Petition for Writ of Habeas Corpus By a Person in Federal Custody

(Motion Under 28 U.S.C. § 2241)

Instructions - Read Carefully

- 1. This petition must be readable, either handwritten or typewritten on 8½" x 11" paper, signed by the petitioner under penalty of perjury. Any false statement of a material fact may serve as the basis for prosecution and conviction for perjury. All questions must be answered concisely in the proper space on the form. No notary is required.
- 2. No citation of authorities need be furnished. If briefs or arguments are submitted, they should be submitted in the form of a separate memorandum.
- 3. Upon receipt of the filing fee of \$5.00, your petition will be filed.
- 4. If you do not have the necessary filing fee, you may request permission to proceed *in forma pauperis*, in which event you must execute form AO 240 or any other form required by the court, setting forth information establishing your inability to pay the costs. If you wish to proceed *in forma pauperis*, you must have an authorized officer at the institution where you are confined complete the certificate as to the amount of money and securities on deposit to your credit in any account in the institution.
- 5. When you have completed the form, send the original and two identical copies, along with the \$5.00 filing fee, to the Clerk of the United States District Court at this address:

Clerk, U.S. District Court Western District of Wisconsin PO Box 432 Madison, WI 53701-0432

Retain a copy for your own records.

6. Petitions which do not conform to these instructions may be returned with a notation as to the deficiency.

United States District Court Western District of Wisconsin

(Full r	name of I	Prisoner])	
			Case No
(Priso	ner I.D.	Number)	Case No. (Provided by clerk of court)
	Petit	ioner,	
		V.	
		den, Superintendent, Jailor or son having custody of petitioner)	
	Resp	ondent.	
		PURSUA	WRIT OF HABEAS CORPUS NT TO 28 U.S.C. § 2241 N IN FEDERAL CUSTODY
I.	Gen	eral Information	
	A.	Place of confinement:	
	B.	Petitioner's institutional addr	ess:
II.	SUB	JECT OF THIS PETITION	
	A.	Indicate the type of decision of	or action which you are challenging:
		Denial of paro	ole
		Revocation of	1
		Disciplinary m	
		Datainar	good time credits
			r deportation order
			ed briefly the type of decision or action involved)
	В.	Who made the decision or too	ok the action?
	C.	Date of decision or action?	
	Ŭ.	_ ====================================	

1. First hearing: Date: Location: Conducted by: Result: 2. Second hearing: Date: Location: Conducted by: Result: Uocation: Conducted by: Result: Were you represented by counsel or a staff member at any hearing? Yes () No () If yes, give name and address: VIOUS APPEALS/ADMINISTRATIVE REMEDY PROCEDURES If your claim concerns a parole matter (for example, denial, modification revocation of parole) complete the following: 1. Did you appeal the decision to the Regional Commissioner? Yes () No () a. Date of filing appeal: b. Grounds raised: c. Result and date: 2. Did you appeal the decision to the National Appeals Board/U.S. P Commission? Yes () No () a. Date of filing appeal: Date of filing appeal:
Date: Location: Conducted by: Result: Date: Location: Conducted by: Location: Conducted by: Result: Were you represented by counsel or a staff member at any hearing? Yes () No () If yes, give name and address: VIOUS APPEALS/ADMINISTRATIVE REMEDY PROCEDURES If your claim concerns a parole matter (for example, denial, modification revocation of parole) complete the following: 1. Did you appeal the decision to the Regional Commissioner? Yes () No () a. Date of filing appeal: b. Grounds raised: c. Result and date: 2. Did you appeal the decision to the National Appeals Board/U.S. P Commission? Yes () No () a. Date of filing appeal:
Conducted by: Result: 2. Second hearing: Date: Location: Conducted by: Result: Were you represented by counsel or a staff member at any hearing? Yes () No () If yes, give name and address: //OUS APPEALS/ADMINISTRATIVE REMEDY PROCEDURES If your claim concerns a parole matter (for example, denial, modification revocation of parole) complete the following: 1. Did you appeal the decision to the Regional Commissioner? Yes () No () a. Date of filing appeal: b. Grounds raised: c. Result and date: 2. Did you appeal the decision to the National Appeals Board/U.S. P Commission? Yes () No () a. Date of filing appeal:
2. Second hearing: Date: Location: Conducted by: Result: Were you represented by counsel or a staff member at any hearing? Yes () No () If yes, give name and address: TOUS APPEALS/ADMINISTRATIVE REMEDY PROCEDURES If your claim concerns a parole matter (for example, denial, modification revocation of parole) complete the following: 1. Did you appeal the decision to the Regional Commissioner? Yes () No () a. Date of filing appeal: b. Grounds raised: c. Result and date: 2. Did you appeal the decision to the National Appeals Board/U.S. P Commission? Yes () No () a. Date of filing appeal:
2. Second hearing: Date: Location: Conducted by: Result: Were you represented by counsel or a staff member at any hearing? Yes () No () If yes, give name and address: IOUS APPEALS/ADMINISTRATIVE REMEDY PROCEDURES If your claim concerns a parole matter (for example, denial, modification revocation of parole) complete the following: 1. Did you appeal the decision to the Regional Commissioner? Yes () No () a. Date of filing appeal: b. Grounds raised: c. Result and date: 2. Did you appeal the decision to the National Appeals Board/U.S. P. Commission? Yes () No () a. Date of filing appeal: Did you appeal the decision to the National Appeals Board/U.S. P. Commission? Yes () No ()
Date:
Date: Location: Conducted by: Result: Were you represented by counsel or a staff member at any hearing? Yes () No () If yes, give name and address: HOUS APPEALS/ADMINISTRATIVE REMEDY PROCEDURES If your claim concerns a parole matter (for example, denial, modification revocation of parole) complete the following: 1. Did you appeal the decision to the Regional Commissioner? Yes () No () a. Date of filing appeal: b. Grounds raised: c. Result and date: 2. Did you appeal the decision to the National Appeals Board/U.S. P Commission? Yes () No () a. Date of filing appeal:
Conducted by: Result: Were you represented by counsel or a staff member at any hearing? Yes () No () If yes, give name and address: IOUS APPEALS/ADMINISTRATIVE REMEDY PROCEDURES If your claim concerns a parole matter (for example, denial, modification revocation of parole) complete the following: 1. Did you appeal the decision to the Regional Commissioner? Yes () No () a. Date of filing appeal: b. Grounds raised: c. Result and date: 2. Did you appeal the decision to the National Appeals Board/U.S. P Commission? Yes () No () a. Date of filing appeal: Did you appeal the decision to the National Appeals Board/U.S. P Commission?
Were you represented by counsel or a staff member at any hearing? Yes () No () If yes, give name and address: OUS APPEALS/ADMINISTRATIVE REMEDY PROCEDURES If your claim concerns a parole matter (for example, denial, modification revocation of parole) complete the following: 1. Did you appeal the decision to the Regional Commissioner? Yes () No () a. Date of filing appeal: b. Grounds raised: c. Result and date: Commission? Yes () No ()
Were you represented by counsel or a staff member at any hearing? Yes () No () If yes, give name and address: IOUS APPEALS/ADMINISTRATIVE REMEDY PROCEDURES If your claim concerns a parole matter (for example, denial, modification revocation of parole) complete the following: 1. Did you appeal the decision to the Regional Commissioner? Yes () No () a. Date of filing appeal: b. Grounds raised: c. Result and date: 2. Did you appeal the decision to the National Appeals Board/U.S. P Commission? Yes () No () a. Date of filing appeal:
Were you represented by counsel or a staff member at any hearing? Yes () No () If yes, give name and address: OUS APPEALS/ADMINISTRATIVE REMEDY PROCEDURES If your claim concerns a parole matter (for example, denial, modification revocation of parole) complete the following: 1. Did you appeal the decision to the Regional Commissioner? Yes () No () a. Date of filing appeal: b. Grounds raised: c. Result and date: 2. Did you appeal the decision to the National Appeals Board/U.S. P. Commission? Yes () No () a. Date of filing appeal:
Yes () No () If yes, give name and address: IOUS APPEALS/ADMINISTRATIVE REMEDY PROCEDURES If your claim concerns a parole matter (for example, denial, modification revocation of parole) complete the following: 1. Did you appeal the decision to the Regional Commissioner? Yes () No () a. Date of filing appeal: b. Grounds raised: c. Result and date: c. Result and date: 2. Did you appeal the decision to the National Appeals Board/U.S. P. Commission? Yes () No () a. Date of filing appeal: Date of filing appeal:
If yes, give name and address: IOUS APPEALS/ADMINISTRATIVE REMEDY PROCEDURES
IOUS APPEALS/ADMINISTRATIVE REMEDY PROCEDURES If your claim concerns a parole matter (for example, denial, modification revocation of parole) complete the following: 1. Did you appeal the decision to the Regional Commissioner? Yes () No () a. Date of filing appeal: b. Grounds raised: c. Result and date: 2. Did you appeal the decision to the National Appeals Board/U.S. P. Commission? Yes () No () a. Date of filing appeal:
IOUS APPEALS/ADMINISTRATIVE REMEDY PROCEDURES If your claim concerns a parole matter (for example, denial, modification revocation of parole) complete the following: 1. Did you appeal the decision to the Regional Commissioner? Yes () No () a. Date of filing appeal: b. Grounds raised: c. Result and date: 2. Did you appeal the decision to the National Appeals Board/U.S. P. Commission? Yes () No () a. Date of filing appeal:
If your claim concerns a parole matter (for example, denial, modification revocation of parole) complete the following: 1. Did you appeal the decision to the Regional Commissioner? Yes () No () a. Date of filing appeal: b. Grounds raised: c. Result and date: 2. Did you appeal the decision to the National Appeals Board/U.S. P Commission? Yes () No () a. Date of filing appeal:
1. Did you appeal the decision to the Regional Commissioner? Yes () No () a. Date of filing appeal: b. Grounds raised: c. Result and date: Did you appeal the decision to the National Appeals Board/U.S. P. Commission? Yes () No () a. Date of filing appeal: 2. Did you appeal the decision to the National Appeals Board/U.S. P. Commission? Yes () No ()
Yes () No () a. Date of filing appeal: b. Grounds raised: c. Result and date: Did you appeal the decision to the National Appeals Board/U.S. P Commission? Yes () No () a. Date of filing appeal:
b. Grounds raised: c. Result and date: Did you appeal the decision to the National Appeals Board/U.S. P Commission? Yes () No () a. Date of filing appeal:
b. Grounds raised: c. Result and date: Did you appeal the decision to the National Appeals Board/U.S. P Commission? Yes () No () a. Date of filing appeal:
c. Result and date: Did you appeal the decision to the National Appeals Board/U.S. P Commission? Yes () No () a. Date of filing appeal:
c. Result and date: Did you appeal the decision to the National Appeals Board/U.S. P Commission? Yes () No () a. Date of filing appeal:
2. Did you appeal the decision to the National Appeals Board/U.S. P Commission? Yes () No () a. Date of filing appeal:
Commission? Yes () No () a. Date of filing appeal:
a. Date of filing appeal:
a. Date of filing appeal:
~ · · · · · · · · · · · · · · · · · · ·
b. Grounds raised:
c. Result and date:
c. Result and date:

III.

B.	B. If your claim concerns something other than parole (for example, a disciplinary matter) complete the following about the administrative remedy procedures. (See C.F.R. § 542.10)		
	1.	Did you attempt to resolve your complaint informally? Yes () No ()	
	2.	Did you file a formal complaint? Yes () No ()	
	3.	Did you appeal to the Warden? Yes () No ()	
	4.	Did you appeal to the Regional Commissioner? Yes () No ()	
	5.	Did you appeal to the General Counsel? Yes () No ()	
	6.	If you did not use the Administrative Remedy Procedure, explain why you did not do so.	
C.	Attach copies of your incident report or parole rationale (where appropriate), yo request(s) for an administrative remedy and the response(s) you received. If you cannot eso, explain why not.		
D.		you filed any previous lawsuit(s) related to your present claim? No ()	
	1.	Name and location of court:	
	2.	Date of filing:	
	3. 4.	Case Number: Nature of suit:	
	5.	Grounds raised:	
	6.	Result and date:	
		FOR RELIEF	
briefl How	y the fa ever, if y	ly every ground on which you claim that you are being held unlawfully. Summarize cts supporting each ground. It is not necessary to cite cases or law in this petition. you wish to cite cases or law, you should do so in a separate memorandum or brief. you may attach extra page(s) of facts supporting your grounds for relief.	
A. Ground One:		nd One:	
	Suppo	orting FACTS (tell your story briefly without citing cases or law).	

IV.

Ground Two:	
Supporting FACTS (t	tell your story briefly without citing cases or law).
Ground Three:	
Supporting FACTS (t	tell your story briefly without citing cases or law).
Ground Four:	
Supporting FACTS (t	tell your story briefly without citing cases or law).

V.	REQUEST FOR RELIEF		
	State here exactly what you want the court to do for you.		
VI.	DECLARATION UNDER PENALTY OF PERJURY		
	I, the undersigned, declare (or certify, verify or state) under penalty of perjury, that I am the oner in the above action, that I have read the above petition and that the information contained therein and correct. 28 U.S.C. § 1746; 18 U.S.C. § 1621.		
	Signed this day of, 20		

UNITED STATES DISTRICT COURT WESTERN DISTRICT OF WISCONSIN

Full na	me of plaintiff(s) or petitioner(s)	Casa No	
		Case No.	(Provided by the clerk of court)
	V.		•
Full na	me of defendant(s) or respondent(s)	_	
	PETITION AND	AFFIDAVIT TO PRO	OCEED
	WITHOUT PREPAYN	MENT OF FEES AND	OOR COSTS
I,		declare tha	t I am the plaintiff or petitioner in the
	e-named action. In support of my request		
pay tl	he fees and/or costs of these proceed	ings and that I am er	ntitled to the relief sought in the
	laint/petition/motion. I answer the following		
(addit	ional pages may be added, if necessary,	to provide complete in	formation):
I. Per	rsonal Information		
1) Are	e you currently incarcerated?	☐ Yes ☐ No	
	If "No," go to question 2. Complete a	ll sections.	
	If "Yes," answer questions (a), (b) & (c), skip to Section IV.	Complete sections IV and V.
(a)	State the place of your incarceration ar	nd provide your prisone	er identification number:
	(place)	(1	number)
(b)	Are you employed at the institution?	□Yes	□ No
(c)	Do you receive any payment from the	institution? □Yes	□ No
six-m balan	are a prisoner, attach a printout of your onth period immediately preceding the fice of your release account. Prisoners where the in installments.	ling of your complaint,	motion, or petition and showing the
(WIWD	01/07)		

Personal Information - continued			
2) Are you employed?	□Yes	□ No	
3) Are you currently married? If "Yes," is your spouse employed?	□ Yes □ Yes	□ No □ No	
4) Do you have any legal dependents (c ☐ Yes ☐ No	children/adults) who	om you are respon	nsible for supporting?
If "Yes," list them below:			
First and Last Initials (For Minor Children Only) or Name	Relationship to You		Amount of Support Provided Per Month
			\$
			\$
			\$
II. Income - If you are married, your a (When calculating income, you must income disability payments, life insurance paying gifts, and inheritance, or other income	clude any salary, child si ments, pensions, annuiti	ipport, public assista	ance, unemployment compensation,
State your total <i>monthly</i> income?	\$		
Provide the name of your employer(s):			
State your spouse's total monthly incom	ne? \$		
State the amount of money you have re (e.g., rent payments, pension or insurance payments). Please attach an additional	e payments, gifts, in		
Source of income		Amoun	<u>t</u>
		\$	
		\$	

III. <u>Expenses</u> - If you are married and/or have dependents, *your expenses should also include your household's expenses*.

(When calculating household expenses, you may include groceries, clothing, medical costs, utilities which are not included in your rental payments, transportation, and insurance.)

1) Identify the following amounts that you pay per n	nonth:
☐ Rent or ☐ Mortgage	\$
Car payment(s)	\$
Alimony and/or court-ordered child support	
Credit card payment(s)	\$
2) Do you have any other monthly expenses that you ☐ Yes ☐ No	have not already identified?
If "Yes," list them below: <u>Expense</u>	Amount
	\$
	\$
	\$
3) What is the total amount of your <u>monthly</u> expense	es? \$
IV. <u>Property</u> - If you are married, your answers mu	st include your spouse's property.
1) Do you own a car? ☐ Yes ☐ No	If "Yes," list car(s) below:
Make and Model	Year Approximate Current Value
	\$
	 \$
2) Do you own your residence(s)? ☐ Yes	□ No
If "Yes," state the approximate value(s). \$ _	
What is the amount of equity (assessed mortgage balance) in the residence(s	ed value of residence minus outstanding)? \$

IV. Property - continued 3) Do you own any other valuable tangible property, including but not limited to, jewelry, artwork, or antiques? \square Yes \square No If "Yes," identify the property and approximate value(s). Property Approximate Value 4) Do you have any cash or checking, savings, or other similar accounts? \square Yes \square No If "Yes," state the total amount of such sums. \$_____ 5) Do you own any intangible property, including but not limited to real estate, stocks, bonds, trusts, or individual retirement accounts (e.g., IRA, 401 k)? □ Yes \square No If "Yes," state the nature of that property and approximate value(s). V. Other Circumstances - Describe any other financial circumstance(s) that you would like the court to consider when reviewing this petition.

Date

Signature - Signed Under Penalty of Perjury