# REQUEST FORM TO PROCEED IN FORMA PAUPERIS HABEAS CORPUS INSTRUCTIONS – READ CAREFULLY

## (NOTE: O.C.G.A. §9-10-14(a) requires the proper use of this form, and failure to use this form as required will result in the clerk of any court refusing to accept the action for filing.)

- 1. Any action filed by an inmate of a state or local penal or correctional institution against the state or a local government or against any agency or officer of a state or local government must be filed on the appropriate form or forms promulgated by the Administrative Office of the Courts of Georgia.
- 2. This application must be legibly handwritten or typewritten, and signed by the petitioner. Any false statement of a material fact may serve as the basis for prosecution for perjury. All questions must be answered concisely in the proper space on the form.
- 3. O.C.G.A. §42-12-1 et seq. provides that an inmate's institutional account shall be frozen, and funds seized for court costs and fees. Additionally, the filing of frivolous litigation shall result in a deduction from the account.
- 4. This affidavit of indigency must be accompanied by a certification from the institution wherein the inmate is incarcerated that the financial statement correctly states the amount of funds in any and all custodial accounts held with the institution.
- 5. Any Request Form to Proceed In Forma Pauperis which does not conform to these instructions will be returned with a notation as to the deficiency.
- 6. In no event shall a prisoner file any action in forma pauperis in any court of this state if the prisoner has, on three or more prior occasions while he or she was incarcerated or detained in any facility, filed any action in any court of this state that was subsequently dismissed on the grounds that such action was frivolous or malicious, unless the prisoner is under imminent danger of serious physical injury. O.C.G.A. §42-12-7.2.
- 7. These forms may be obtained at the Administrative Office of the Courts' website (http://www.georgiacourts.org/forms.html#inmate) or from the Administrative Office of the Courts through the head of the institution in which the inmate is incarcerated.

### IN THE SUPERIOR COURT OF \_\_\_\_\_\_ STATE OF GEORGIA

, Petitioner

\_ ,

vs.

\_ ,

Civil Action No. \_\_\_\_\_

Inmate Number

Habeas Corpus

Warden

Respondent (Name of Institution where you are now located)

## **REQUEST TO PROCEED IN FORMA PAUPERIS**

I,		, depose and say that I	am the plaintiff	in the above entitled
case; t	hat in sup	port of my request to proceed without being required	to prepay fees, c	costs, or give
securit	y therefor	r, I state that because of my poverty I am unable to pa	y the costs of sa	id proceeding or to
give se	ecurity the	erefor; that I believe I am entitled to redress.		
I furth	er swear t	hat the responses which I have made to questions and	instructions bel	ow are true.
1.	List any	and all aliases by which you are known:		
2.	Are you	presently employed?  Yes No		
		If the answer is "Yes," state the amount of your salar name and address of your employer:		-
		If the answer is "No," state the date of last employme wages per month which you received:		
2.	Have ye	bu received within the past twelve months any money	from any of the	following sources?
		Business, profession, or form of self-employment?	□ Yes	□ No
		Pensions, annuities, or life insurance payments?	□ Yes	□ No
		Rent payments, interest or dividends?	☐ Yes	□ No

	Gifts or inheritances?	□ Yes	□ No				
	Any other sources?	☐ Yes	□ No				
	If the answer to any of the above is "Yes,"	' describe each source of	of money and state the				
	amount received from each source during	the past twelve months	:				
				_			
3.	Do you own any cash, or do you have money in a	checking or savings acc	count? (Include any				
	funds in prison accounts):	🗆 No					
	If the answer is "Yes," state the total value	e of the items owned:					
4.	Do you own any real estate, stocks, bonds, notes,	automobiles, or other va	aluable property				
	(excluding ordinary household furnishings and clo	othing)?  □ Yes	□ No				
	If the answer is "Yes," describe the proper	rty and state its approxi	mate value:				
				_			
5.	List the persons who are dependant upon you for financial support, state your relationship to						
	those persons, and indicate how you contribute to	ward their support:					
				_			
				_			
				_			
I und	lerstand that a false statement or answer to any question	on in this affidavit will s	subject me to penalties				
for p	erjury and that state law provides as follows:						
	a A person to whom a lawful oath or affirm	ation has been administ	ered commits the				

- a. A person to whom a lawful oath or affirmation has been administered commits the offense of perjury when, in a judicial proceeding, he knowingly and willfully makes a false statement material to the issue on point in question
- b. A person convicted of the offense of perjury shall be punished by a fine of not more than \$1,000 or by imprisonment for not less than one nor more than ten years, or both. O.G.C.A. § 16-10-70.

Signature of Petitioner

Date

#### VERIFICATION

I, \_\_\_\_\_\_\_, do swear and affirm under penalty of law that the statements contained in this affidavit are true. I further attest that this application for in forma pauperis status is not presented to harass or to cause unnecessary delay or needless increase in the costs of litigation.

I am the plaintiff in this action and know the content of the above Request to Proceed in Forma Pauperis. I verify that the answers I have given are true of my own knowledge, except as to those matters that are stated in it on my information and belief, and as to those matters I believe them to be true. I have read the perjury statute set out above and am aware of the penalties for giving any false information on this form.

Signature of Affiant Petitioner

Date

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public or Other Person Authorized to Administer Oaths

Please note that under O.G.C.A. § 42-12-5 service of an affidavit in forma pauperis, including all attachments, shall be made upon the court and all named defendants. Failure by the prisoner to comply with this code section shall result in dismissal without prejudice of the prisoner's action.

# THIS FORM IS TO BE COMPLETED ONLY BY AN AUTHORIZED INDIVIDUAL AT THE INSTITUTION WHERE THE INMATE PLAINTIFF IS PRESENTLY INCARCERATED, OR HIS/HER DESIGNEE.

#### CERTIFICATION

I hereby certify that the Plaintiff herein,,
has an average monthly balance for the last twelve (12) months of \$ on account at
the
institution where confined. (If not confined for a full
twelve (12) months, specify the number of months confined. Then compute the average monthly balance
on that number of months.)
I further certify that Plaintiff likewise has the following securities according to the records of said
institution:

Authorized Officer of Institution

Date

**NOTE:** Please attach a copy of the prisoner's inmate account of the last 12 months, or the period of incarceration (whichever is less).