

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLORADO**

Civil Action No. _____
(To be supplied by the court)

_____, Plaintiff,

v.

_____, Defendant(s).

**PRISONER'S MOTION AND AFFIDAVIT
FOR LEAVE TO PROCEED PURSUANT TO 28 U.S.C. § 1915**

I request leave to commence this civil action without prepayment of fees or security therefor pursuant to 28 U.S.C. § 1915. In support of my request, I declare that:

1. I am unable to pay such fees or give security therefor.
2. I am entitled to redress.
3. The nature of this action is:

4. My assets and their value are listed below: (attach an additional page if necessary)

(Assets may include income from employment, rent payments, interest or dividends, pensions, annuities, life insurance payments, Social Security, Veteran's Administration benefits, disability pensions, Worker's Compensation, unemployment benefits, gifts or inheritances, cash, funds in bank accounts, real estate, stocks, bonds, notes, automobiles or other valuable property (excluding ordinary household furnishings and clothing), or any other source of income.)

5. Are you in imminent danger of serious physical injury?

Yes No (CHECK ONE). If you answered yes, briefly explain your answer:

6. I have attached to this motion a signed authorization directing my custodian to calculate and disburse funds from my inmate trust fund account or institutional equivalent to pay the required filing fee.
7. I have attached to this motion a certificate from the appropriate official at each penal institution in which I have been confined during the six-month period immediately preceding the filing of this action and a certified copy of my inmate trust fund account statement for the same six-month period.

DECLARATION UNDER PENALTY OF PERJURY

I declare under penalty of perjury that the information in this motion and affidavit is true and correct. *See* 28 U.S.C. § 1746; 18 U.S.C. § 1621.

Executed on _____
(Date)

(Prisoner's Original Signature)

AUTHORIZATION

I, _____, request and authorize the agency holding me in custody to calculate and disburse funds from my inmate trust fund account or institutional equivalent in the amounts specified by 28 U.S.C. § 1915(b). This authorization is furnished in connection with this civil action and I understand that the total filing fee of \$350.00 is due and will be paid from my inmate trust fund account or institutional equivalent regardless of the outcome of this case.

Prisoner Name (please print): _____

Prisoner Signature: _____

CERTIFICATE OF PRISON OFFICIAL

I certify that the attached statement is an accurate copy of the inmate trust fund account statement or institutional equivalent for the past six months for the prisoner named below.

Prisoner's Name: _____

Signature of Authorized Prison Official: _____

Date: _____