

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLORADO**

Civil Action No. _____

_____,
Plaintiff(s)/Petitioner(s),

v.

_____,
Defendant(s)/Respondent(s).

MOTION AND AFFIDAVIT FOR LEAVE TO PROCEED ON APPEAL
PURSUANT TO 28 U.S.C. § 1915 AND FED. R APP. P. 24

I request leave to commence this appeal without prepayment of fees or security therefor pursuant to 28 U.S.C. § 1915 and Fed. R. App. P. 24. I also request that the United States pay for a transcript of the record of proceedings, if any, for inclusion in the record on appeal. In support of my requests, I submit the accompanying affidavit and declare that:

- (1) I am unable to pay such fees or give security therefor.
- (2) The issues I desire to raise on appeal are:

- (3) I am entitled to redress.
- (4) I take this appeal in good faith.
- (5) The appeal is not frivolous and presents a substantial question.

I swear that the responses which I have made to the questions and instructions below relating to my ability to pay the cost of prosecuting the appeal are true.

1. Are you presently employed? Yes No
- 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.
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- b. If the answer is no, state the date of your last employment and the amount of the salary and wages per month which you received.
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2. Have you received within the past twelve months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, or other source? Yes No
- a. If the answer is yes, describe each source of income, and state the amount received from each during the past twelve months.
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3. Do you own any cash or checking or savings account? Yes No
- a. If the answer is yes, state the total value of the items owned.
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4. Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? Yes No
- a.. If the answer is yes, describe the property and state its approximate value.
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5. List the persons who are dependent upon you for support and state your relationship to those persons.

Signature

Name

Street Address

City

State

Zip Code

Telephone Number

Date: _____

Signature of Affiant

SUBSCRIBED AND SWORN TO BEFORE ME THIS ___ day of _____, _____.

Notary Public

Address

My commission expires: _____