

State of New York  
Court of Claims

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\_\_\_\_\_,  
DIN No. \_\_\_\_\_, Claimant,

v.

The State of New York,

\_\_\_\_\_  
Defendant.

Affidavit in Support of Application  
Pursuant to CPLR 1101 (f)

Claim No.

State of New York            )  
  ) ss:  
County of \_\_\_\_\_ )

I, \_\_\_\_\_, being duly sworn, hereby declare as follows:

1) I am the claimant in this proceeding, I am an incarcerated person in a federal, state or local correctional facility (state place of incarceration: \_\_\_\_\_), and I submit this affidavit to support my application for a reduction of the filing fee.

2) I currently receive income from the following sources, not including correctional facility wages:

\_\_\_\_\_  
\_\_\_\_\_

3) I own the following valuable property (other than miscellaneous personal property):

NONE

List property:

Value:

_____	_____
_____	_____
_____	_____
_____	_____

4) I have no savings, property, assets or income other than as listed above.

- 5) I am unable to pay the filing fee necessary to prosecute this proceeding.
- 6) No other person who is able to pay the filing fee has a beneficial interest in the result of this proceeding.
- 7) The facts of my case are described in my claim and other papers filed with the court.
- 8) I have made no other request for this relief in this case.

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(signature)

Sworn to before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

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Notary Public

#### **AUTHORIZATION**

I, \_\_\_\_\_, incarcerated person number \_\_\_\_\_, request and authorize the agency holding me in custody to send to the Clerk of the Court of Claims certified copies of the correctional facility trust fund account statement (or the institutional equivalent) for the past six months.

I further request and authorize the agency holding me in custody to deduct the filing fee from my correctional facility trust fund account (or the institutional equivalent) and to disburse those amounts as instructed by the Court of Claims.

This authorization is given in connection with this claim and shall apply to any agency into whose custody I may be transferred.

I UNDERSTAND THAT THE ENTIRE FILING FEE AS DETERMINED BY THE COURT OF CLAIMS WILL BE PAID IN INSTALLMENTS BY AUTOMATIC DEDUCTIONS FROM MY CORRECTIONAL FACILITY TRUST FUND ACCOUNT EVEN IF MY CASE IS DISMISSED.

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(signature)