

UNITED STATES DISTRICT COURT

for the
Eastern District of Michigan

KWAME MALIK KILPATRICK

~~Plaintiff~~ Movant,

v.

UNITED STATES OF AMERICA,

~~Defendant~~ Respondent.

Civil Action No.

10-20403

APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS

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: FCI EL RENO -P.O. BOX 1500, EL RENO, OK. 73036.

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:

Movant is incarcerated.

FILED
JUN 30 2017
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DETROIT

My gross pay or wages are: \$ _____ 0.00, and my take-home pay or wages are: \$ _____ 0.00 per
(specify pay period) N/A.

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 | <input checked="" type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (b) Rent payments, interest, or dividends | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (c) Pension, annuity, or life insurance payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (d) Disability, or worker's compensation payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (e) Gifts, or inheritances | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (f) Any other sources | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> 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.

Movant receives a small stipend from family and friends monthly to afford hygiene necessities, and costs of remaining in contact with family.

AO 240 (Rev. 07/10) Application to Proceed in District Court Without Prepaying Fees or Costs (Short Form)

4. Amount of money that I have in cash or in a checking or savings account: \$ 0.00 .

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)*:

N/A

6. Any housing, transportation, utilities, or loan payments, or other regular monthly expenses *(describe and provide the amount of the monthly expense)*:

None due to incarceration.

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:


None due to incarceration.

8. Any debts or financial obligations *(describe the amounts owed and to whom they are payable)*:
None due to incarceration.

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:

4/21/17


Applicant's signature

Kwame Malik Kilpatrick
Printed name


CERTIFICATE

**TO BE COMPLETED BY AN AUTHORIZED
CUSTODIAN OF INMATE ACCOUNTS**

I certify that the applicant herein has the sum of \$ 0.96 on account to his/her credit
at the FCI EL Reno (institution where the
applicant is currently incarcerated). I further certify that the average balance in the applicant's
trust fund account during the last six months was \$ 55.34 ~~0.00~~. A copy of the applicant's
trust fund account (or an institutional equivalent) for the last six months is attached hereto.


Signature of Authorized Officer

Sworn to and subscribed before me this
2nd day of April, 2017


Notary Public

My commission expires 9-5-2018

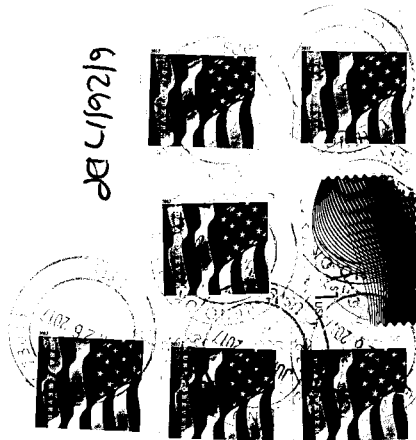


Kearne Kirkpatrick 44678-039
Federal Correction Institution
P.O. Box 1500
5L Reno, Oklahoma 73036

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JUN 30 2017
CLERK OFFICE
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44678-039
Clerk Of The Court
Court House
231 W Lafayette Blvd
Theodore Levin U.S.
Detroit, MI 48226
United States

6/26/17



U.S. MARSHALS

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 06/23/17 BY 60322
AND 60322/17
REASON: 25X, 25Y, 25Z, 25AA,
25AB, 25AC, 25AD, 25AE, 25AF,
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