

**PETITION FOR WRIT OF HABEAS CORPUS  
UNDER 28 U.S.C. § 2241**

**INSTRUCTIONS: READ CAREFULLY**

1. **Who Should Use This Form.** You should use this form if
  - you are a federal prisoner and you wish to challenge the way your sentence is being carried out (*for example, you claim that the Bureau of Prisons miscalculated your sentence or failed to properly award good time credits*);
  - you are in federal or state custody because of something other than a judgment of conviction (*for example, you are in pretrial detention or are awaiting extradition*); or
  - you are alleging that you are illegally detained in immigration custody.
  
2. **Who Should Not Use This Form.** You should not use this form if
  - you are challenging the validity of a federal judgment of conviction and sentence (*these challenges are generally raised in a motion under 28 U.S.C. §2255*);
  - you are challenging the validity of a state judgment of conviction and sentence (*these challenges are generally raised in a motion under 28 U.S.C. §2254*); or
  - you are challenging a final order of removal in an immigration case (*these challenges are generally raised in a petition for review directly with a United States Court of Appeals*).
  
3. **Preparing the Petition.** The petition must be typed or neatly written, and you must sign and date it under penalty of perjury. **A false statement may lead to prosecution.**

All questions must be answered clearly and concisely in the space on the form. If needed, you may attach additional pages or file a memorandum in support of the petition. If you attach additional pages, number the pages and identify which section of the petition is being continued. Note that some courts have page limitations. All filings must be submitted on paper sized 8-1/2 by 11 inches. **DO NOT USE THE BACK OF ANY PAGE.**

4. **Supporting Documents.** In addition to your petition, you must send the court a copy of the decisions you are challenging and a copy of any briefs or administrative remedy forms filed in your case.
  
5. **Required Filing Fee.** You must include the \$5.00 filing fee required by 28 U.S.C. § 1914(a). If you are unable to pay the filing fee, you must ask the court for permission to proceed in forma pauperis - that is, as a person who cannot pay the filing fee, by submitting the documents that the court requires.
  
6. **Submitting Documents to the Court.** Mail your petition and one copy to the Clerk of the United States District Court for the Eastern District of Washington. All copies must be identical to the original. Copies may be legibly handwritten.

If you want a file-stamped copy of the petition, you must enclose an additional copy of the petition and ask the court to file-stamp it and return it to you.

7. **Change of Address.** You must immediately notify the court in writing of any change of address. If you do not, the court may dismiss your case.

Mail your completed forms, the original and all copies, to:

U.S. District Court  
Eastern District of Washington  
P.O. Box 1493  
Spokane, WA 99210-1493

UNITED STATES DISTRICT COURT
for the

Petitioner
v.
Respondent
Case No. (Supplied by Clerk of Court)

PETITION FOR A WRIT OF HABEAS CORPUS UNDER 28 U.S.C. § 2241

Personal Information

- 1. (a) Your full name:
(b) Other names you have used:
2. Place of confinement:
(a) Name of institution:
(b) Address:
(c) Your identification number:
3. Are you currently being held on orders by:
Federal authorities State authorities Other - explain:
4. Are you currently:
A pretrial detainee (waiting for trial on criminal charges)
Serving a sentence (incarceration, parole, probation, etc.) after having been convicted of a crime
If you are currently serving a sentence, provide:
(a) Name and location of court that sentenced you:
(b) Docket number of criminal case:
(c) Date of sentencing:
Being held on an immigration charge
Other (explain):

**Decision or Action You Are Challenging**

5. What are you challenging in this petition:
- How your sentence is being carried out, calculated, or credited by prison or parole authorities (for example, revocation or calculation of good time credits)
  - Pretrial detention
  - Immigration detention
  - Detainer
  - The validity of your conviction or sentence as imposed (for example, sentence beyond the statutory maximum or improperly calculated under the sentencing guidelines)
  - Disciplinary proceedings
  - Other (*explain*): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Provide more information about the decision or action you are challenging:
- (a) Name and location of the agency or court: \_\_\_\_\_  
\_\_\_\_\_
  - (b) Docket number, case number, or opinion number: \_\_\_\_\_
  - (c) Decision or action you are challenging (*for disciplinary proceedings, specify the penalties imposed*):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - (d) Date of the decision or action: \_\_\_\_\_

**Your Earlier Challenges of the Decision or Action**

7. **First appeal**
- Did you appeal the decision, file a grievance, or seek an administrative remedy?
- Yes                       No
- (a) If “Yes,” provide:
- (1) Name of the authority, agency, or court: \_\_\_\_\_  
\_\_\_\_\_
  - (2) Date of filing: \_\_\_\_\_
  - (3) Docket number, case number, or opinion number: \_\_\_\_\_
  - (4) Result: \_\_\_\_\_
  - (5) Date of result: \_\_\_\_\_
  - (6) Issues raised: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(b) If you answered “No,” explain why you did not appeal: \_\_\_\_\_

\_\_\_\_\_

8. **Second appeal**

After the first appeal, did you file a second appeal to a higher authority, agency, or court?

Yes  No

(a) If “Yes,” provide:

(1) Name of the authority, agency, or court: \_\_\_\_\_

(2) Date of filing: \_\_\_\_\_

(3) Docket number, case number, or opinion number: \_\_\_\_\_

(4) Result: \_\_\_\_\_

(5) Date of result: \_\_\_\_\_

(6) Issues raised: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(b) If you answered “No,” explain why you did not file a second appeal: \_\_\_\_\_

\_\_\_\_\_

9. **Third appeal**

After the second appeal, did you file a third appeal to a higher authority, agency, or court?

Yes  No

(a) If “Yes,” provide:

(1) Name of the authority, agency, or court: \_\_\_\_\_

(2) Date of filing: \_\_\_\_\_

(3) Docket number, case number, or opinion number: \_\_\_\_\_

(4) Result: \_\_\_\_\_

(5) Date of result: \_\_\_\_\_

(6) Issues raised: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(b) If you answered “No,” explain why you did not file a third appeal: \_\_\_\_\_

\_\_\_\_\_

10. **Motion under 28 U.S.C. § 2255**

In this petition, are you challenging the validity of your conviction or sentence as imposed?

Yes                       No

If “Yes,” answer the following:

(a) Have you already filed a motion under 28 U.S.C. § 2255 that challenged this conviction or sentence?

Yes                       No

If “Yes,” provide:

- (1) Name of court: \_\_\_\_\_
  - (2) Case number: \_\_\_\_\_
  - (3) Date of filing: \_\_\_\_\_
  - (4) Result: \_\_\_\_\_
  - (5) Date of result: \_\_\_\_\_
  - (6) Issues raised: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

(b) Have you ever filed a motion in a United States Court of Appeals under 28 U.S.C. § 2244(b)(3)(A), seeking permission to file a second or successive Section 2255 motion to challenge this conviction or sentence?

Yes                       No

If “Yes,” provide:

- (1) Name of court: \_\_\_\_\_
  - (2) Case number: \_\_\_\_\_
  - (3) Date of filing: \_\_\_\_\_
  - (4) Result: \_\_\_\_\_
  - (5) Date of result: \_\_\_\_\_
  - (6) Issues raised: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

(c) Explain why the remedy under 28 U.S.C. § 2255 is inadequate or ineffective to challenge your conviction or sentence: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. **Appeals of immigration proceedings**

Does this case concern immigration proceedings?

Yes  No

If "Yes," provide:

(a) Date you were taken into immigration custody: \_\_\_\_\_

(b) Date of the removal or reinstatement order: \_\_\_\_\_

(c) Did you file an appeal with the Board of Immigration Appeals?

Yes  No

If "Yes," provide:

(1) Date of filing: \_\_\_\_\_

(2) Case number: \_\_\_\_\_

(3) Result: \_\_\_\_\_

(4) Date of result: \_\_\_\_\_

(5) Issues raised: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(d) Did you appeal the decision to the United States Court of Appeals?

Yes  No

If "Yes," provide:

(1) Name of court: \_\_\_\_\_

(2) Date of filing: \_\_\_\_\_

(3) Case number: \_\_\_\_\_

- (4) Result: \_\_\_\_\_
- (5) Date of result: \_\_\_\_\_
- (6) Issues raised: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**12. Other appeals**

Other than the appeals you listed above, have you filed any other petition, application, or motion about the issues raised in this petition?

- Yes                       No

If "Yes," provide:

- (a) Kind of petition, motion, or application: \_\_\_\_\_
- (b) Name of the authority, agency, or court: \_\_\_\_\_

- (c) Date of filing: \_\_\_\_\_
- (d) Docket number, case number, or opinion number: \_\_\_\_\_
- (e) Result: \_\_\_\_\_
- (f) Date of result: \_\_\_\_\_
- (g) Issues raised: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Grounds for Your Challenge in This Petition**

13. State every ground (reason) that supports your claim that you are being held in violation of the Constitution, laws, or treaties of the United States. Attach additional pages if you have more than four grounds. State the facts supporting each ground.

**GROUND ONE:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(a) Supporting facts *(Be brief. Do not cite cases or law.)*:

---

---

---

---

---

---

---

---

(b) Did you present Ground One in all appeals that were available to you?

Yes  No

**GROUND TWO:**

---

---

---

---

(a) Supporting facts *(Be brief. Do not cite cases or law.)*:

---

---

---

---

---

---

---

---

(b) Did you present Ground Two in all appeals that were available to you?

Yes  No

**GROUND THREE:**

---

---

---

---

(a) Supporting facts *(Be brief. Do not cite cases or law.)*:

---

---

---

---

---

---

---

---

(b) Did you present Ground Three in all appeals that were available to you?

Yes  No

**GROUND FOUR:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(a) Supporting facts (*Be brief. Do not cite cases or law.*):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(b) Did you present Ground Four in all appeals that were available to you?

Yes                       No

14. If there are any grounds that you did not present in all appeals that were available to you, explain why you did not: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Request for Relief**

15. State exactly what you want the court to do: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Declaration Under Penalty Of Perjury**

If you are incarcerated, on what date did you place this petition in the prison mail system:

---

I declare under penalty of perjury that I am the petitioner, I have read this petition or had it read to me, and the information in this petition is true and correct. I understand that a false statement of a material fact may serve as the basis for prosecution for perjury.

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

\_\_\_\_\_  
*Signature of Petitioner*

\_\_\_\_\_  
*Signature of Attorney or other authorized person, if any*

**UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF WASHINGTON**

**APPLICATION TO PROCEED  
WITHOUT PREPAYMENT OF  
FEES AND AFFIDAVIT**

\_\_\_\_\_  
Plaintiff

vs

\_\_\_\_\_  
Defendant

Case Number:

I, \_\_\_\_\_ declare that I am the (check appropriate box)

petitioner / plaintiff / movant

other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC § 1915 I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated?  Yes  No (If "No," go to Part 2)

If "Yes," state the place of your incarceration \_\_\_\_\_

Are you employed at the institution? \_\_\_\_\_ Do you receive any payment from the institution? \_\_\_\_\_

Have the institution fill out the Certificate portion of this affidavit and attach a ledger sheet from the institution(s) of your incarceration showing at least the past **six** months' transactions.

2. Are you currently employed?  Yes  No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

b. If the answer is "No," state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

3. In the past 12 twelve months have you received any money from any of the following sources?

a. Business, profession or other self-employment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Rent payments, interest or dividends	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Pensions, annuities or life insurance payments	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Disability or workers compensation payments	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Gifts or inheritances	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Any other sources	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If the answer to any of the above is "Yes," describe, on the following page, each source of money and state the amount received and what you expect you will continue to receive.

---

---

4. Do you have **any** cash or checking or savings accounts?       Yes       No

If "Yes," state the total amount. \_\_\_\_\_

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or any other thing of value?       Yes       No

If "Yes," describe the property and state its value.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

I declare under penalty of perjury that the above information is true and correct.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

### **CERTIFICATE**

(Incarcerated applicants only)

(To be completed by the institution of incarceration)

I certify that the applicant named herein has the sum of \$ \_\_\_\_\_ on account to his/her credit at

(name of institution) \_\_\_\_\_ . I further certify that the

applicant has the following securities to his/her credit: \_\_\_\_\_

\_\_\_\_\_ . I further certify that during the past six months the applicant's average

balance was \$ \_\_\_\_\_ .

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Authorized Officer