

IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF ALABAMA

Michael Henry Smith  
Plaintiff(s)/Petitioner(s)

vs.

CIVIL ACTION NO. \_\_\_\_\_  
(To be supplied by Clerk of Court)

British Petroleum, Moran Environmental Inc.  
Defendant(s)/Respondent(s)

FILED MAY 25 10 PM 12:12 USDC ALB

MOTION TO PROCEED WITHOUT PREPAYMENT OF FEES

I, Michael Henry Smith, a United States citizen, make this Motion to Proceed Without Prepayment of Fees pursuant to Title 28 U.S.C. § 1915 in order to proceed in forma pauperis in this action. I am unable to make prepayment of fees or to give security therefor, and it is my belief that I am entitled to redress. I have not divested myself of any property, monies or any items of value for the purpose of avoiding payment of said fees.

I. BRIEF STATEMENT AS TO THE NATURE OF THE ACTION: lawsuit for negligence under the Jones Act, and unseaworthiness, maintenance, and cure under the General Maritime law.

II. RESIDENCE:  
Your address: 4038 Sierra Drive  
Mobile (City) AL (State) 36693-5500 (Zip Code)

III. MARITAL STATUS:  
1. Single ☒ Married ☐ Separated ☐ Divorced ☐  
2. If married, spouse's full name: N/A

IV. DEPENDENTS:  
1. Number: 0  
2. Relationship to dependent(s): N/A  
3. How much money do you contribute toward your dependents' support on a monthly basis? \$ 0

1. Name of employer: Unemployed

a. Address of employer: \_\_\_\_\_ N/A  
(Street) \_\_\_\_\_

(City) (State) (Zip Code) MA

b. How long have you been employed by present employer?

Years: N/A Months N/A

c. Income: Monthly \$ N/A or Weekly \$ N/A

d. What is your job title? N/A

2. If unemployed, date of last employment: May the 12<sup>TH</sup>, 2010  
Amount of salary and wages received per month in last employment: \$ 450<sup>00</sup>

3. Is spouse employed? N/A If so, name of employer: N/A

a. Income: Monthly \$ N/A or Weekly \$ N/A

b. What is spouse's job title? N/A

4. Are you and/or your spouse receiving welfare aid? NO.

If so, amount: Monthly \$ 278 or Weekly \$ 278

**1. Owner of real property (excluding ordinary household furnishings and clothing):**

a. Description: \_\_\_\_\_ 2/A

b. Full Address: \_\_\_\_\_

c. In whose name: \_\_\_\_\_

d. Estimated value ..... \$ 110

e. Total amount owed ..... \$ 711.10

Owed to: \_\_\_\_\_

\_\_\_\_\_  
\$ 12/1

\_\_\_\_\_  
\$ 1/1

f. Annual income from property ..... \$ 2/A

**2. Other assets/property, such as automobiles, boats, motor homes, court judgments, etc. (If more than two, list information on back):**

a. Make & Model Asset (1) N/A Asset (2) N/A

### Make & Model:

**In whose name registered?**

**Present Value of Asset:**

**Amount owed:**

**Owed to:**

**b. Total cash in banks, savings and loan associations, prisoner accounts,**

financial institutions, other repositories, or anywhere else - \$ roughly 3000<sup>00</sup>

- c. List monies received by you during the last twelve (12) months, or held for you by banks, savings and loan associations, prisoner accounts, other financial institutions, or other sources as indicated below:

Business, profession or other forms of self-employment -	\$	<u>450<sup>00</sup></u>
Rent payments, interest or dividends -	\$	<u>0</u>
Pensions, annuities or life insurance payments -	\$	<u>0</u>
Gifts or inheritances -	\$	<u>0</u>
Stocks, bonds or notes -	\$	<u>0</u>
Tax refunds, Veteran benefits or social security benefits	\$	<u>359<sup>00</sup></u>
Any other sources -	\$	<u>0</u>

3. Obligations:

a. Monthly rental on house or apartment -	\$	<u>0</u>
b. Monthly mortgage payments on house -	\$	<u>0</u>

4. Other information pertinent to your financial debts and obligations:

<u>Capital One</u>	<u>\$8000<sup>00</sup></u>	<u>\$25<sup>00</sup></u>
(Creditor)	(Total debt)	(Monthly payment)
<u>AT&amp;T</u>	<u>Monthly Charge</u>	<u>\$121<sup>00</sup></u>
(Creditor)	(Total debt)	(Monthly payment)
<u>Blue Cross</u>	<u>Health Ins.</u>	<u>\$214<sup>00</sup></u>
(Creditor)	(Total debt)	(Monthly payment)

5. If you have indicated that you have minimal or no assets or income, please explain how you provide for your basic living needs such as food, clothing and shelter. (e.g. food stamps, family assistance or charitable contributions.)

I live with my mother and my handi-capped  
sister in a house owned by  
another sister. My possessions are  
few and I do not make any purchases

Other (Explain): For the last year I have had  
no income and I have spent my  
savings. The \$3000<sup>00</sup> will soon be  
gone for basic needs

**VII. ALL PLAINTIFFS/PETITIONERS MUST READ AND SIGN:**

I UNDERSTAND that any false statement(s) of a material fact contained herein may serve as the basis of prosecution and conviction for perjury or making false statements. FURTHER, I CERTIFY that all questions contained herein have been answered and are true and correct to the best of my knowledge and belief.

May 21<sup>st</sup>, 2010  
DATE

Michael O Henry Smith  
SIGNATURE OF PLAINTIFF/~~PETITIONER~~

4038 Sierra Drive  
ADDRESS

Mobile AL 36693-5500