

**UNITED STATES DISTRICT COURT  
FOR THE MIDDLE DISTRICT OF ALABAMA**

**Pro Se Assistance Program**

**vs.**

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**CIVIL ACTION**

**INFORMATION OF THE PRO SE PARTY  
For Participation in the Pro Se Assistance Program**

Please read and complete the information that follows:

I, \_\_\_\_\_, am the *pro se* plaintiff in this case and I understand that I can voluntarily participate in the Pro Se Assistance Program subject to approval by the Court or its designee. By submitting this form to the Clerk of Court, I am asking to participate in the program and requesting that someone with the program contact me using the following information:

FULL NAME: \_\_\_\_\_

ANY OTHER NAMES \_\_\_\_\_

KNOWN BY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE NUMBER(S): \_\_\_\_\_

\_\_\_\_\_

OTHER NUMBERS AT WHICH  
YOU MAY BE REACHED AND  
TO WHOM THEY BELONG:

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PLACE OF EMPLOYMENT:

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EMPLOYMENT ADDRESS:

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HOURS YOU WORK:

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CAN YOU BE CONTACTED  
AT WORK?

\_\_\_\_\_ YES                      \_\_\_\_\_ NO

EMAIL ADDRESS (if any) :

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*I understand that my participation in the Pro Se Assistance Program is subject to approval by the Court or its designee, and that such participation, or the program itself, may be terminated at any time in the Court's discretion.*

Signature:

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Date:

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**Return this completed Information sheet to the Clerk of Court at One Church Street, Montgomery, AL 36104, within 14 days from the date of receipt if you wish to be considered for the Pro Se Assistance Program. This Information Sheet will be provided to the Director and Coordinators of the Pro Se Assistance Program.**