

**UNITED STATES DISTRICT AND BANKRUPTCY COURTS
FOR THE DISTRICT OF COLUMBIA**

**INSTRUCTIONS TO PRISONER LITIGANTS
REGARDING THE FILING OF A CIVIL COMPLAINT AND
APPLICATION TO PROCEED IN FORMA PAUPERIS**

Listed below, you will find very important information relating to the preparation of a civil complaint for filing in this Court. **Please read the instructions carefully.** The filing fee for a civil action is \$350.00. Pursuant to the amendments to 28 U.S.C. § 1915, a prisoner must pay the full filing fee when bringing a civil action. If, however, insufficient funds exist in the prisoner's account, the court must assess a partial filing fee. Thereafter, the prisoner is required to make monthly payments of the preceding month's income. The agency having custody of the prisoner must forward payments from the prisoner's account to the Clerk of Court each time the amount in the account exceeds \$10.00, until the filing fee is paid.

You may request permission from the court to proceed in forma pauperis, following the assessment of the initial filing fee, by completing the enclosed Application to Proceed without Prepayment of Fees and Affidavit.

- ◇ The name of this Court must be written at the top of the first page of your complaint. (Sample format attached).
- ◇ Your **name**, **address** and **prisoner identification number** must appear in the caption. All defendants **must** be named in the caption. The use of et al. is **not** permitted as the rules require you to name each defendant. Please provide the address of each named defendant.
- ◇ The word **COMPLAINT** must appear under the caption. Clearly set out your grievance in the body of the complaint, name those against whom you have a grievance, and what you would like the Court to do to correct the situation.
- ◇ Your complaint must be **legibly** handwritten or typed on white, letter-size (8 1/2 x 11 inch) paper. Write only on the front of each page. Your complaint **must** be double-spaced. If you are requesting a jury trial, the jury demand must be stated in your complaint. You **must** originally sign your complaint in ink.
- ◇ A Petition for Writ of Habeas Corpus or a complaint under 42 U.S.C. § 1983, submitted by anyone incarcerated in a District of Columbia facility, **must** be on Court approved forms. The filing fee for a habeas corpus petition is \$5.00.
- ◇ You **must** file the originally signed complaint, as well as the originally signed Application to Proceed without Prepayment of Fees. In addition, you are required to file a Consent to Collection of Fees from Trust Account form, Prisoner Trust Account Report, and a six-month certified copy of your prison trust account statement.
- ◇ Preparation of the summons will be the responsibility of the Clerk's Office. If you are granted your request to proceed in forma pauperis, your summons and complaints will be served by the U.S. Marshal, when the Judge so directs.
- ◇ Please mail your complaint and all other appropriate documents to: U.S. District Court Clerk's Office, 333 Constitution Avenue, NW, Room 1225, Washington, DC 20001.

ANGELA D. CAESAR, CLERK

UNITED STATES DISTRICT COURT

for the

_____ District of _____

_____)	
Plaintiff/Petitioner)	
v.)	Civil Action No.
_____)	
Defendant/Respondent)	

APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS (Short Form)

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested.

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

1. *If incarcerated.* I am being held at: _____ .
If employed there, or have an account in the institution, I have attached to this document a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months for any institutional account in my name. I am also submitting a similar statement from any other institution where I was incarcerated during the last six months.

2. *If not incarcerated.* If I am employed, my employer's name and address are:

My gross pay or wages are: \$ _____ , and my take-home pay or wages are: \$ _____ per
(specify pay period) _____ .

3. *Other Income.* In the past 12 months, I have received income from the following sources (check all that apply):

- | | | |
|--|------------------------------|-----------------------------|
| (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) Pension, annuity, or life insurance payments | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) Disability, or worker's 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 |

If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.

4. Amount of money that I have in cash or in a checking or savings account: \$ _____ .

5. Any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value that I own, including any item of value held in someone else's name (*describe the property and its approximate value*):

6. Any housing, transportation, utilities, or loan payments, or other regular monthly expenses (*describe and provide the amount of the monthly expense*):

7. Names (or, if under 18, initials only) of all persons who are dependent on me for support, my relationship with each person, and how much I contribute to their support:

8. Any debts or financial obligations (*describe the amounts owed and to whom they are payable*):

Declaration: I declare under penalty of perjury that the above information is true and understand that a false statement may result in a dismissal of my claims.

Date: _____

Applicant's signature

Printed name