	IN THE DISTRICT/SUPERIOR/SUPREME COURT FOR THE STATE OF ALASKA AT		
))))))))))) CASE NO.		
) PRISONER REQUEST FOR FILING FEE EXEMPTION		
I,			
	(name of prisoner) of the filing fee in this civil litigation against the State of Alaska. As required by AS 9.010, I am submitting to the court:		
1.	the following affidavit, and		
2.	the attached certified copy of my account statement for the past six months from the Department of Corrections.		
	AFFIDAVIT		
	ear or affirm under penalty of perjury that the following information is true to the best of mowledge and belief.		
1.	I am a prisoner at		
	(name of correctional facility)		
2.	I am attaching a filled out Financial Statement on court form CR-206.		
3.	The circumstances that prevent me from paying the full filing fee are:		
4.	Nature of action: application for post conviction relief civil lawsuit appeal of a civil judgment appeal from final decision of an administrative agency		

5.	The following specific facts will, when granted or entitle me to reversal on app	n proven, state a claim on which relief can be peal:
	Date	Prisoner's Signature
Sub	scribed and sworn to or affirmed before me	e at, Alaska on
/CE/	(date)	
(SEA	AL)	Notary Public or other person authorized to administer oaths. My commission expires
	OR	RDER
It is	ordered that the above request is	
	paying the full filing fee. The required filing	tional circumstances prevent the prisoner from ng fee will be \$s 20% of the larger of average monthly deposits
	to or average balance in prisoner's accour	
	DENIED. The court finds that no exceppaying the full filing fee.	otional circumstances prevent the prisoner from
	ice: This case may be dismissed withous is paid within 30 days after the date o	out further notice unless the required filing of distribution of this order.
	Date	Judge
I ce	rtify that on	
a copy of this order was sent to:		Type or Print Name
Cler	k:	