

**IN THE UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF FLORIDA DIVISION**

_____ ,

Inmate # _____ .
Plaintiff/Petitioner

vs.

CASE NO:

_____ ,

_____ ,

_____ .

Defendant(s)/Respondent(s).

_____ /

PRISONER CONSENT FORM AND FINANCIAL CERTIFICATE

I, _____, plaintiff/petitioner in the above-entitled action, understand

that:

1. If I submit a petition for writ of habeas corpus in this court, the filing fee is \$5.00. I must pay such fee if my current prison account balance is \$25.00 or more. I must request an authorized official to complete the attached Financial Certificate and I must attach a print-out reflecting all transactions in my inmate bank account for the full six (6) month period of time preceding the filing of this petition.
2. If I submit a civil rights complaint or other civil action, the filing fee is \$402.00. If my current account balance is more than \$402.00, I will not qualify for *in forma pauperis* status. If I qualify for *in forma pauperis status*, the \$52.00 administrative fee will be waived, and I will only be liable for \$350.00. I must request an authorized official to complete the attached Financial Certificate and I must attach a print-out reflecting all transactions in my inmate bank account for the full six (6) month period of time preceding the filing of this complaint.
3. If I submit an appeal in a civil case, the filing fee and docketing fees are \$505.00. If my current account balance is more than \$505.00, I will not qualify for *in forma pauperis* status and must pay the full \$505.00 filing/docketing fee. I must request an authorized official to complete the attached Financial Certificate and I must attach a print-out reflecting all transactions in my inmate bank account for the full six (6) month period of time preceding the filing of this complaint.
4. If I have not been incarcerated at my current institution for six months, I must obtain an account statement from each facility at which I have been confined during the relevant six month period of time. Failure to submit the required account statements may result in the denial of this *in forma pauperis* application.

5. Pursuant to the Prison Litigation Reform Act of 1995, 28 U.S.C. § 1915 (as amended), even if I am granted leave to proceed *in forma pauperis*, I must pay the entire \$350.00 filing fee (district court) or \$505.00 filing/docketing fee (U.S. Court of Appeals) in full. **I AM OBLIGATED TO PAY THE ENTIRE \$350.00 or \$505.00 FILING FEE REGARDLESS OF THE DISPOSITION OF THE DISTRICT COURT CASE OR APPEAL (including dismissal).**

6. If I am allowed to proceed *in forma pauperis*, I may still be required to submit an initial partial filing fee. 28 U.S.C. § 1915(b)(1). My failure to submit an initial partial filing fee, if assessed, may result in the dismissal of this case and the inability to proceed *in forma pauperis* in the future.

7. The officials at the institution at which I am presently confined or any institution to which I may be transferred are hereby authorized to make additional monthly payments from my account until the balance of the filing fee is paid. These additional monthly payments will be up to 20% of all the preceding month's deposits in my account. Institution officials shall submit these monthly payments directly to the Court whenever the funds in my account exceed \$10.00. I recognize my responsibility to alert officials at any institution to which I may be transferred in the future of my obligation to pay the full amount of the filing fee. I acknowledge that the Court may, from time to time, require me to provide additional financial records or account statements.

SIGNATURE OF PLAINTIFF

DATE

PRINTED NAME OF PLAINTIFF

INMATE NUMBER

** It is the inmate's responsibility to obtain the required print-out(s) from each institution at which he or she may have been confined during the preceding six months and provide them to the official completing this form.

FINANCIAL CERTIFICATE

(To be completed by Authorized Penal Official)

A PRINTOUT OF ALL TRANSACTIONS IN THE INMATE'S PRISON ACCOUNT FOR THE PRECEDING SIX (6) MONTHS **MUST** BE ATTACHED.

1. Current Account Balance:
2. Average Monthly Balance for preceding 6 months:
3. Average Monthly Deposits for preceding 6 months:

I hereby certify that, as of this date, the above information for the prison account of the inmate named above is correct.

SIGNATURE OF AUTHORIZED OFFICIAL

DATE

PLEASE COMPLETE THIS FORM IN INK, IN A COLOR OTHER THAN BLACK.