

# IN THE COURT OF APPEALS OF THE STATE OF ALASKA

## APPLICATION FOR EXEMPTION FROM FILING FEE For Use in Prisoner Civil Appeals Against the State of Alaska Under AS 9.19.010 - 100

Instructions: Complete only if Appellant seeks a filing fee exemption under AS 9.19.010. If a filing fee exemption is sought, this form must be completed, and the documents listed in Item 3 must be attached. A waiver of cost bond must be sought by separate motion.

1. Appellant's Name: \_\_\_\_\_

2. Appellant's Affidavit:

a. I am a prisoner as defined in AS 33.30.901.

b. My complete financial situation, including my income, assets and court ordered payments is accurately and fully set out in the attached Supreme Court/Court of Appeals Financial Statement Form.

c. The following circumstances prevent me from paying a full filing fee:

(Continue on back if necessary.)

d. Nature of the action or appeal (Include specific facts that, if proved, would entitle Appellant to a reversal on appeal):

(Continue on back if necessary.)

3. Attached documents:

a. Supreme Court/Court of Appeals Financial Statement.

b. Certified copy of Appellant account statement from the Department of Corrections **for the six-month period preceding the date of this application.**

4. Oath: I declare under oath that all statements made in this application are true.

\_\_\_\_\_ Date \_\_\_\_\_ Appellant's Signature

Subscribed and sworn to or affirmed before me on \_\_\_\_\_, 19\_\_\_\_ in \_\_\_\_\_  
Alaska.

(SEAL)

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

Proof of Service: I certify that on \_\_\_\_\_ a copy of this application and attachments was mailed to

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

Continuation of Application for Exemption from Filing Fee

2. c. The following circumstances prevent me from paying a full filing fee (continued):

2. d. Nature of the action of appeal (continued):