

**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**

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District Court of the Virgin Islands

\_\_\_\_\_) )  
Plaintiff/Petitioner ) )  
v. ) )  
\_\_\_\_\_) ) Civil No. \_\_\_\_\_ )  
(To be supplied by the Clerk of Court)  
Defendant/Respondent ) )

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*):

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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:

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

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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*

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**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*