

APPENDIX 9

Rule 13.2

In Forma Pauperis Application

Civil Litigation Filed by Inmate in District Court

NUMBER: DIVISION:

VERSUS Appendix 9. (Rules 13.0-13.3)

Appendix 9A. (Rule 13.0) Form IJR-1: Petition for Judicial Review

Form IJR-1 (Rev. 9/09)

Administrative Appellate Petition
for Judicial Review

NINETEENTH JUDICIAL DISTRICT COURT
PARISH OF EAST BATON ROUGE
STATE OF LOUISIANA

MOTION TO PROCEED IN FORMA PAUPERIS

SUIT NUMBER:

(Enter above, the full name and D.O.C.
number of the Appellant/Petitioner in
this action.)

VERSUS

SECTION/DIVISION:

(Enter above, the full name of the
Agency, or Defendant in this action.)

PETITION FOR JUDICIAL REVIEW

I. Administrative Remedy Action (exhaustion is required prior to appeal):

A. Did you present the facts relating to your complaint in the prisoners' grievance procedure?

YES () NO ()

B. If your answer is YES, what is the number assigned to the prisoners' grievance? (Note: List only one; R.S. 15:1177 and *Lightfoot v. Stalder*, 97-2626 (La. App. 1st Cir. 12/28/98), 727 So.2d 553).

ARP No.:

Disciplinary Board Appeal No.:

Property Claim No.:

C. If your answer is YES:

1. What steps did you take?

2. What was the result?

II. Previous Lawsuits Involving Same Facts:

A. Have you begun any other lawsuits in state or federal court dealing with the same facts involved in this action or the same administrative grievance?

YES () NO ()

B. If your answer is YES, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

1. Parties to the previous lawsuit:

Plaintiff(s): _____, D.O.C. Number: _____

_____, D.O.C. Number: _____

Defendant(s): _____

2. Court (If Federal Court, name the District; if State Court, name the Parish.): _____

3. Docket number: _____

4. Name of Judge to whom case was assigned: _____

5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?) _____

6. Approximate date of filing lawsuit: _____

7. Approximate date of disposition: _____

8. If you have any PLRA Strikes imposed by this or any other court, state the number and identify the Court imposing the Strike: # of strikes _____ name of courts imposing: _____

III. Parties To This Appeal:

A. Appellant/Petitioner (Fill in your name, D.O.C. Number, and present address.)

Name _____ D.O.C. Number _____

Address: _____

(In item B below, place the full name of the Agency or defendant in the first blank, their official position in the second blank, and their place of employment in the third blank. Use item C for the names, positions, and places of employment of any additional defendants.)

B. Defendant _____, is employed as _____

C. Additional Defendants: _____

IV. Statement of Claim: (type or print legibly)

State **briefly** why you believe the final Department decision in the administrative remedy action you listed in Part I, above, is incorrect.
(See La. R.S. 15:1177) (If necessary, you may add a one-page memorandum.)

V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

VI. Rule XIII – Uniform Court Rules:

YOU MUST ATTACH TO THIS PETITION A COPY OF THE FINAL DECISION BY THE DEPARTMENT. (failure to comply will delay this appeal).

VII. Inmate Assistance Certificate (required):

A. Were you assisted by any inmate in the preparation of, or research of this lawsuit?

YES () NO ()

B. If your answer is Yes, the inmate who assisted must print and sign his/her name, along with his/her D.O.C. Number, certifying that he/she supports the appellant's claims herein. If none assisted you, print "NONE" and sign your name.

Inmate Counsel Substitute and I.C.S. Signature
D.O.C. Number

Date

This Appellate Petition is signed this _____ day of _____, 20____.
(signature must be original)

Signature of Appellant/Petitioner
, D.O.C. Number

Current Facility or Address

VERIFICATION

STATE OF LOUISIANA

PARISH OF _____

I, _____, D.O.C. Number _____, being first duly sworn, under oath says: that he/she is the plaintiff in this action and knows the content of the above petition; that it is the truth, to the best of his/her knowledge, except as to those matters that are stated in it on his information and belief.

(Signature of Appellant/Petitioner)

Subscribed and sworn before me this _____ day of _____, 20____.

(Notary Public or other person authorized to administer an oath)

SERVICE INFORMATION REQUIRED

If the Defendant is not the Department of Corrections, Appellant/Petitioner must provide full names and addresses for service below on all defendants.

Appendix 9B. (Rule 13.0) Pro Se Prisoner-Plaintiff's Portion of the Pre-Trial Order

NUMBER: DIVISION:

JUDICIAL DISTRICT COURT
VS. _____

PARISH OF EAST BATON ROUGE

STATE OF LOUISIANA

PRO SE PRISONER SUIT-- PRETRIAL ORDER FOR PLAINTIFF

Plaintiff: _____
(Your name and Address)

Plaintiff's Claim: State facts in support:

CONTESTED FACTS: (List those facts in dispute.)

CONTESTED ISSUES OF LAW: (List those legal issues in dispute.)

DATE _____ PLAINTIFF'S SIGNATURE _____

Certificate of Service

I hereby certify that I have today provided opposing counsel, _____, with a copy of this pretrial order by mailing a copy hereof to him/her at the following address: _____.

Failure to show that I mailed a copy of this Order to opposing counsel may result in delay of my request for a pretrial conference.

Plaintiff

Appendix 9C. (Rule 13.3) Application To Proceed In Forma Pauperis Filed in District Court

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

NUMBER: _____ SECTION/DIVISION: _____

JUDICIAL DISTRICT COURT

VERSUS

PARISH OF

STATE OF LOUISIANA

OFFENDER/PRISONER PAUPER MOTION AND ORDER FOR DISTRICT COURT

NOW INTO COURT COMES, _____, plaintiff, _____, 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 plaintiffPetitioner 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 plaintiff'sPetitioner's inmate account until the entire filing fee is paid. PlaintiffPetitioner hereby authorizes the Department of Corrections to withholdwithdraw 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/DOC # 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 plaintiff 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 yes, state the total value of items owned.

Prison Drawing Account _____ \$ _____ : \$

Prison Savings Account: \$

_____ A. _____ a. Cash: \$

_____ B. _____ b. Bonds: \$

c. Other(s) (specify) _____
_____):

4. Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (~~Excluding~~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.

_____ x _____
Date: _____

Signature of Plaintiff 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.

_____ **Plaintiff's** _____

Petitioner's Signature _____ **Plaintiff's** _____ **Petitioner's**

D.O.C. # _____ Number

Subscribed and sworn to before me this ____ day of _____,
200____, 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 plaintiff/petitioner; that he/she knows plaintiff/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 _____,
200_____, 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 plaintiff/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:~~ _____

Signature of Authorized Officer of Institution and Title of Institution

NUMBER: _____ SECTION/DIVISION: _____

VERSUS _____

____ JUDICIAL DISTRICT COURT
VERSUS

PARISH OF _____

STATE OF LOUISIANA

DISTRICT COURT PAUPER ORDER

Considering the ~~plaintiff's~~ 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 plaintiff's application to proceed in forma pauperis be and is hereby denied, and plaintiff is hereby ordered to deposit with the Clerk of Court for the _____ Judicial District Court the initial filing fee of \$ _____ and such other costs as may from time to time accrue.~~

~~IT IS ORDERED, that plaintiff's~~ 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 ~~prisoners~~ petitioners granted in forma pauperis status shall be assessed and required to pay \$ _____, the ~~initial~~ 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. ~~Plaintiff~~ 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 ~~plaintiff's~~ 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 ~~plaintiff~~ 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 ~~plaintiff's~~ Petitioner's responsibility to pay the initial partial filing fee.

JUDICIAL DISTRICT COURT
VERSUS
PARISH OF
STATE OF LOUISIANA

APPELLATE PAUPER MOTION

NOW INTO COURT COMES _____, Appellant in the above-styled cause and pursuant to the provisions of C.C.P. art. 5181 et seq., respectfully moves 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 Appellant shall be required, when funds exist, to pay an initial partial filing fee of \$ _____ or 20% of the average monthly deposits up to a maximum of \$ _____, and thereafter prison officials shall be required to forward monthly payments of 20% of the preceding month's income credited to the Appellant's inmate account until the entire filing fee and record preparation fees are paid. Appellant hereby authorizes the Department of Corrections to withhold and forward to the Clerk of Court the initial and subsequent monthly payments.

Date: _____

Signature of Appellant 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 Appellant 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 that 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 Appellant and D.O.C. Number

STATE OF LOUISIANA

PARISH OF _____

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

Appellant's Signature

Appellant'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

THIRD PARTY AFFIDAVIT

STATE OF LOUISIANA

PARISH OF _____

_____, being first duly sworn and under oath, did depose and say that he/she is not attorney or Appellant; that he/she knows Appellant 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 _____, D.O.C. number _____, the Appellant 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 balances 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

APPELLATE PAUPER ORDER

Considering the Appellant'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 Appellant's motion to proceed in forma pauperis is granted pursuant to law, for the purpose of the filing and record preparation fee. All Appellants granted in forma pauperis status shall be assessed and required to pay \$ _____, the initial filing fee and record preparation fee in amounts as set by LSA-R.S. 15:1186, et seq. Appellant shall be required to pay an initial partial filing fee and thereafter, prison officials shall be required to forward monthly payments from the Appellant's inmate account until the entire filing fee is paid.

IT IS FURTHER ORDERED that within 20 days from the date of this order or full payment of the trial court costs and preparation fee, whichever is sooner, the Appellant shall pay an initial partial filing fee in the amount of \$ _____ to the Clerk of Court for the _____ Judicial District Court, or the appeal may be dismissed by the Court of Appeal. It is the Appellant's responsibility to pay the initial partial filing fee of the Court of Appeal and the court preparation fee through the _____ Parish Clerk of Court's office for the _____ Judicial District.

IT IS FURTHER ORDERED that the Appellant shall make monthly payments of 20% of the preceding month's income credited to his/her prison account. Monthly payments shall be automatically forwarded to the Centralized Inmate Banking Section for the Louisiana Department of Public Safety and Corrections without further action by the Appellant.

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 Appellant's prison account to the Clerk of Court each time the amount in Appellant's prison account exceeds \$10 until the appellant filing fee of \$ _____ and all record preparation fees are paid.

IT IS FURTHER ORDERED that a copy of this order shall be mailed to the Appellant 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, Collections Department, _____, LA _____ in accordance with law until all appellate costs are paid.

SO ORDERED, this _____ day of _____, 20____, in _____, Louisiana.

JUDGE/COMMISSIONER
JUDICIAL DISTRICT COURT