

DISTRICT COURT OF GUAM
TERRITORY OF GUAM

CIVIL CASE NO.

Plaintiff,
vs.

**CONSENT TO THE RELEASE OF
TRUST ACCOUNT INFORMATION
AND TO COLLECT FEES FROM
TRUST ACCOUNT**

Defendants.

I, # _____, hereby consent and authorize the appropriate prison officials:

1. To forward directly to the above court a certified copy of my prisoner's trust account statement or ledger sheets showing transactions for the six-month period immediately preceding the filing of my Complaint/Petition and a Certificate of Funds for my prisoner trust account that is to be signed by an authorized official of the institution;

2. To withhold from my prison account and pay to the court an initial partial payment of 20% of the greater of:

(a) the average monthly deposits to my account for the six-month period immediately preceding the filing of my Complaint/Petition; or

(b) the average monthly balance in my account for the six-month period immediately preceding the filing of my Complaint/Petition;

3. To collect from my account on a continuing basis each month, an amount equal to 20% of the preceding month's income credited to my account. Each time the amount in my account exceeds \$10.00, the Trust Officer shall forward the interim payment to the Clerk's Office, District Court of Guam, 520 W. Soledad Avenue, Hagatna, Guam 96910, until such time as my filing fee is paid in full.

By executing this document, I also authorize collection on a continuing basis of any additional fees, costs, and sanctions imposed by the District Court of Guam.

DATE: _____

Signature of Plaintiff/Petitioner

**CERTIFICATE OF FUNDS
PRISON TRUST ACCOUNT**

Prisoner's Name:

Civil Case No.

Registration #:

DATE OF FILING COMPLAINT OR PETITION:

To be completed by authorized Prison Official:

BALANCE at the time of filing of the Complaint or Petition: \$ _____

AVERAGE MONTHLY DEPOSITS during the six months
prior to filing of the Complaint/Petition: \$ _____

AVERAGE MONTHLY BALANCE during the six months
prior to filing of the Complaint/Petition: \$ _____

I certify that the above information accurately reflects the deposits and balances in the prisoner's trust account for the period shown and that the attached prisoner trust account statements or ledger sheets are true copies of account records maintained in the ordinary course of business.

DATE: _____

Signature of Authorized Official

Print or type name

Title

Please return this form directly to:

Clerk's Office, District Court of Guam
520 W. Soledad Avenue, 4th Floor
Hagatna, Guam 96910