

**UNITED STATES COURT OF APPEALS  
FOR THE FOURTH CIRCUIT**

1100 East Main Street, Suite 501  
Richmond, Virginia 23219-3517  
[www.ca4.uscourts.gov](http://www.ca4.uscourts.gov)

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**CONSENT TO COLLECTION OF FEES  
FROM TRUST ACCOUNT FOR APPEAL**

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No. \_\_\_\_\_, \_\_\_\_\_ v. \_\_\_\_\_  
\_\_\_\_\_ (lower court case no.)

**FEE AMOUNT: \$505**

**PAYABLE TO:** Clerk, U.S. District Court

I, \_\_\_\_\_, # \_\_\_\_\_, hereby  
consent for the appropriate prison officials to assess and, when funds exist, collect  
an initial partial filing fee of 20 percent of the greater of:

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

(b) the average monthly balance in my account for the six-month period  
immediately preceding the filing of my petition.

I further consent for the appropriate prison officials to collect:

monthly payments of 20 percent of my preceding month's income and  
forward the payments to the Clerk, U.S. District Court, each time the  
amount in the account exceeds \$10 until the filing fee has been paid in  
full.

I understand that by signing this consent I agree to payment of the full filing fee  
from my trust account regardless of whether I later choose to dismiss my appeal or  
the court decides my appeal before the entire amount has been paid. I understand  
that once consent to the collection of fees has been given it cannot be withdrawn.

Signature \_\_\_\_\_

Date \_\_\_\_\_