

**UNITED STATES COURT OF APPEALS  
FOR THE FEDERAL CIRCUIT**

**SUPPLEMENTAL IN FORMA PAUPERIS FORM FOR PRISONERS  
AUTHORIZATION FORM**

**Case Number:** \_\_\_\_\_

**Short Case Caption:** \_\_\_\_\_

I request and authorize the agency holding me in custody, to send to the Clerk of the United States Court of Appeals for the Federal Circuit a certified copy of the statement for the past six months of my trust fund account (or institutional equivalent) at the institution where I am incarcerated.

I further request and authorize the agency holding me in custody to calculate and disburse funds from my trust fund account (or institutional equivalent) in the amounts specified by 28 U.S.C. § 1915(b). This authorization is furnished in connection with an appeal, and I understand that the total appellate filing fee for which I am obligated is \$500 or \$505.

I also understand that these fees will be debited from my account regardless of the outcome of my appeal. This authorization applies to any other agency into whose custody I may be transferred.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

**DISCLOSURE OF PRIOR FEDERAL ACTIONS**

1. Have you ever before brought an action or appeal in a federal court while you were incarcerated or detained?     Yes    No

If yes, how many times? \_\_\_\_\_

2. Were any of the actions or appeals dismissed because they were frivolous, malicious, or failed to state a claim upon which relief may be granted?

Yes         No

If yes, how many of them? \_\_\_\_\_

3. Are you in imminent danger of serious physical injury?  Yes  No

If yes, please explain below. Attach additional pages if needed.

**DECLARATION UNDER PENALTY OF PERJURY**

I certify the above information and any attached sheets are accurate and complete to the best of my knowledge.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_