

FORM TO BE USED BY PRISONERS REQUESTING TO

PROCEED WITHOUT PREPAYMENT OF COSTS

(IN FORMA PAUPERIS)

OP24-0550

NAME: Ira Hayes Henderson

PRISON NUMBER: 39726

PLACE OF CONFINMENT: Dawson County Correction Facility

CRIMINAL CAUSE NUMBER: CDC-19-254

Ira Hayes Henderson,  
(List all Plaintiffs/Petitioners/Movants)

v.

Tom Green  
(List all Defendants/Respondents).

Instructions

1. Use this form if you are filing a legal document in state district court or the Montana Supreme Court and you cannot pay the filing fee. File this form when you file your legal pleading - not before.
2. ATTACH AN OFFICIAL COPY OF YOUR INMATE TRUST ACCOUNT STATEMENT TO THIS FORM.
3. You must tell the truth and sign the form. If you make a false statement of a material fact you may be prosecuted for perjury.
4. If you are allowed to proceed *in forma pauperis*, you may file your legal documents without prepayment of costs. It does not mean you are entitled to free transcripts or the appointment of counsel.

FILED  
SEP 16 2024  
Bowen Greenwood  
Clerk of Supreme Court  
State of Montana

MOTION AND AFFIDAVIT TO PROCEED WITHOUT  
PREPAYMENT OF COSTS (IN FORMA PAUPERIS)

1. My name is Ira Hayes Handerson

I am the (check one)  petitioner/plaintiff  
 defendant  
 other (explain) \_\_\_\_\_

2. In support of my request to proceed without prepayment of costs, I declare that I am unable to pay the costs of these proceedings and that I am entitled to relief in the action to which I am or will be a party.

3. In support of this motion, I answer the following questions under penalty of perjury.

4. Are you currently incarcerated?  Yes  No

5. Are you currently 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:

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

b. If no, state the date of your last employment and the amount of salary or wages per month:

January 2024 \$ 16.50 hr had Job  
for 6 weeks

6. In the past 12 months, have you received any money from any of the following sources?

- |   |  |
|---|--|
| a. business, profession or other self-employment  | Yes [ ] No <input checked="" type="checkbox"/> |
| b. rent payments, interests or dividends          | Yes [ ] No <input checked="" type="checkbox"/> |
| c. pensions, annuities or life insurance payments | Yes [ ] No <input checked="" type="checkbox"/> |

- d. disability or workers compensation payments Yes [ ] No [X]
- e. social security or retirement benefits Yes [ ] No [X]
- f. family or friends Yes [X] No [ ]
- g. gifts or inheritances Yes [ ] No [X]
- h. any other sources (specify) \_\_\_\_\_ Yes [ ] No [X]

If the answer to any of the above is yes, describe each source of money, state the amount received during the past 12 months, the frequency with which you receive it, and what you expect you will continue to receive:

\$60.00 From my mother June 2024  
\$200.00 From Friend July 2024

7. Do you have any cash, or any checking or savings accounts?

Yes [ ] No [X]

If yes, state the total value of the cash and/or accounts:

0

8. Do you own any real estate, stocks, bonds, notes, automobiles or other valuable property (excluding ordinary household furnishings and clothing)?

Yes [ ] No [X]

If yes, describe the property and state its value:

n/a

9. List the persons who are dependent on you for support and state your relationship to each person. Indicate how much you contribute to their support:

none

DATED this 9 day of September, 2024

[Signature]  
Signature of Applicant (sign in presence of notary)

SUBSCRIBED and SWORN to before me this 9 day of September,

2024, by Ira Henderson (name of Applicant).

[Signature]

Signature notary

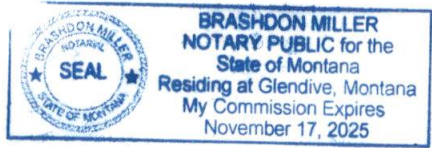
Brashdon Miller

Name - typed, stamped or printed

Notary Public for the State of Montana

Residing at Dawson

My commission expires Nov 17 2025



LET THE APPLICANT PROCEED WITHOUT PREPAYMENT OF COSTS.

\_\_\_\_\_  
(District Judge or Supreme Court)

09/03/2024

### Dawson County Correctional Facility

### Resident Statement

Resident Name: HENDERSON, IRA

Housing Location: DCCF, DCC, None, None, None

Resident ID: 39726

Date Range:

07/31/2024 Through 08/31/2024

*AS 053*

Beginning Account Balances:

Ending Account Balances:

|                     | Personal Balance | Non-Per Balance | Debt                |
|---------------------|------------------|-----------------|---------------------|
| Court_Fees          | \$0.00           | \$0.00          | (\$214.81)          |
| Rstitution          | \$0.00           | \$0.00          | (\$9,534.47)        |
| Trust               | \$0.00           | \$0.00          | \$0.00              |
| <b>Begin Totals</b> | <b>\$0.00</b>    | <b>\$0.00</b>   | <b>(\$9,749.28)</b> |

|                   | Personal Balance | Non-Per Balance | Debt                |
|-------------------|------------------|-----------------|---------------------|
| Court_Fees        | \$0.00           | \$0.00          | (\$214.81)          |
| Rstitution        | \$0.00           | \$0.00          | (\$9,488.23)        |
| Trust             | \$164.33         | \$0.00          | \$0.00              |
| <b>End Totals</b> | <b>\$164.33</b>  | <b>\$0.00</b>   | <b>(\$9,703.04)</b> |

| Date       | Amount    | Type                 | Comment                            | Personal Bal Change | Personal Acct Balance | Non-Personal Change | Non-Personal Acct Bal | Debt Bal Change | Debt Balance |
|------------|-----------|----------------------|------------------------------------|---------------------|-----------------------|---------------------|-----------------------|-----------------|--------------|
| 08/20/2024 | \$277.43  | Resident Deposit     | Missoula County Detention Facility | \$231.19            | \$231.19              | \$46.24             | \$46.24               | \$46.24         | (\$9,703.04) |
| 08/20/2024 | (\$29.20) | Sale                 | Debit Sale                         | (\$29.20)           | \$201.99              | \$0.00              | \$46.24               | \$0.00          | (\$9,703.04) |
| 08/27/2024 | (\$13.94) | Sale                 | Debit Sale                         | (\$13.94)           | \$188.05              | \$0.00              | \$46.24               | \$0.00          | (\$9,703.04) |
| 08/30/2024 | (\$46.24) | Group Withdrawal     | DCCF Restitution August 2024       | \$0.00              | \$188.05              | (\$46.24)           | \$0.00                | \$0.00          | (\$9,703.04) |
| 08/30/2024 | (\$23.72) | Phone Fund Transfers | Phone Summary                      | (\$23.72)           | \$164.33              | \$0.00              | \$0.00                | \$0.00          | (\$9,703.04) |