IMPOUNDED - CONFIDENTIAL

COMMONWEALTH OF MASSACHUSETTS

_____ Court

No. _____

INFORMATION FOR THE INMATE/APPLICANT: You have requested that the _____ Court waive the filing fees and (normal) costs and allow you to proceed as an indigent plaintiff. You are required to provide the court with information about your finances so that the court can determine whether you are unable to pay the fee or to make partial payments. You are required to sign this affidavit form under the penalties of perjury. This includes a statement that no action has been taken to hide assets. The court can dismiss the complaint if it finds that the claim of indigency is untrue. In addition, the court may impose costs on an inmate who intentionally files an affidavit that contains false information or that omits material information. You are also subject to loss of up to 60 days of good time earned or to be earned under G. L. c. 127, § 129C (for blood donation) or under c. 127, § 129D (for work, education or rehabilitation programs) if the court finds that the affidavit is frivolous and filed in bad faith in order to abuse the judicial process. See G. L. c. 261, § 29.

_____ , Plaintiff(s)

V.

_____ , Defendant(s)

INMATE'S AFFIDAVIT OF INDIGENCY AND REQUEST FOR WAIVER OF NORMAL FEES AND COSTS IN COMPLIANCE WITH GENERAL LAWS c. 261, § 29

Pursuant to General Laws c. 261, § 29, the applicant, _____ , swears (or affirms) that the following information is true.
(NAME)

SOCIAL SECURITY #: _____

DATE OF BIRTH: _____

INMATE IDENTIFICATION #: _____

CORRECTIONAL FACILITY: _____

ASSETS:

CASH: _____

MONIES IN BANK ACCOUNTS:

INMATE CANTEEN ACCOUNT: _____

OTHER INSTITUTIONAL ACCOUNT: _____

NON-PRISON ACCOUNT(S): _____

REAL ESTATE: _____

OTHER INVESTMENTS: _____

ACCESSIBLE ASSETS OF A SPOUSE: _____

INCOME:

LAST SIX MONTHS' INCOME: _____

__ INCOME EXPECTED IN NEXT SIX MONTHS: _____

LIABILITIES (for example, any debts you owe, including Victim/Witness fees, restitution fees, child support, other court-imposed costs, and costs assessed for incarceration and pre-release programs):

_____

MONTHLY EXPENSES:

NECESSARY CANTEEN PURCHASES (for example, stamps, envelopes, soap, toothpaste and other toiletries, medications and clothing):

_____

OTHER EXPENSES: _____

I state under penalties of perjury that the statements made in this affidavit are true, that I have not omitted any assets that are available to me to pay filing fees or court costs, that I have not transferred any assets to avoid payment of filing fees and costs, and that I have not taken any action nor has any action been taken on my behalf relative to any assets in order to avoid having such assets used for payment of filing fees and costs.

Signature of applicant: _____

DATE: _____

ALL INFORMATION CONTAINED HEREIN IS CONFIDENTIAL. EXCEPT BY SPECIAL ORDER OF A COURT, IT SHALL NOT BE DISCLOSED TO ANYONE OTHER THAN AUTHORIZED COURT PERSONNEL, PARTIES TO THIS LITIGATION OR THEIR COUNSEL, AND AN AUTHORIZED (IN WRITING) REPRESENTATIVE OF THE APPLICANT.