UNITED STATES DISTRICT COURT DISTRICT OF NEW HAMPSHIRE

V.	Case No.
	O MOTION/AFFIDAVIT TO PROCEED RIS WITHOUT PREPAYMENT OF FEES
CERTIFICATI	E OF CUSTODIAL INSTITUTION
Name of Inmate:	
Name of Institution:	
Address of Institution:	
, ,	for the six-month period immediately preceding this average monthly deposits to his/her account of
2. Further, I certify that	at for the six-month period immediately preceding this
date the applicant has maintaine \$	ed an average monthly balance in his/her account of
	opy of the applicant's trust account statement for the
six months preceding the submis	ssion of this certificate.
	Authorized Officer of Institution
	Title
	Date