

**Appendix 60.7A. (Rule 60.7) Application To Proceed In Forma Pauperis Filed in District Court**

**In Forma Pauperis Application  
Civil Litigation Filed by Offender/  
Prisoner**

**NUMBER: SECTION/DIVISION:**

**\_\_\_\_ JUDICIAL  
VERSUS  
PARISH**

**DISTRICT COURT**

**OF \_\_\_\_\_**

**STATE OF LOUISIANA**

**OFFENDER/PRISONER PAUPER MOTION AND ORDER FOR DISTRICT COURT**

**NOW INTO COURT COMES \_\_\_\_\_**, Petitioner in the above-styled cause and, pursuant to the provisions of C.C.P. art. 5181 et seq., respectfully moves for leave to proceed in forma pauperis without prepayment of fees, costs or security given therefor. In accordance with LSA-R.S. 15:1186 et seq., the Petitioner shall be required, when funds exist, to pay an initial partial filing fee of 20% of the average monthly deposits and thereafter prison officials shall be required to forward to the Clerk of court monthly payments of 20% of the preceding month's income credited to the Petitioner's inmate account until the entire filing fee is paid. Petitioner hereby authorizes the Department of Corrections to withdraw and forward to the Clerk of Court the initial and subsequent monthly payments from his/her inmate banking account as ordered by the Court.

**Date: \_\_\_\_\_**  
**Signature and D.O.C. Number**

\_\_\_\_\_  
**Name of Facility Where Currently Housed**

\_\_\_\_\_  
**Address of Facility**

**AFFIDAVIT IN SUPPORT OF REQUEST TO PROCEED IN FORMA PAUPERIS**

I, \_\_\_\_\_, declare that I am the Petitioner in the above entitled case; that in support of my motion to proceed without being required to prepay fees, costs, or give security

therefor, I state that because of my poverty that I am unable to pay the costs of said proceeding or to give security therefor; that I believe I am entitled to redress.

I further declare that the responses which I have made to questions and instructions below are true.

1. Are you presently employed? Yes ( ) No ( )

a. If the answer is yes, state the amount of your salary or wages per month, and give the name and address of your employer.

b. If the answer is no, state the date of last employment and the amount of the salary and wages per month which you have received.

2. Have you received within the past twelve months any money from any of the following sources?

a. Business, profession, or form of self employment (hobby craft sales included)? Yes ( ) No ( )

b. Rent payments, interest or dividends? Yes ( ) No ( )

c. Pensions, annuities, or life insurance payments? Yes ( ) No ( )

d. Gifts or inheritances? Yes ( ) No ( )

e. Any other sources? Yes ( ) No ( )

If the answer to any of the above is yes, describe each source of money and state the amount received from each during the past 12 months.

3. Do you own any cash, or do you have money and/or bonds in a checking or savings account? (Include any funds in prison accounts) Yes ( ) No ( ). If the answer is yes, state the total value of items owned.

Prison Drawing Account: \$

Prison Savings Account: \$

a. Cash: \$

b. Bonds: \$

c. Other(s) (specify): \_\_\_\_\_

4. Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishing and clothing)? Yes ( ) No ( )

If the answer is yes, describe the property and state its approximate value.

5. List the persons who are dependent upon you for support, state your relationship to those persons, indicate how much you contribute toward their support.

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

I understand that a false statement or answer to any question in this affidavit will subject me to penalties for perjury and/or dismissal of my suit. I authorize the Department of Corrections to make payments from my account(s) in accordance with law.

Date: \_\_\_\_\_

\_\_\_\_\_  
**Signature of Petitioner and D.O.C. Number**

**STATE OF LOUISIANA**  
**PARISH OF \_\_\_\_\_**

\_\_\_\_\_, being first duly sworn and under oath presents that he has read, signed, and subscribed to the above and states that the information therein is true and correct.

\_\_\_\_\_  
**Petitioner's Signature**

**Pe**

\_\_\_\_\_  
**itioner's D.O.C. Number**

Subscribed and sworn to before me this \_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
**Notary Public or other person authorized to administer oaths**

\_\_\_\_\_  
**Title and Identification Number**

**STATE OF LOUISIANA**  
**PARISH OF \_\_\_\_\_**

\_\_\_\_\_, being first duly sworn and under oath, did depose and say that he/she is not an attorney or petitioner; that he/she knows Petitioner and knows his/her financial condition, and believes that he/she is unable to pay the costs of court in advance, or as they accrue, or to furnish security therefor.

\_\_\_\_\_  
**Signature of Affiant**

Subscribed and sworn to before me this \_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
**Notary Public or other person authorized to administer oaths**

\_\_\_\_\_  
**Title and Identification Number**

**STATEMENT OF ACCOUNT**  
**(Certified Institutional Equivalent)**

I hereby certify that \_\_\_\_\_, inmate number \_\_\_\_\_, the Petitioner herein, has the following sums of money on account to his/her credit at \_\_\_\_\_, institution where he/she is confined:

Prison Drawing Account: \$

Prison Savings Account: \$

A. Cash: \$

B. Bonds: \$

I further certify that the average monthly deposits for the preceding six months is \$\_\_\_\_\_.  
(The average monthly deposits are to be determined by adding the deposits made during a given month and dividing that total by the number of deposits made during that month. This is repeated for each of the six months. The average from each of the six months are to be added together and the total is to be divided by six.)

I further certify that the average monthly balance for the prior six months is \$\_\_\_\_\_.  
(The average monthly balance is to be determined by adding each day's balance for a given month and dividing that total by the number of days in that month. This is to be repeated for each of the six months. The balance from each of the six months are to be added together and the total is to be divided by six.)

Date Certified: \_\_\_\_\_

\_\_\_\_\_  
**Signature of Authorized Officer of Institution and  
Title of Institution**

**NUMBER: SECTION/DIVISION:**

**JUDICIAL DISTRICT COURT**

\_\_\_\_\_  
**VERSUS**

**PARISH OF \_\_\_\_\_**

**STATE OF LOUISIANA**

**DISTRICT COURT PAUPER ORDER**

Considering the Petitioner's application to proceed in forma pauperis; that the said application reflects the status of his/her eligibility as of the date of the signing of the form, the law and evidence being in favor thereof:

**IT IS ORDERED** , that Petitioner's motion to proceed in forma pauperis is granted pursuant to law, for the purpose of the filing fee. All petitioners granted in forma pauperis status shall be assessed and required to pay \$\_\_\_\_\_, the full filing fee, in amounts as set by LSA-R.S. 15:1186, et seq., plus all costs accruing after the filing of the suit. Petitioner shall be required to

pay an initial partial filing fee and thereafter, without further action by the Petitioner, prison officials shall be required to forward monthly payments from the Petitioner's inmate account until the entire filing fee is paid.

**IT IS FURTHER ORDERED** , that within 20 days from the date of this order the Petitioner shall pay an initial partial filing fee in the amount of \$\_\_\_\_\_ to the Clerk of Court for the \_\_\_ Judicial District Court, or the suit may be dismissed or stayed. It is the Petitioner's responsibility to pay the initial partial filing fee.

**IT IS FURTHER ORDERED** that following the initial payment, the Petitioner shall make monthly payments of 20 per cent of the preceding month's income credited to his/her prison account until costs due are paid. The Louisiana Department of Public Safety and Corrections Centralized Inmate Banking Section shall automatically forward monthly payments to the court for the payment of the filing costs due, without further action by the Petitioner.

**IT IS FURTHER ORDERED** that following payment of the initial partial filing fee, Centralized Inmate Banking Section for the Louisiana Department of Public Safety and Corrections shall forward the monthly payment from the Petitioner's prison account to the Clerk of Court each time the amount in Petitioner's prison account exceeds \$10 until the initial advance deposit of \$\_\_\_\_\_ and all costs accruing after filing are paid.

**IT IS FURTHER ORDERED** that a copy of this order shall be mailed to the Petitioner and to Centralized Inmate Banking Section of the Louisiana Department of Public Safety and Corrections.

**IT IS FURTHER ORDERED** , that the Louisiana Department of Public Safety and Corrections remit the above ordered funds to the \_\_\_ Judicial District Court, as herein ordered, at the following address: Collections Department, P.O. Box \_\_\_\_\_, LA \_\_\_ in accordance with law until all costs are paid.

**SO ORDERED**, this \_\_\_ day of \_\_\_\_\_, 20\_\_, at \_\_\_\_\_, Louisiana.

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**JUDGE/COMMISSIONER**  
\_\_\_\_\_**JUDICIAL DISTRICT COURT**

<http://www.lasc.org/rules/dist.ct/COURTRULESAPPENDIX60.7A.PDF>