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. These forms may be obtained at the Administrative Office of the Courts website, directly from the Administrative Office of the Courts upon written request, or from the Administrative Office of the Courts through the head of the institution in which the inmate is incarcerated.
- 3. 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 sanctions or 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 such 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.
- 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.

IN THE SUPERIOR COURT OF ______STATE OF GEORGIA

	Petitioner , Inmate Number vs. , Warden	Civil Action		
	Respondent (Name of Institution where you are now located) REQUEST TO PROCEI	ED IN FORM	A PAUPERI	(S
	, dep			
secur give	that in support of my request to proceed vity therefor, I state that because of my poverty security therefor; that I believe I am entitled to her swear that the responses which I have mad List any and all aliases by which you are known and the support of the su	y I am unable to redress.	pay the costs	of said proceeding or to
2.	Are you presently employed? If the answer is "Yes," state the am name and address of your employed. If the answer is "No," state the date wages per month which you receive	nount of your sala	ary or wages p	
2.	Have you received within the past 12 month	hs any money fro	om any of the	following sources?
	Business, profession, or form of sel Pensions, annuities, or life insurance		☐ Yes ☐ Yes	□ No

	Rent payments, interest, or dividends?				
	Gifts or inheritances?	☐ Yes	□ No		
	Any other sources?	☐ Yes	□ No		
If the answer to any of the above is "Yes," describe each source of money and sta					
	amount received from each source during the	past 12 months:			
Do y	ou own any cash, or do you have money in a che	cking or savings	account? (Include a	ıny	
funds	s in prison accounts):	□ No			
	If the answer is "Yes," state the total value of	the items owned	1:		
Do y	ou own any real estate, stocks, bonds, notes, auto				
(excl	uding ordinary household furnishings and clothin	g)?	□ No		
	If the answer is "Yes," describe the property a	and state its appr	oximate value:		
	the persons who are dependent upon you for final ons, and indicate how you contribute toward their		-		
perso	that a false statement or answer to any question in	support:			
personal per	that a false statement or answer to any question in that state law provides as follows:	support:	vill subject me to per	nalties	
perso	that a false statement or answer to any question in	support:	administered comine knowingly and	nalties	
personal per	that a false statement or answer to any question in that state law provides as follows: A person to whom a lawful oath or affirm offense of perjury when, in a judicial process.	n this affidavit wantion has been beeding, he or short in questionshall be punished	administered comme knowingly and vion.	nalties mits the willfully	

	VERIFICATION	
statements contained in this affidavit	, do swear and affirm under tare true. I further attest that this applicate to cause unnecessary delay or needless	tion for in forma pauperis
verify that the answers I have given stated in it on my information and be	now the content of the above request to pro are true of my own knowledge, except as elief, and as to those matters, I believe the am aware of the penalties for giving any	s to those matters that are m to be true. I have read
	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.C.G.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 OR HER DESIGNEE.

CER'	ΓΙFICATION	
I hereby certify that the plaintiff herein,		,
has an average monthly balance for the last 12 months of \$		on account at the
i	nstitution where confined.	(If not confined for a full 12
months, specify the number of months confined.	Then compute the average	ge monthly balance on that
number of months.)		
I further certify that plaintiff likewise has	s the following securities a	according to the records of said
institution:		
Authorized Offi	cer 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).