## UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF GEORGIA

			: AFFIDAVIT IN SUPPORT OF				
Plaintiff/Petitioner,			: REQUEST TO PROCEED				
		,	: IN FORMA PAUPERIS; AUTHORIZED				
v.			: WITHDRAWAL FORM; CERTIFIED				
			: AFFIDAVIT OF INMATE ACCOUNT				
			: STATUS				
Defe	ndant/l	Respondent.					
		AFFIDAVIT A	ND AUTHORIZATION				
			L FROM INMATE ACCOUNT				
	I,		, being first duly sworn or under				
nena	/	eriury, affirm and say that I am th	ne plaintiff/petitioner in the above-styled action; that in				
			repayment of fees or costs or giving security therefor				
			ate that because of my poverty I am unable to pay the				
		proceeding or to give security t					
	I furt	her swear or affirm that the respo	nses which I have made to the questions below are true.				
1.	Are y	you presently employed? Yes (	) No ( )				
	a.	If employed, state the amount of your salary or wages per month and give the address					
		of your employer:					
	b. If you are not currently employed, state the date of your last employment and						
		amount of salary or wages re-	eived:				
2.	Have you received within the past 12 months any money from any of the following sources?						
	a.	Business, profession, or self-					
	b.	Rent payments, interest, or di	* *				
	c.	Pensions, annuities, or life in					
	d.	Gifts or inheritances?	Yes () No ()				
	e.	Any other source?	Yes () No ()				
	-	<i>3</i>					

	If you answered yes to any of the abordrom each.	ove, describe each source and state the amount received
	Do you own any cash, or do you ha funds in prison account.) Yes () No () If the answer is yes, s	ve money in a checking or savings account? (Include tate the total value of items owned.
	excluding ordinary household furnite	bonds, notes, automobiles, or other valuable property, ure and clothing? lescribe the property and state its approximate value.
	List the persons who are dependent person, and indicate how much you	upon you for support, state your relationship to each contribute toward their support.
h	I hereby authorize my custodian and and to transmit the same to the Clerk	DR ACCOUNT WITHDRAWAL  d his/her designee to withdraw funds from my inmate  k, United States District Court to be applied to the filing  m with this case. This authorization shall apply to any  d.
	Executed this day of	, 20
		Signature of Plaintiff/Petitioner

PLAINTIFF/PETITIONER IS REQUIRED TO SUBMIT WITH THIS AFFIDAVIT AND AUTHORIZATION A CERTIFIED COPY OF HIS/HER INMATE ACCOUNT STATEMENT FOR THE SIX-MONTH PERIOD IMMEDIATELY PRECEDING THE FILING OF THIS COMPLAINT.

## **CERTIFICATE**

I hereby certify that the plaintiff/pet	itioner herein has a current balance	of \$ _						
in his/her inmate account at the	Institu	ution.	Plaintiff has					
an average monthly balance for the preced	ling six months of \$		, and the					
average monthly deposits to said account for	or the preceding six months are \$		I					
further certify that the plaintiff has the following assets to his/her credit according to the records of this institution:								
I further certify that the attached account statement accurately reflects Plaintiff's account balance and account activity for the past six months.								
Date	Authorized Officer of Institution							