

**UNITED STATES DISTRICT COURT
DISTRICT OF NEW JERSEY**

_____ : **AFFIDAVIT OF POVERTY and**
(Petitioner in this action) : **CERTIFICATION**
 : **(HABEAS CORPUS)**
 :
 v. : Civil Action No. _____
 : (To be supplied by the Clerk of the Court)
 :
 _____ : **DNJ-Pro Se-007-B-(Rev. 09/09)**
 :
 _____ :
 :
 _____ :
(Warden and other Respondent(s)) :
 :
 :

Instructions:

A prisoner who seeks to proceed in forma pauperis in a habeas corpus case must submit to the Clerk: (1) a completed affidavit of poverty; and (2) a certification signed by an authorized officer of the institution certifying (a) the amount presently on deposit in the prisoner’s prison account, and (b) the greatest amount on deposit in the prison account during the six month period prior to the date of the certification. See Local Civil Rule 81.2(b).

If the prison account of any petitioner exceeds \$200.00, then the prisoner is not eligible to proceed in forma pauperis in a habeas case, and the application will be denied. The prisoner then, if (s)he wishes to file a habeas petition, must pay the filing fee of \$5.00. See Local Civil Rule 81.2(c).

To submit an application to proceed in forma pauperis in a habeas case, the prisoner must complete all questions in the following affidavit, sign and date the affidavit, and then obtain the signature of the appropriate prison official who certifies: (1) the amount presently on deposit in the prisoner’s prison account; and (2) the greatest amount on deposit in the prisoner’s prison account during the six month period prior to the date of the certification. See Local Civil Rule 81.2(b).

If the application to proceed in forma pauperis is incomplete, then the Court may enter an order denying the application without prejudice and administratively terminating the case.

In support of this application, I state the following under the penalty of perjury:

1. I, _____ (print your name), declare that I am the Petitioner in the above-entitled proceeding; that, in support of my request to proceed without being required to prepay fees, costs, or give security therefore, I state that because of my poverty, I am unable to prepay the \$5.00 filing fee, to pay the costs of said proceeding or give security therefore; that I believe I am entitled to relief.

2. The nature of my petition is briefly stated as follows:

3. List dates and places of confinement for the immediately preceding six months:

Dates of Confinement

Places of Confinement

4. Are you employed at your current institution? Yes No

Do you receive any payment or money from your current institution? Yes No

If Yes, state how much you receive each month: _____

5. In the past 12 months, have you received any money from any of the following sources?

			<u>Amount</u>
a.	Business, profession, or other self-employment	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
b.	Rent payments, interest, or dividends	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
c.	Pensions, annuities, or life insurance payments	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
d.	Disability or workers compensation payments	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
e.	Gifts or inheritances	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
f.	Any other sources	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

6. Other than your prison account, do you have cash or a checking or savings account in your name?

Yes No

If "Yes," state the total in the account at this time: _____

7. Do you own any other assets or property? Yes No

If "Yes," please describe: _____

8. I, _____
(Print or Type Name and Number of Prisoner)

declare under penalty of perjury that the aforesaid statements made by me are true and correct.

DATE

SIGNATURE OF PRISONER

THIS PORTION OF YOUR APPLICATION SHALL **NOT** BE LEFT BLANK.
IF THIS PORTION IS NOT COMPLETED, YOUR APPLICATION MAY BE DENIED WITHOUT PREJUDICE

CERTIFICATION SIGNED BY PRISON OFFICIAL

I, _____ (print name), certify that the amount presently on deposit in the above named prisoner's prison account is _____ (specify amount), and that the greatest amount on deposit in the prisoner's prison account during the six-month period prior to the date of this certification is _____ (specify amount).

DATE

(Signature)

(Title)