

IN THE UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF TENNESSEE

v.

)  
)  
) NO. \_\_\_\_\_  
) (To be assigned by the Clerk's  
) Office. Do not write in this  
) blank.)

**APPLICATION TO PROCEED IN FORMA PAUPERIS  
WITH SUPPORTING DOCUMENTATION**

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I, \_\_\_\_\_, declare that I am the:

\_\_\_\_\_ petitioner/plaintiff

\_\_\_\_\_ movant (filing 28 U.S.C. § 2255 motion)

\_\_\_\_\_ respondent/defendant

\_\_\_\_\_ other

in the above-referenced proceeding. In support of my request to proceed without being required to prepay fees or give security therefor, I state that because of my poverty, I am unable to pay the fees for this action or give security therefor. I believe that I am entitled to the relief sought in my complaint/petition. The nature of my action, defense, or other proceeding or the issues that I intend to present are briefly stated as follows:

In further support of this application, I answer the following questions:

**YOUR EMPLOYMENT AND INCOME DATA**

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1. NAME (First Middle Last)

2. BIRTH DATE (mo day yr)

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3. SOCIAL SECURITY NO.  
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4. TELEPHONE NOS.

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5. PRISONER NUMBER:

7. HOW LONG AT CURRENT HOME ADDRESS?

6. HOME ADDRESS?

8. OWN OR RENT? \_\_\_\_\_

STREET: \_\_\_\_\_

APT. NO.: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

9. CURRENT EMPLOYER (Including employment at the penal facility) \_\_\_\_\_

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

10. HOW LONG AT CURRENT EMPLOYMENT? \_\_\_\_\_

11. OCCUPATION (Describe what you do): \_\_\_\_\_

12. IF EMPLOYED, STATE BOTH THE GROSS AND NET AMOUNTS OF YOUR SALARY AND WAGES PER MONTH. GROSS: \_\_\_\_\_ NET: \_\_\_\_\_

13. IF NOT CURRENTLY EMPLOYED, GIVE MONTH AND YEAR OF LAST EMPLOYMENT \_\_\_\_\_

14. HOW MUCH DID YOU EARN PER MONTH AT YOUR LAST EMPLOYMENT? \_\_\_\_\_

15. HAVE YOU RECEIVED ANY MONEY FROM ANY OF THE FOLLOWING SOURCES WITHIN THE PAST TWELVE MONTHS?

a. Business, professional or other form of self-employment?

Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, state the source and amount:

b. Rent payments, interest, or dividends?

Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, state the source and amount:

c. Pensions, annuities, or life insurance payments?

Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, state the source and amount:

d. Gifts or inheritance:

Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, state the source and amount

e. Any other sources?

Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, state the source and amount

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**ASSETS:**

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LIST ANY OF THE FOLLOWING ASSETS THAT YOU OWN AND THE TOTAL AMOUNT:

1. CASH \$ \_\_\_\_\_

2. CHECKING ACCOUNTS--TOTAL BALANCE (List Banks Below) \$ \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. SAVINGS ACCOUNTS--TOTAL BALANCE (List Banks Below) \$ \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. STOCKS AND BONDS \$ \_\_\_\_\_

5. REAL ESTATE--CURRENT FAIR MARKET VALUE (List Locations Below)

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL REAL ESTATE** \$ \_\_\_\_\_

6. VALUE OF PERSONAL PROPERTY, EXCLUDING VEHICLES (Itemize)

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL PERSONAL PROPERTY** \$ \_\_\_\_\_

7. MOTOR VEHICLES

| Year/Make                            | License No. | Current Value   |
|--------------------------------------|-------------|-----------------|
| _____                                | _____       | \$ _____        |
| _____                                | _____       | \$ _____        |
| _____                                | _____       | \$ _____        |
| <b>TOTAL VALUE OF MOTOR VEHICLES</b> |             | <b>\$ _____</b> |

8. DEBTS OWED TO YOU (List Name of Debtor)

|                                |          |                 |
|--------------------------------|----------|-----------------|
| _____                          | \$ _____ |                 |
| _____                          | \$ _____ |                 |
| <b>TOTAL DEBTS OWED TO YOU</b> |          | <b>\$ _____</b> |

9. OTHER ASSETS (ITEMIZE)

|                           |          |                 |
|---------------------------|----------|-----------------|
| _____                     | \$ _____ |                 |
| _____                     | \$ _____ |                 |
| _____                     | \$ _____ |                 |
| <b>TOTAL OTHER ASSETS</b> |          | <b>\$ _____</b> |

**TOTAL ASSETS** \$



**LIVING EXPENSES:**

\*TO BE COMPLETED BY PRISONERS WHO HAVE BEEN RELEASED, BUT REMAIN ON PAROLE OR PROBATION OR ANY OTHER TYPE OF RELEASE PROGRAM. SEE 28 U.S.C. § 1915(c).

|   | <i>Monthly Payment</i> | <i>Balance Owing</i> |
|---|------------------------|----------------------|
| RENT or MORTGAGE PAYMENT (Indicate Which) | \$ _____               | \$ _____             |
| UTILITIES                                 |                        |                      |
| a. Electricity                            | \$ _____               | \$ _____             |
| b. Water                                  | \$ _____               | \$ _____             |
| c. Gas                                    | \$ _____               | \$ _____             |
| d. Telephone                              | \$ _____               | \$ _____             |
| e. Other                                  | \$ _____               | \$ _____             |
| FOOD                                      | \$ _____               | \$ _____             |
| ALIMONY                                   | \$ _____               | \$ _____             |
| CHILD SUPPORT                             | \$ _____               | \$ _____             |
| CHILD CARE                                | \$ _____               | \$ _____             |
| SCHOOL EXPENSES                           | \$ _____               | \$ _____             |
| AUTOMOBILE NOTE                           | \$ _____               | \$ _____             |
| AUTOMOBILE INSURANCE                      | \$ _____               | \$ _____             |
| AUTOMOBILE REPAIRS                        | \$ _____               | \$ _____             |
| GASOLINE                                  | \$ _____               | \$ _____             |
| FURNITURE NOTE                            | \$ _____               | \$ _____             |
| CLOTHING                                  | \$ _____               | \$ _____             |
| CABLE TELEVISION                          | \$ _____               | \$ _____             |
| LIFE INSURANCE                            | \$ _____               | \$ _____             |
| HOSPITALIZATION INSURANCE                 | \$ _____               | \$ _____             |
| DOCTORS                                   | \$ _____               | \$ _____             |
| DRUGS                                     | \$ _____               | \$ _____             |
| CREDIT CARDS (LIST/MONTHLY PAYMENTS)      |                        |                      |
| _____                                     | \$ _____               | \$ _____             |
| _____                                     | \$ _____               | \$ _____             |
| _____                                     | \$ _____               | \$ _____             |
| OTHER CHARGE ACCOUNTS OR CREDITORS        | \$ _____               | \$ _____             |
| TAXES                                     | \$ _____               | \$ _____             |
| ANY OTHER DEBTS (LIST)                    |                        |                      |
| _____                                     | \$ _____               | \$ _____             |
| _____                                     | \$ _____               | \$ _____             |
| _____                                     | \$ _____               | \$ _____             |
| _____                                     | \$ _____               | \$ _____             |
| <b>TOTAL EXPENSES</b>                     | <b>\$ _____</b>        |                      |



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**NAME OF DEPENDENTS AND INCOME (if any)**

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| Names: | Age:  | Relationship: | Living<br>With Whom? |
|--------|-------|---------------|----------------------|
| _____  | _____ | _____         | _____                |
| _____  | _____ | _____         | _____                |
| _____  | _____ | _____         | _____                |
| _____  | _____ | _____         | _____                |
| _____  | _____ | _____         | _____                |
| _____  | _____ | _____         | _____                |

**TOTAL MONTHLY INCOME OF DEPENDENTS INCLUDING  
CHILD SUPPORT PAYMENTS (exclude spouse)** \$ \_\_\_\_\_

**TOTAL MONTHLY INCOME OF APPLICANT, SPOUSE, AND DEPENDENTS** \$ \_\_\_\_\_

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I declare under penalty of perjury that the above information is true and correct.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Applicant)

**CERTIFICATE**

**TO BE COMPLETED BY AN AUTHORIZED  
CUSTODIAN OF INMATE ACCOUNTS**

I certify that the applicant herein has the sum of \$\_\_\_\_\_ on account to his/her credit at the \_\_\_\_\_ (institution where the applicant is currently incarcerated). I further certify that the average balance in the applicant's trust fund account during the last six months was \$\_\_\_\_\_. A copy of the applicant's trust fund account (or an institutional equivalent) for the last six months is attached hereto.

\_\_\_\_\_  
(Signature of Authorized Officer)

Sworn and subscribed before me this  
\_\_\_ day of \_\_\_\_\_, 19\_\_.

\_\_\_\_\_  
Notary Public

My commission expires:\_\_\_\_\_