

MOTION TO PROCEED *IN FORMA PAUPERIS*  
IN A 28 U.S.C. § 2254 ACTION

District Court of the Virgin Islands

\_\_\_\_\_) )  
Plaintiff/Petitioner ) )  
v. ) )  
\_\_\_\_\_) )  
Defendant/Respondent ) )  
(authorized person having custody of petitioner)

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

A \$5 filing fee is required to file a Petition for Relief from a Conviction or Sentence by a Person in State Custody under 28 U.S.C. § 2254.<sup>1</sup> If you are unable to pay the \$5 filing fee, you may petition the Court to proceed *in forma pauperis* (as a poor person) by submitting this motion. You must answer **all questions**, sign and date the affidavit, and then obtain the signature of the appropriate prison official who certifies the inmate trust account statement. You must attach a certified copy of your inmate trust account to the completed motion. **If your account balance is \$50 or greater, you must pay the filing fee.**

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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  Yes  No
- (b) Rent payments, interest, or dividends  Yes  No
- (c) Pension, annuity, or life insurance payments  Yes  No
- (d) Disability, or worker’s compensation payments  Yes  No
- (e) Gifts, or inheritances  Yes  No
- (f) Any other sources  Yes  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: \$ \_\_\_\_\_

<sup>1</sup> See 28 U.S.C. § 1914(a).

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*

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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.

\_\_\_\_\_  
*Signature of Authorized Prison Official*

Date: \_\_\_\_\_

\_\_\_\_\_  
*Title of Authorized Prison Official*