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

## Criminal Action No. Civil Action No.

UNITED STATES OF AMERICA,

Plaintiff,

v.

, Defendant.

**MOTION AND AFFIDAVIT FOR LEAVE TO PROCEED ON APPEAL PURSUANT TO 28 U.S.C. § 1915 AND FED. R. APP. P. 24 IN A CRIMINAL CASE**

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 submit the accompanying affidavit and 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.

I swear that the responses which I have made to the questions and instructions below relating to my ability to pay the cost of prosecuting the appeal are true.

### MARITAL STATUS AND DEPENDENTS

Rev. 1/12

Single

Married

Separated

Divorced

The following individuals are my dependents (Identify minor children by their initials only. Do not include their date of birth.):

Name Age Relationship

Name Age Relationship

Name Age Relationship

Name Age Relationship

### RESIDENCE

Street Address:

City: State:

Zip Code: Telephone:

### EDUCATION

What is the highest level of formal education you have received:

I can speak, read, write, and understand the English language: Yes

No

### EMPLOYMENT

If employed at present, complete the following: Name of employer:

Address of employer: Telephone number of employer:

How long have you been employed by present employer:

Income: Monthly $ Weekly $

If self-employed, state your net income: Monthly $ Weekly $ What is the nature of your self-employment?

If unemployed at present, complete the following: I have been unemployed since:

Name of last employer: Address of last employer:

Telephone number of last employer:

Salary or hourly wage received from last employer: $

If spouse is employed, complete the following: Name of employer:

How long has spouse been employed by present employer: Income: Monthly $ Weekly $

If receiving public assistance (e.g., welfare, unemployment benefits), complete the following: I have been receiving public assistance since:

Monthly benefits: $ Weekly benefits: $

### REAL AND PERSONAL PROPERTY

Real property:

Do you own real property? Yes If yes, describe:

Address: Name(s) on title:

No

Estimated value: $ Amount owed: $ Annual income from real property: $

Personal property:

Automobile: Make: Model: Year: Name(s) on registration:

Estimated value: $ Amount owed: $

Cash on hand:

Total amount of cash in banks and savings and loan associations: $ Names and addresses of banks and associations:

Other information pertinent to financial status: (Include stocks, bonds, savings bonds, interests in trusts either owned or jointly owned):

## Payments for legal assistance: I have paid or will be paying an attorney, or someone other than an attorney (such as a paralegal or typist), money for services in connection with this case, including the completion of this form. Yes No

If yes, how much? $

If yes, state the name, address, and telephone number of the attorney or person:

### FINANCIAL OBLIGATIONS: MONTHLY PAYMENT:

Rent on house or apartment: $

Mortgage on house: $

Gas bill: $

Electric bill: $

Telephone bill: $

Food: $

Clothing: $

Automobile loan: $

Automobile insurance: $

Other insurance: $

Payments to retail merchants: $ Total owed:

Payments on any other outstanding

loans or debts: $ Total owed:

Payments to doctors, hospitals, lawyers: $ Total owed:

Maintenance under separation

or dissolution agreement: $ Child support: $ Other Payments:

Describe: $ Describe: $ Describe: $ Describe: $

Total monthly payments: $

Signature Name

Street Address

City State Zip Code Telephone Number

Date:

### Signature of Affiant

SUBSCRIBED AND SWORN TO BEFORE ME THIS day of , 20

Notary Public

Address

My commission expires: