

IMPORTANT NOTICE

RE: AO 240 and Privacy Policy Redaction Requirements

Federal Rule of Civil Procedure 5.2 regarding remote public electronic access to civil case files requires those filing documents to redact certain personal identifiers from documents before they are filed with the court. Social security numbers, taxpayer identification numbers, and financial account numbers are to be redacted to the last four digits. The names of minor children are to be redacted to the initials, and dates of birth are to be redacted to the year. Exemptions to the redaction requirements can be found in Fed.R.Civ.P. § 5.2(b).

Please be aware that this redaction requirement may impact the way in which the Application to Proceed Without Prepayment of Fees or Costs (AO 240) is completed. Question seven of this form requests the following information: (1) persons dependant upon the applicant for support, (2) relationship of this person to the applicant, and (3) amount of support. Most often, minor children will be included in responding to this question. In order to comply with the privacy policy, only the initials of the minor should be on the form. Listing the age of the minor is acceptable; however only the year of birth may be included. Pro se filers are responsible for completing the application in compliance with the privacy policy. **The Clerk will not review each filing to determine if it complies with this redaction requirement.**

UNITED STATES DISTRICT COURT

for the

_____ District of _____

)	
<i>Plaintiff/Petitioner</i>)	
v.)	Civil Action No.
)	
<i>Defendant/Respondent</i>)	

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

CERTIFICATE OF INMATE ACCOUNT AND ASSETS

(To be Completed by the Institution of Incarceration)

I certify that the applicant, _____, has the sum of \$ _____ in his/her prisoner account at the institution where he/she is confined. I further certify that the applicant likewise has the following securities to his/her credit according to the records of this institution: _____

_____.

I further certify that in the applicant's prisoner account: (a) The average monthly deposit was \$ _____; and (b) The average balance for the last six months was \$ _____.

Based on the above prisoner account information, I calculate that 20 percent of the greater of (a) or (b) above is \$ _____.

Signed this _____ day of _____, 20____.

Authorized Officer of Institution

Name of Institution