

District Court of the Virgin Islands

Instructions for filing a *Pro Se* Prisoner Civil Rights Complaint under
42 U.S.C. § 1983 or 28 U.S.C. § 1331/*Bivens v. Six Unknown Federal Narcotics Agents*

THE FOLLOWING FORMS MUST BE COMPLETED AND RETURNED TO THE CLERK OF COURT:

Civil Cover Sheet (Form JS 44) & Complaint (Form VI-P-CR)

1. The complaint must be legibly handwritten or typewritten.
2. The complaint **SHOULD NOT** include legal arguments or citations. You are required to provide only the facts.
3. All questions must be answered concisely in the proper space provided in the complaint. Additional pages are not permitted except with respect to the following: (1) the naming of additional defendants; (2) the identification of five or more claims; and (3) the identification of additional grounds for relief; and (4) facts upon which you rely to support your grounds for relief.

Summons (Form VI-AO 440)

1. Prepare a summons form for each defendant named in the complaint. The Court cannot prepare your summonses.
2. Page one directs you to provide the following:
 - a. your name and the defendant's name in the caption;
 - b. the defendant's address; and
 - c. your name and address.
3. DO NOT fill in any other part of the summons.

Motion for Prisoners to Proceed in District Court Without Prepaying Fees or Costs in a Civil Rights Action (Form VI-AO 240-P-CR)

1. If you are unable to pay the \$400 filing fee, you may petition the Court to proceed *in forma pauperis* (as a poor person) by submitting Form VI-AO 240-P-CR. If the Court grants your request, you will be permitted to pay the filing fee in installments per the assessment procedure set forth in 28 U.S.C. § 1915(b).
2. You MUST attach a certified copy of your inmate or prison trust account statement for the 6-month period immediately preceding the filing of the complaint.

MAILING REQUIREMENTS

The following should be mailed to the appropriate address below:

1. Civil Cover Sheet (Form JS 44) – Submit one properly completed form.
2. Complaint (Form VI-P-CR) – You must submit an original and one copy for each defendant you name. For example, if you name two defendants you must file the original and two copies of the complaint.
3. Summons (Form VI-AO 440) – You must submit an original and two copies for each defendant named in the complaint.
4. One of the following:
 - \$400 filing fee – check or money order made payable to Clerk, District Court of the Virgin Islands; or
 - Motion for Prisoners to Proceed in District Court Without Prepaying Fees or Costs in a Civil Rights Action (Form VI-AO 240-P-CR)

Clerk, U.S. District Court
District Court of the Virgin Islands
St. Thomas/St. John Division
5500 Veterans Drive, Rm 310
St. Thomas, VI 00802

Clerk, U.S. District Court
District Court of the Virgin Islands
St. Croix Division
3013 Estate Golden Rock, Suite 219
St. Croix, VI 00820

NOTE: The Clerk will forward copies of the summonses and of the complaint to the United States Marshal, who is responsible for service, **only upon direction from the Court**. The Prison Litigation Reform Act ("PLRA") requires the Court to review a complaint in a civil action in which a prisoner is proceeding *in forma pauperis* or seeks redress against a governmental employee or entity. 28 U.S.C. §§ 1915(e)(2)(b) and 1915A. Specifically, the PLRA directs the Court to screen the complaint for cognizable claims and to *sua sponte* dismiss any claim that is frivolous, malicious, fails to state a claim upon which relief may be granted, or seeks monetary relief from a defendant who is immune from such relief.

CIVIL COVER SHEET

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

I. (a) PLAINTIFFS

(b) County of Residence of First Listed Plaintiff _____
(EXCEPT IN U.S. PLAINTIFF CASES)

(c) Attorneys (Firm Name, Address, and Telephone Number)

DEFENDANTS

County of Residence of First Listed Defendant _____
(IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.

Attorneys (If Known)

II. BASIS OF JURISDICTION (Place an "X" in One Box Only)

- 1 U.S. Government Plaintiff
- 2 U.S. Government Defendant
- 3 Federal Question (U.S. Government Not a Party)
- 4 Diversity (Indicate Citizenship of Parties in Item III)

III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant)

- | | | | | | |
|---|----------------------------|----------------------------|---|----------------------------|----------------------------|
| | PTF | DEF | | PTF | DEF |
| Citizen of This State | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | Incorporated or Principal Place of Business In This State | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| Citizen of Another State | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | Incorporated and Principal Place of Business In Another State | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 |
| Citizen or Subject of a Foreign Country | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | Foreign Nation | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |

IV. NATURE OF SUIT (Place an "X" in One Box Only)

CONTRACT	TORTS		FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES
<input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise	PERSONAL INJURY <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury <input type="checkbox"/> 362 Personal Injury - Medical Malpractice	PERSONAL INJURY <input type="checkbox"/> 365 Personal Injury - Product Liability <input type="checkbox"/> 367 Health Care/Pharmaceutical Personal Injury Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability PERSONAL PROPERTY <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability	<input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 690 Other LABOR <input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Management Relations <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 751 Family and Medical Leave Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Employee Retirement Income Security Act IMMIGRATION <input type="checkbox"/> 462 Naturalization Application <input type="checkbox"/> 465 Other Immigration Actions	<input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157 PROPERTY RIGHTS <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 840 Trademark SOCIAL SECURITY <input type="checkbox"/> 861 HIA (1395ff) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(g)) FEDERAL TAX SUITS <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS—Third Party 26 USC 7609	<input type="checkbox"/> 375 False Claims Act <input type="checkbox"/> 400 State Reapportionment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 480 Consumer Credit <input type="checkbox"/> 490 Cable/Sat TV <input type="checkbox"/> 850 Securities/Commodities/Exchange <input type="checkbox"/> 890 Other Statutory Actions <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 896 Arbitration <input type="checkbox"/> 899 Administrative Procedure Act/Review or Appeal of Agency Decision <input type="checkbox"/> 950 Constitutionality of State Statutes

V. ORIGIN (Place an "X" in One Box Only)

- 1 Original Proceeding
- 2 Removed from State Court
- 3 Remanded from Appellate Court
- 4 Reinstated or Reopened
- 5 Transferred from Another District (specify)
- 6 Multidistrict Litigation

VI. CAUSE OF ACTION

Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity):

Brief description of cause:

VII. REQUESTED IN COMPLAINT:

CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P. DEMAND \$

CHECK YES only if demanded in complaint:

JURY DEMAND: Yes No

VIII. RELATED CASE(S) IF ANY

(See instructions):

JUDGE _____

DOCKET NUMBER _____

DATE

SIGNATURE OF ATTORNEY OF RECORD

FOR OFFICE USE ONLY

RECEIPT # _____

AMOUNT _____

APPLYING IFP _____

JUDGE _____

MAG. JUDGE _____

INSTRUCTIONS FOR ATTORNEYS COMPLETING CIVIL COVER SHEET FORM JS 44

Authority For Civil Cover Sheet

The JS 44 civil cover sheet and the information contained herein neither replaces nor supplements the filings and service of pleading or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. Consequently, a civil cover sheet is submitted to the Clerk of Court for each civil complaint filed. The attorney filing a case should complete the form as follows:

- I.(a) Plaintiffs-Defendants.** Enter names (last, first, middle initial) of plaintiff and defendant. If the plaintiff or defendant is a government agency, use only the full name or standard abbreviations. If the plaintiff or defendant is an official within a government agency, identify first the agency and then the official, giving both name and title.
- (b) County of Residence.** For each civil case filed, except U.S. plaintiff cases, enter the name of the county where the first listed plaintiff resides at the time of filing. In U.S. plaintiff cases, enter the name of the county in which the first listed defendant resides at the time of filing. (NOTE: In land condemnation cases, the county of residence of the "defendant" is the location of the tract of land involved.)
- (c) Attorneys.** Enter the firm name, address, telephone number, and attorney of record. If there are several attorneys, list them on an attachment, noting in this section "(see attachment)".
- II. Jurisdiction.** The basis of jurisdiction is set forth under Rule 8(a), F.R.Cv.P., which requires that jurisdictions be shown in pleadings. Place an "X" in one of the boxes. If there is more than one basis of jurisdiction, precedence is given in the order shown below.
 United States plaintiff. (1) Jurisdiction based on 28 U.S.C. 1345 and 1348. Suits by agencies and officers of the United States are included here.
 United States defendant. (2) When the plaintiff is suing the United States, its officers or agencies, place an "X" in this box.
 Federal question. (3) This refers to suits under 28 U.S.C. 1331, where jurisdiction arises under the Constitution of the United States, an amendment to the Constitution, an act of Congress or a treaty of the United States. In cases where the U.S. is a party, the U.S. plaintiff or defendant code takes precedence, and box 1 or 2 should be marked.
 Diversity of citizenship. (4) This refers to suits under 28 U.S.C. 1332, where parties are citizens of different states. When Box 4 is checked, the citizenship of the different parties must be checked. (See Section III below; **NOTE: federal question actions take precedence over diversity cases.**)
- III. Residence (citizenship) of Principal Parties.** This section of the JS 44 is to be completed if diversity of citizenship was indicated above. Mark this section for each principal party.
- IV. Nature of Suit.** Place an "X" in the appropriate box. If the nature of suit cannot be determined, be sure the cause of action, in Section VI below, is sufficient to enable the deputy clerk or the statistical clerk(s) in the Administrative Office to determine the nature of suit. If the cause fits more than one nature of suit, select the most definitive.
- V. Origin.** Place an "X" in one of the six boxes.
 Original Proceedings. (1) Cases which originate in the United States district courts.
 Removed from State Court. (2) Proceedings initiated in state courts may be removed to the district courts under Title 28 U.S.C., Section 1441. When the petition for removal is granted, check this box.
 Remanded from Appellate Court. (3) Check this box for cases remanded to the district court for further action. Use the date of remand as the filing date.
 Reinstated or Reopened. (4) Check this box for cases reinstated or reopened in the district court. Use the reopening date as the filing date.
 Transferred from Another District. (5) For cases transferred under Title 28 U.S.C. Section 1404(a). Do not use this for within district transfers or multidistrict litigation transfers.
 Multidistrict Litigation. (6) Check this box when a multidistrict case is transferred into the district under authority of Title 28 U.S.C. Section 1407. When this box is checked, do not check (5) above.
- VI. Cause of Action.** Report the civil statute directly related to the cause of action and give a brief description of the cause. **Do not cite jurisdictional statutes unless diversity.** Example: U.S. Civil Statute: 47 USC 553 Brief Description: Unauthorized reception of cable service
- VII. Requested in Complaint.** Class Action. Place an "X" in this box if you are filing a class action under Rule 23, F.R.Cv.P.
 Demand. In this space enter the actual dollar amount being demanded or indicate other demand, such as a preliminary injunction.
 Jury Demand. Check the appropriate box to indicate whether or not a jury is being demanded.
- VIII. Related Cases.** This section of the JS 44 is used to reference related pending cases, if any. If there are related pending cases, insert the docket numbers and the corresponding judge names for such cases.

Date and Attorney Signature. Date and sign the civil cover sheet.

DISTRICT COURT OF THE VIRGIN ISLANDS
DIVISION OF ST. THOMAS/ST. JOHN ST. CROIX

_____))
(Print your full name))
)
Plaintiff *pro se*,)
)
)
v.)
)
_____))
)
_____))
Defendant(s))

COMPLAINT

Civil Action No. _____
(To be provided by the Clerk of Court)

Provide full name(s) of defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part III below.

I. Jurisdiction is asserted pursuant to (CHECK ONE):

- 42 U.S.C. §1983 (for claims against state actors)
- Bivens v. Six Unknown Named Agents of Fed. Bureau of Narcotics*, 403 U.S. 388 (1971) and 28 U.S.C. § 1331 (for claims against federal actors)

II. Indicate whether you are a prisoner or other confined person as follows:

- Pretrial detainee
- Civilly committed detainee
- Immigration detainee
- Convicted & sentenced state prisoner
- Convicted & sentenced federal prisoner
- Other (please explain): _____

III. Parties in this complaint:

A. List your name, inmate number, place of confinement and address. You **must** keep the Clerk of Court apprised of your current contact information.

Name: _____

Inmate/ID #: _____

Place of confinement: _____

Address: _____

- B. Provide the name and address of each defendant listed in the caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name: _____

Position/Title: _____

Place of Employment: _____

Type of Suit (check all that apply): individual capacity official capacity

Address: _____

Defendant No. 2

Name: _____

Position/Title: _____

Place of Employment: _____

Type of Suit (check all that apply): individual capacity official capacity

Address: _____

If there are more than two defendants, attach a separate sheet. For each defendant, specify: (1) name; (2) position/title; (3) place of employment; and (4) type of suit.

IV. Statement of Claim(s)

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action. Include also the names of other persons involved in the events giving rise to your claims. If you assert multiple claims, number and set forth each claim in a separate paragraph. **Do not give any legal arguments or cite any cases or statutes.**

A. In what institution did the events giving rise to your claim(s) occur: _____

B. Where in the institution did the events giving rise to your claim(s) occur: _____

C. Date and approximate time of the events giving rise to your claim(s): _____

D. Identify the constitutional rights you believe have been violated. *If there are more than four counts, attach a separate sheet.*

i. Count I: _____

ii. Count II: _____

iii. Count III: _____

iv. Count IV: _____

E. Provide the essential facts of your case "**IN NUMBERED PARAGRAPHS, EACH LIMITED AS FAR AS PRACTICABLE TO A SINGLE SET OF CIRCUMSTANCES.**"¹ *Attach additional sheets of paper as necessary, numbering each allegation.*

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

¹ FED. R. CIV. P. 10.

V. Damages

Describe how you were damaged by any action or conduct of the defendant(s). If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

VI. Relief Requested (*check only those that apply*). If you named two or more defendants and are seeking different relief against each defendant, indicate accordingly.

Monetary damages in the amount of: _____
against:

___ All defendants ___ Def. No. 1 ___ Def. No. 2

An injunction ordering: _____
against:

___ All defendants ___ Def. No. 1 ___ Def. No. 2

Other (*specify*): _____
against:

___ All defendants ___ Def. No. 1 ___ Def. No. 2

Costs and fees incurred in litigating this matter.

Trial by jury on all issues so triable.

Such other relief as may be appropriate.

VII. Exhaustion of Administrative Remedies/Grievance Procedures

A. Is there a prisoner grievance procedure available at the institution where your claim(s) arose?

Yes No

B. Does the grievance procedure at the institution where your claim(s) arose cover all or some of your claims?

Yes No

- C. Did you file a grievance in the institution where your claims arose? Yes No

If your answer to C is YES, briefly describe the steps taken, including how relief was sought, from whom you sought relief, when you sought relief, and the results if any.

If you did not file a grievance, what steps, if any did you take to appeal the decision? _____

VIII. Previous Lawsuits

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action? Yes No

- B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 6 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same outline.)

1. Parties to the previous lawsuit:

Plaintiff(s): _____

Defendant(s): _____

2. Court: Federal District: _____

State/Territory Name: _____

3. Case/Docket/Index Number: _____

4. Date lawsuit filed: _____

5. Is the lawsuit still pending? Yes No

If NO, provide the following:

a. Date of disposition: _____

b. Result (e.g., dismissed, judgment in your favor, appealed): _____

IX. Verification and Declaration under Penalty of Perjury

Initial each of the following:

_____ I have included **one** properly completed Form JS 44 Civil Cover Sheet (included with instruction package).

_____ I have included **one** properly completed Form VI-AO 44 Summons in a Civil Action (available from the clerk's office) and **two copies** for **each defendant** I am suing.

_____ In addition to this complaint with an original signature, I have included **one copy** of this complaint for **each defendant**.

_____ I have included:

Full payment of the filing fee (\$400.00) via check or money order payable to Clerk, District Court of the Virgin Islands; or

A properly completed Motion for Prisoners to Proceed in District Court Without Prepaying Fees or Costs in a Civil Rights Action (Form VI-AO 240-P-CR) **and** a certified copy of my institutional account statement

_____ I agree to promptly notify the clerk of any change of address.

_____ I have read all of the statements in this complaint. [*Do not forget to keep a copy for your records.*]

I DECLARE UNDER PENALTY OF PERJURY THAT THE INFORMATION CONTAINED IN THIS DOCUMENT IS TRUE AND CORRECT. 28 U.S.C. §1746; 18 U.S.C. §1621

This ___ day of _____, 20__.

Signature of plaintiff

DISTRICT COURT OF THE VIRGIN ISLANDS

DIVISION OF ST. THOMAS/ST. JOHN ST. CROIX

_____)	
)	
)	
)	
<i>Plaintiff(s)</i>)	
v.)	Civil Action No. _____
)	
)	
)	
)	
_____)	
<i>Defendant(s)</i>)	

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)*

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are: *(Plaintiff's name and address or the name and address of plaintiff's attorney)*

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: _____

Signature of Clerk or Deputy Clerk

Civil Action No. _____

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* _____
was received by me on *(date)* _____.

I personally served the summons on the individual at *(place)* _____
_____ on *(date)* _____; or

I left the summons at the individual's residence or usual place of abode with *(name)* _____
_____, a person of suitable age and discretion who resides there,
on *(date)* _____, and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)* _____, who is
designated by law to accept service of process on behalf of *(name of organization)* _____
_____ on *(date)* _____; or

I returned the summons unexecuted because _____; or

Other *(specify)*: _____
_____.

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ _____.

I declare under penalty of perjury that this information is true.

Date: _____

Server's signature

Printed name and title

Server's address

Additional information regarding attempted service, etc:

**INSTRUCTIONS FOR PROCEEDING *IN FORMA PAUPERIS*
IN A CIVIL RIGHTS ACTION**

The Clerk will not file a civil complaint unless the person seeking relief pays the entire filing fee (\$400) in advance, or the person applies for and is granted *in forma pauperis* status pursuant to 28 U.S.C. § 1915.

A prisoner who seeks to proceed *in forma pauperis* in a civil rights action must submit to the Clerk (1) a completed affidavit of poverty and (2) a copy of the trust fund account statement for the prisoner for the six month period immediately preceding the filing of the complaint, obtained from and certified as correct by the appropriate official of each prison at which the prisoner is or was confined for the preceding six months. See 28 U.S.C. § 1915(a)(2).

If the Court enters an order granting a prisoner's motion to proceed *in forma pauperis*, then the order will assess the filing fee (\$400) against the prisoner and collect the fee by directing the agency having custody of the prisoner to deduct (1) an initial partial filing fee equal to 20% of the greater of the average monthly deposits to the prisoner's account or the average monthly balance in the prisoner's account for the six-month period immediately preceding the filing of the complaint and (2) monthly installment payments equal to 20% of the preceding month's income credited to the account for each month that the balance of the account exceeds \$10.00, until the entire filing fee has been paid, **regardless of the outcome of the proceeding**. See 28 U.S.C. § 1915(b).

You must complete **all questions** in the following affidavit, sign and date the affidavit, and then **obtain the signature of the appropriate prison official who certifies the prison account statement**. After the appropriate prison official certifies your prison trust fund account statement(s), you must attach the prison account statement(s) to this motion, for each prison or jail wherein you were incarcerated during the previous six months.

If your motion to proceed *in forma pauperis* is incomplete, the Court may enter an order denying your motion without prejudice and administratively terminating your case without filing the complaint.

**MOTION TO PROCEED IN DISTRICT COURT
WITHOUT PREPAYING FEES OR COSTS**

District Court of the Virgin Islands

_____))
Plaintiff/Petitioner)
v.)
_____))
Defendant/Respondent)

Civil No. _____
(To be supplied by the Clerk of Court)

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested.

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

1. *Place of confinement:* _____

I have attached to this document a statement – CERTIFIED BY THE APPROPRIATE INSTITUTIONAL OFFICER – showing all receipts, expenditures, and balances during the last six months for any institutional account in my name. I am also submitting a similar statement from any other institution where I was incarcerated during the last six months.

2. *Other Income.* In the past 12 months, I have received income from the following sources (check all that apply):

- | | | | |
|-----|--|------------------------------|-----------------------------|
| (a) | Business, profession, or other self-employment | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) | Rent payments, interest, or dividends | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) | Pension, annuity, or life insurance payments | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) | Disability, or worker's compensation payments | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (e) | Gifts, or inheritances | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (f) | Any other sources | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered **YES** to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.

3. Amount of money that I have in cash or in a checking or savings account: \$ _____

4. Any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value that I own, including any item of value held in someone else's name (*describe the property and its approximate value*):

5. Any housing, transportation, utilities, or loan payments, or other regular monthly expenses (*describe and provide the amount of the monthly expenses*):

6. Names (or, if under 18, initials only) of all persons who are dependent on me for support, my relationship with each person, and how much I contribute to their support:

7. Any debts or financial obligations (*describe the amounts owed and to whom they are payable*):

Declaration: I declare under penalty of perjury that the above information is true and I understand that a false statement may result in a dismissal of my claims.

Date: _____

Movant's signature

Printed name

**

CERTIFICATION OF PRISONER'S INSTITUTIONAL ACCOUNT BALANCE: An authorized prison official must complete the certification below, AND furnish a certified copy of your institutional account statement showing all deposits, withdrawals, and balances for the prior six-month period, to be filed with this motion.

I certify that the prisoner named herein has the sum of \$_____ on account at _____ correctional facility, where s/he is presently confined.

I further certify that during the prior six-month period, the prisoner's average monthly account balance was \$_____, and that the average amount deposited monthly in the account during the prior six-month period was \$_____, as indicated on the attached CERTIFIED COPY OF THE INSTITUTIONAL ACCOUNT STATEMENT of the prisoner named herein.

Date: _____

Signature of Authorized Prison Official

Title of Authorized Prison Official