

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

**INSTRUCTIONS FOR FILING AN APPLICATION TO PROCEED  
IN FORMA PAUPERIS BY A PRISONER UNDER 28 U.S.C. § 1915**

You must submit to the court a completed Prisoner's Application to Proceed *In Forma Pauperis* if you are unable to pay the entire filing fee at the time you file your complaint or petition. The court will consider as part of your application the transactions in your prison trust account statement for the last six months. If you are housed at a California Department of Corrections and Rehabilitation (CDCR) facility, the court's application form includes your authorization for CDCR to provide a certified copy of your trust account statement directly to the court. But if you are housed at a non-CDCR facility (such as a local jail), you must have your institution complete the certification at the end of the application form and attach a certified copy of your trust account statement.

**A. Civil Actions other than Habeas Actions**

The fee for filing any civil action other than a petition for a writ of habeas corpus is \$405 (\$350 filing fee plus a \$55 administrative fee). If you are not granted leave to proceed *in forma pauperis*, you must pay the \$405 fee in one payment.

If you are granted leave to proceed *in forma pauperis*, you must still pay the \$350 filing fee (not the \$55 administrative fee), but the filing fee will be paid in several installments. You must pay an initial partial filing fee of 20 percent of the greater of (a) the average monthly deposits to your account for the 6-month period immediately before the complaint was filed or (b) the average monthly balance in your account for the six-month period immediately before the complaint was filed. The court will use the information provided on your trust account statement to determine the filing fee immediately due and will send instructions to you and the prison trust account office for payment.

After the initial partial filing fee is paid, your prison's trust account office will forward to the court each month 20 percent of the most recent month's income to your prison trust account, to the extent the account balance exceeds ten dollars (\$10). Monthly payments will be required until the full filing fee is paid. If you have no funds over ten dollars (\$10) in your account, you will not be required to pay part of the filing fee that month.

***If your application to proceed in forma pauperis is granted, you will be liable for the full \$350 filing fee even if your civil action is dismissed. That means the court will continue to collect payments until the entire filing fee is paid.***

**B. Habeas Actions**

The fee for filing a petition for a writ of habeas corpus is \$5 (\$5 filing fee plus \$0 administrative fee). If you are granted leave to proceed *in forma pauperis*, you will not be required to pay any portion of this fee. If you are not granted leave to proceed *in forma pauperis*, you must pay the fee in one payment and not in installments.

***If you use a habeas form to file a civil action other than a habeas action, you will be required to pay the fee applicable to civil actions other than habeas actions.***

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

Plaintiff,

v.

Defendant(s).

CASE NUMBER \_\_\_\_\_

**PRISONER'S APPLICATION AND  
DECLARATION TO PROCEED  
IN FORMA PAUPERIS**

I, (print your name) \_\_\_\_\_, declare under penalty of perjury that I am the plaintiff in this case; I believe I am entitled to relief; and I am unable to pay the costs of this proceeding or give security thereof.

In support of this application, I provide true, correct and complete answers to all of the following questions:

1. Are you presently employed in prison?  Yes  No

The number of hours you work per week: \_\_\_\_\_ The hourly rate of pay: \_\_\_\_\_

2. For the past twelve months, list the amount of money you have received from any of the following sources.

- a. Business, profession or self-employment \$ \_\_\_\_\_
- b. Income from rent, interest or dividends \$ \_\_\_\_\_
- c. Pensions, annuities or life insurance payments \$ \_\_\_\_\_
- d. Disability, Social Security or other government source \$ \_\_\_\_\_
- e. Gifts or inheritances \$ \_\_\_\_\_
- f. Describe any other source of income: \_\_\_\_\_ \$ \_\_\_\_\_

3. List the amount for each of the following (include prison account funds):

Cash on hand \$		Checking account \$		Savings account \$	
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4. Do you own or have any interest in any real estate, stocks, bonds, notes, retirement plans, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)?

If Yes, describe the property and state its approximate value:

Yes  \$

No

5. Do you have any other assets?

If Yes, list the asset(s) and the approximate value:

Yes  \$

No

6. Does anyone depend upon you for financial support?

If Yes, state their relationship to you, and indicate how much you contribute towards their support each month. Use initials (not names) to refer to minor children.

Yes  \$

No

***This form must be dated and signed below for the court to consider your application.***

I hereby authorize the institution having custody of me to provide a certified copy of my trust account statement for activity covering the last six months to the court. Additionally, once eligibility is established, I further authorize the institution having custody of me to collect from my trust account and forward to the court payments in accordance with 28 U.S.C. § 1915(b)(2).

\_\_\_\_\_  
 Signature of Plaintiff/Petitioner                      Prisoner Number                      Date

**CERTIFICATION FOR PRISONERS *NOT* IN CDCR CUSTODY**

**CERTIFICATE OF FUNDS IN PRISONER’S ACCOUNT  
(to be completed by authorized officer)**

I certify that attached hereto is a true and correct copy of the prisoner’s trust account statement showing the transactions of \_\_\_\_\_ for the last six months at \_\_\_\_\_, where (s)he is confined.

PRISONER’S NAME

NAME OF NON-CDCR INSTITUTION

\_\_\_\_\_  
 Signature of Authorized Officer                      Officer’s Name (printed)                      Date