

IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF COLORADO

Civil Action No. \_\_\_\_\_

\_\_\_\_\_

Plaintiff(s)/Petitioner(s),

v.

\_\_\_\_\_

\_\_\_\_\_

Defendant(s)/Respondent(s).

\_\_\_\_\_

**PRISONER'S MOTION AND AFFIDAVIT  
FOR LEAVE TO PROCEED ON APPEAL PURSUANT TO  
28 U.S.C. § 1915 AND FED. R. APP. P. 24**

I request leave to commence this appeal without prepayment of fees or security therefor pursuant to 28 U.S.C. § 1915 and Fed. R. App. P. 24. I also request that the United States pay for a transcript of the record of proceedings, if any, for inclusion in the record on appeal. In support of my requests, I declare that:

- (1) I am unable to pay such fees or give security therefor.
- (2) The issues I desire to raise on appeal are:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- (3) I am entitled to redress.
- (4) I take this appeal in good faith.
- (5) The appeal is not frivolous and presents a substantial question.
- (6) My assets and their value are listed below:

(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, funds in prison accounts, real estate, stocks, bonds, notes, automobiles or other valuable property (excluding ordinary household furnishings and clothing), or any other source of income.)

You may attach an additional page, if necessary.

\_\_\_\_\_

\_\_\_\_\_

- (7) 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.
  
- (8) 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 appeal 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 foregoing is true and correct.

Executed at \_\_\_\_\_ (location) 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 appeal and I understand that the total filing fee of \$605.00 is due and will be paid from my inmate trust fund account or institutional equivalent regardless of the outcome of this appeal.

Prisoner Name (please print): \_\_\_\_\_

Prison Signature: \_\_\_\_\_

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

## **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: \_\_\_\_\_