UNITED STATES COURT OF APPEALS DISTRICT OF COLUMBIA CIRCUIT

333 Constitution Avenue, NW Washington, DC 20001-2866 Phone: 202-216-7000 | Facsimile: 202-219-8530

USCA No.		
	MOTION FOR WAIVER OF FEES	
l,	, declare that because of my	
poverty I am unable to pre case. My affidavit is attach	ay the costs of retrieval and photocopying the requested documents in the above	⁄e
	d to these documents because: reasons you wish to present to the Court.)	
		<u> </u>
		_
		_
		—
		_
		—
		_
Signature		
Name of Requester		
Address		
Submit original to:	Clerk	
Ŭ	U.S. Court of Appeals for the D.C. Circuit U.S. Courthouse, Room 5523	

Washington, D.C. 20001

USCA Form 32 August 2009 (REVISED)

UNITED STATES COURT OF APPEALS FOR THE DISTRICT OF COLUMBIA CIRCUIT

AFFIDAVIT IN SUPPORT OF MOTION TO WAIVE FEES

I swear (affirm) that the responses which I make below to the questions concerning my ability to pay the costs as stated in the motion are true.

1.	Are	Are you presently employed? ○ Yes ○ No						
	a.	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. (List both gross and net salary.)						
		Gross salary and wages per month: \$						
	Net salary and wages per month: \$							
	Employer Name:							
		Address:						
b. If the answer is "no", state the date of your last employment and the amou the salary and wages per month which you received.						amount of		
		Date of last employment: Sa	alary and wage	s per mo	onth	: \$		
2.		ve your received within the past twelve mor he following sources?	nths any incom	e or prop	erty	r from any		
	a. E	Business, profession or other form of self-er	mployment?	O Yes	0	No		
	b. Rent payments, interest, or dividends?				0	No		
	c. Pensions, annuities or life insurance policies?				0	No		
	d. Gifts or inheritances?			O Yes	0	No		
	e. Any other sources?				0	No		
		ne answer to any of the above is "yes", deso amount received from each during the pas		ce of mo	oney	and state		
	So	urce:				Amount: \$		
	So	urce:				Amount: \$		
	So	urce:				Amount: \$		
	So	urce:				Amount: \$		
	So	urce:				Amount: \$		

3.	Do you own any cash or checking or savings accounts (i	ncluding joint accounts)? Yes No							
	a. If the answer is "yes," state the total value of the	e items owned: \$							
4.	Do you own any real estate, stocks, bonds, notes, autom property (excluding ordinary household furnishings and o								
	a. If the answer is "yes," describe the property and	state its approximate value.							
	Approximate value: \$								
	5. List any persons who are dependent upon you for support, state your relationship to those persons, and indicate how much you contribute toward their support.								
	Dependent:	• •							
	Relationship:	Amount: \$							
	Dependent:								
	Relationship:	Amount: \$							
	Dependent:								
	Relationship:	Amount: \$							
	Dependent:								
	Relationship:	Amount: \$							
	Dependent:								
	Relationship:	Amount: \$							
	I declare under penalty of perjury that the force								
9	Signature of applicant								
	Name of Requester								
	Address								
E	Executed on:								

USCA Form 53b August 2009 (REVISED)