



**UNITED STATES  
DISTRICT COURT  
DISTRICT OF MINNESOTA**

**Warren E. Burger Federal  
Building and U.S. Courthouse**  
316 North Robert Street  
Room 100  
St. Paul, MN 55101

**Diana E. Murphy**  
U.S. Courthouse  
300 South Fourth Street  
Room 202  
Minneapolis, MN 55415

**Gerald W. Heaney Federal  
Building and U.S. Courthouse  
and Customhouse**  
515 West First Street  
Duluth, MN 55802

**Edward J. Devitt U.S.  
Courthouse and Federal  
Building**  
118 South Mill Street  
Fergus Falls, MN 56537

December 16, 2025

Fisenko Konstantin

A 

D. Ray James Processing Center  
P.O. Box 548  
Folkston, GA 31537

RE: Case Number: 0:25-cv-04654-PJS-DLM

Case Title: Konstantin v. Warden D.Ray James Processing Center et al

Dear Fisenko Konstantin:

This letter is to inform you that we received and filed your initiating document. Please be advised that we did not receive the requisite filing fee (\$405.00 for civil cases or \$5.00 for Petitions for Writ of Habeas Corpus) nor an Application to Proceed Without Prepayment of Fees (a.k.a., Application to Proceed in Forma Pauperis or IFP form), as required.

If we do not receive your filing fee or your Application to Proceed Without Prepayment of Fees (see enclosed application) within 15 days after the date of this letter, your case could be summarily dismissed without prejudice.

Sincerely,

Kate M. Fogarty, Clerk

Enclosures: (AO 239) Application to Proceed in District Court Without Prepaying Fees or Costs

UNITED STATES DISTRICT COURT  
for the  
DISTRICT OF MINNESOTA

---

\_\_\_\_\_  
*Plaintiff/Petitioner*

v.

Case Number: 0:25-cv-04654-PJS-DLM

\_\_\_\_\_  
*Defendant/Respondent*

---

*Application To Proceed In Forma Pauperis*

A litigant unable to afford filing fee upon commencing a case in the District of Minnesota or an appeal may use this application to request *in forma pauperis* status. The application will request information regarding your current and recent income, expenses, and assets. This information will be used by the Court in determining whether you qualify financially for *in forma pauperis* status.

You are required below to attest – under penalty of perjury – that the information you have provided on the application is true. If you are granted *in forma pauperis* status but later found to have submitted false information on your application, your *in forma pauperis* status may be revoked and your case may be dismissed.

**If you are a prisoner within the meaning of 28 U.S.C. § 1915(h)**, you will be required to pay the full amount of the statutory filing fee for any non-habeas civil action or appeal that you initiate, even if you qualify for *in forma pauperis* status. That said, *in forma pauperis* status will allow you to pay the filing fee in installments over time rather than all at once. The first payment will be immediately after filing your case. To calculate the amount of your initial payment, the Court must know the average deposits to and average balance of your prison trust account for the six months before you filed this lawsuit. You may request this information from prison officials by submitting the final page of this application to those officials for them to complete.

**1. Income.** For both you and your spouse (if you share income), provide your gross income for the previous 12 months and your expected income for next month. Your gross income is your income before taxes and other deductions are removed from your pay.

| Source of Income  | Previous 12 Months |        | Expected Next Month |        |
|---|--------------------|--------|---------------------|--------|
|   | You                | Spouse | You                 | Spouse |
| Employment  |                    |        |                     |        |
| Retirement  |                    |        |                     |        |
| Disability  |                    |        |                     |        |
| Unemployment  |                    |        |                     |        |
| Public Assistance   |                    |        |                     |        |
| Alimony and Child Support   |                    |        |                     |        |
| Other( <i>gifts, interest, rental income, or any other income</i> ) |                    |        |                     |        |
| <b>Total:</b>   |                    |        |                     |        |

**2. Employment.** List your employment history and your spouseâ€™s employment history (if you share income) for the past year.

| Employer | Address | Dates of employment | Gross monthly pay (before taxes and deductions) |
|----------|---------|---------------------|---|
|          |         |                     |   |
|          |         |                     |   |
|          |         |                     |   |
|          |         |                     |   |

**3. Assets.** How much cash do you and your spouse have? \$ \_\_\_\_\_

State below any money you or your spouse (if you share assets) have in a financial institution, such as a checking, savings, or investment account.

| Financial institution | Type of account | Amount |
|-----------------------|-----------------|--------|
|                       |                 |        |
|                       |                 |        |
|                       |                 |        |
|                       |                 |        |

**4. Dependents.** List the persons who rely on you or your spouse for support

| Name (or, if under 18, initials only) | Relationship | Age |
|---------------------------------------|--------------|-----|
|                                       |              |     |
|                                       |              |     |
|                                       |              |     |
|                                       |              |     |
|                                       |              |     |

**5. Expenses.** Estimate the regular monthly expenses for you, your spouse, and the persons who rely upon you for your support.

| Expenses   | Amount |
|--|--------|
| Rent or home–mortgage payment (including property taxes and insurance if applicable) |        |
| Utilities  |        |
| Food   |        |
| Medical and dental expenses  |        |
| Installment payments (vehicle, credit cards, personal loans, etc.)                   |        |
| Alimony, maintenance, and support paid to others                                     |        |
| Other regular monthly expenses   |        |
| <b>Total:</b>  |        |

**6. Other factors (use additional blank pages if necessary).** Do you expect any major changes to your income, expenses, or assets in the next 12 months? If yes, please explain.

Provide any other information that will help explain why you cannot pay the costs of these proceedings.



**FOR USE IN PRISONER CASES ONLY:** The following Certificate must be completed and signed by a prison official authorized to provide information regarding the prisoner's facility trust account. The information provided in the Certificate will be used by the Court in determining the initial partial filing fee owed by the prisoner 28 U.S.C. § 1915(b). The Certificate must be filed with a prisoner's application to proceed *in forma pauperis*.

If financial information cannot be provided for the prior six months (for example, if the applicant has not been incarcerated for six months), please indicate this below and provide the average monthly deposits and balances during the period for which the information can be provided.

### **CERTIFICATE of AUTHORIZED PRISON OFFICIAL**

I, \_\_\_\_\_, certify that the applicant, \_\_\_\_\_

ID # \_\_\_\_\_, has the sum of \$ \_\_\_\_\_ on account to his or her credit at \_\_\_\_\_ (name of institution), not including gate savings or other amounts that are unavailable to the applicant at this time.

I further certify that in the past six months, the average monthly deposits to the applicant's trust fund prison account was \$ \_\_\_\_\_ and the average monthly balance of that account was \$ \_\_\_\_\_.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_