

AO 240 (1/94)

FILED

United States District Court

DEC 15 2005

DISTRICT OF

NANCY MAYER WHITTINGTON, CLERK
U.S. DISTRICT COURT

Bill HARRIS
Plaintiff

APPLICATION TO PROCEED WITHOUT PREPAYMENT OF FEES AND AFFIDAVIT

v.

Defendant

CASE NUMBER:

05 2408

I, Bill HARRIS declare that I am the (check appropriate box)

petitioner/plaintiff/movant other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC. §1915 I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

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

1. Are you currently incarcerated?: Yes No (If "No" go to Part 2)

If "Yes" state the place of your incarceration FCC FOREST CITY, AR MEDIUM

Are you employed at the institution? Yes Do you receive any payment from the institution? Yes

Have the institution fill out the Certificate portion of this affidavit and attach a ledger sheet from the institution(s) of your incarceration showing at least the past six months' transactions.

2. Are you currently employed? Yes No

a. If the answer is "Yes" state the amount of your take-home salary or wages and pay period and give the name and address of your employer. UNICOR @ \$98/MO

AT FCC FOREST CITY, AR

b. if the answer is "No" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

N/A

3. In the past 12 twelve months have your received any money from any of the following sources?

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

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If the answer to any of the above is "Yes" describe each source of money and state the amount received and what you expect you will continue to receive.

None

DATE

11/23/2005

SIGNATURE OF AUTHORIZED OFFICER

[Signature]

Authorized by the Act of July 7, 1956, as amended
administered under 18 U.S.C. § 4004
(name) *[Signature]* (title) *[Signature]*

average balance was \$

549.04

I further certify that during the past six months the applicant's

that the applicant has the following securities to his/her credit:

credit at (name of institution) (FCC) Federal Correctional Center - Middletown, NY

I certify that the applicant named herein has the sum of \$ 8,866.65 on account to his/her

(Incarcerated applicants only)
(To be completed by the institution of incarceration)

CERTIFICATE

Bill Harris
0624-062

DATE

9/27/05

SIGNATURE OF APPLICANT

[Signature]

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

None

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

If "Yes" describe the property and state its value.

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property? Yes No

If "Yes" state the total amount.

4. Do you have any cash or checking or savings accounts? Yes No