

## **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 F.R.Cv.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 and Affidavit (AO 240) is completed. Question six 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 for redaction.

# UNITED STATES DISTRICT COURT

for the

Eastern District of Arkansas

_____ )	
Plaintiff/Petitioner )	
v. )	Civil Action No.
_____ )	
Defendant/Respondent )	

## 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 | ↓ Yes | ↓ No |
| (b) Rent payments, interest, or dividends          | ↓ Yes | ↓ No |
| (c) Pension, annuity, or life insurance payments   | ↓ Yes | ↓ No |
| (d) Disability, or worker's compensation payments  | ↓ Yes | ↓ No |
| (e) Gifts, or inheritances                         | ↓ Yes | ↓ No |
| (f) Any other sources                              | ↓ Yes | ↓ 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**  
(Prisoner Accounts Only)  
(To be Completed by the Institution of Incarceration)

I certify that the applicant named herein has the sum of \$ \_\_\_\_\_ on account to his/her credit at the \_\_\_\_\_ institution where he is confined.

I further certify that the applicant likewise has the following securities to his/her credit according to the records of said institution: \_\_\_\_\_

\_\_\_\_\_.

I further certify that during the past six months the applicant's average balance was \$ \_\_\_\_\_.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Authorized Officer of Institution

**CALCULATION OF INITIAL PAYMENT OF FILING FEE**

(To be Completed by the Institution of Incarceration)

PLAINTIFF: \_\_\_\_\_

ADC NUMBER: \_\_\_\_\_

FEDERAL COURT CASE NUMBER (IF KNOWN): \_\_\_\_\_

Total deposits for last six (6) months: \$ \_\_\_\_\_

Average monthly deposit (total deposits divided by 6): \$ \_\_\_\_\_

Total balances for last six (6) months: \$ \_\_\_\_\_

Average monthly balance:  
(Total balances divided by 6) \$ \_\_\_\_\_

Current account balance: \$ \_\_\_\_\_

Initial payment of filing fee as of \_\_\_\_\_: \$ \_\_\_\_\_

(The greater of the average monthly deposit  
Or the average monthly balance x .20)

DATE: \_\_\_\_\_ AUTHORIZED OFFICIAL \_\_\_\_\_

(NO FILING FEE SHALL BE IN EXCESS OF  
\$350.00 FOR A CIVIL LAWSUIT  
OR  
\$605.00 FOR AN APPEAL)