant	other
1 0 1	port of my request to proceed without prepayment of fees or am unable to pay the costs of these proceedings and that I aint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1.	Are you currently incarcerated?:	Yes	No (If "No" go to Part 2)	
Are you employed at the	If "Yes" state the place of your incarceration:			
	Are you employed at the institution?	Yes	No	
	Do you receive any payment from same?	Yes	No	
Noti	ice to Inmates: <u>The Certificate Portion Of Th</u>	is Affidavit Must	Be Completed.	

- 2. Are you currently employed?: Yes No
  - a. If the answer is "Yes" state the amount of your take-home salary or wages and pay period and give the name and address of your employer.
  - b. If the answer is "No" state the date of your last employment, the amount of your takehome salary or wages and the name and address of your last employer.

3. In the past twelve months have you received any money from any of the following sources?

a.	Business, profession or other self employment	Yes	No
b.	Rent payments, interest or dividends	Yes	No
c.	Pensions, annuities or life insurance payments	Yes	No
d.	Disability or workers compensation payments	Yes	No
e.	Gifts or inheritances	Yes	No
f.	Any other sources	Yes	No

If the answer to any of the above is "Yes" describe each source of money and state the amount received **and** what you expect you will continue to receive.

4.	Do you have any cash, checking or savings accounts?	Yes	No
	If "Yes" state the total amount		

- Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or any other assets?
  Yes No
  If "Yes" describe the property and state its value (Attach additional sheets as necessary):
- 6. List the person(s) who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

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

DATE

SIGNATURE OF APPLICANT

## CERTIFICATE

(To be completed by appropriate official at institution of incarceration)

I certify that the applicant named herein has the sum of \$\_\_\_\_\_\_ on account to his/her credit at (Name of Institution) \_\_\_\_\_\_.

DATE

SIGNATURE OF AUTHORIZED OFFICER