

THIS DOCUMENT IS NOT IN PROPER FORM ACCORDING TO FEDERAL AND/OR LOCAL RULES AND PRACTICES AND IS SUBJECT TO REJECTION BY THE COURT.

REFERENCE: CIV LR 5.4
(Rule Number/Section)

Michael Gary Snell 160104
Name and Prisoner/Booking Number

YAVAPAI COUNTY DETENTION CENTER, CAMP VERDE
Place of Confinement

3505 W. Hwy. 260
Mailing Address

CAMP VERDE, AZ 86322
City, State, Zip Code

<input checked="" type="checkbox"/> FILED	<input type="checkbox"/> LODGED
<input type="checkbox"/> RECEIVED	<input type="checkbox"/> COPY
FEB 14 2008	
CLERK U S DISTRICT COURT DISTRICT OF ARIZONA	
BY _____	P DEPUTY

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF ARIZONA**

Michael Gary Snell,)
Pro se Plaintiff,)
)
vs.)
)
JUDGE MARY E. HAMM, et al.,)
Defendant(s).)

CASE NO. 3:08-cv-8003

APPLICATION TO PROCEED
IN FORMA PAUPERIS
BY A PRISONER
CIVIL (NON-HABEAS)

I, Michael Gary Snell, declare, in support of my request to proceed in the above entitled case without prepayment of fees under 28 U.S.C. § 1915, that I am unable to pay the fees for these proceedings or to give security therefor and that I believe I am entitled to relief.

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

- Have you ever before brought an action or appeal in a federal court while you were incarcerated or detained?
 Yes No If "Yes," how many have you filed? _____
Were any of the actions or appeals dismissed because they were frivolous, malicious, or failed to state a claim upon which relief may be granted? Yes No If "Yes," how many of them? _____
- Are you currently employed at the institution where you are confined? Yes No
If "Yes," state the amount of your pay and where you work. _____

- Do you receive any other payments from the institution where you are confined? Yes No
If "Yes," state the source and amount of the payments. _____

4. Do you have any other sources of income, savings, or assets either inside or outside of the institution where you are confined? Yes No
If "Yes," state the sources and amounts of the income, savings, or assets. _____

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

2-6-08

DATE

Michael S. Snell

SIGNATURE OF APPLICANT

CONSENT TO COLLECTION OF FEES FROM TRUST ACCOUNT

I, Michael Gary Snell, hereby consent to having the designated correctional officials at this institution release to the Court my trust account information. I further consent to having the designated correctional officials at this institution withdraw from my trust account the funds required to comply with the order of this Court for the payment of filing fees in accordance with 28 U.S.C. § 1915(b).

My consent includes withdrawal from my account by correctional officials of partial initial payments to this Court equal to 20% of the greater of:

- (A) the average monthly deposits to my account for the six-month period preceding my filing of this action, or
- (B) the average monthly balance in my account for the six-month period preceding my filing of this action.

My consent also includes monthly withdrawals from my account by correctional officials of an amount equal to 20% of each month's income. Whenever the amount in my account reaches \$10.00, correctional officials will withdraw that amount and forward it to the Court until the required filing fee is paid in full. I understand that I am liable for paying the entire fee, even if my case is dismissed by the Court before the fee is fully paid.

2-6-08

DATE

Michael S. Snell

SIGNATURE OF APPLICANT

CERTIFICATE OF CORRECTIONAL OFFICIAL
AS TO STATUS OF APPLICANT'S TRUST ACCOUNT

I, Hallie Gray, certify that as of the date applicant signed this application:
(Printed name of official)

The applicant's trust account balance at this institution is: \$ 75.38
The applicant's average monthly deposits during the prior six months is: \$ 14-
The applicant's average monthly balance during the prior six months is: \$ see attached
The attached certified account statement accurately reflects the status of the applicant's account.

2/8/08
DATE

H Gray
AUTHORIZED SIGNATURE

Prorate Program Manager
TITLE/ID NUMBER

Wayne County Jail
INSTITUTION

RESIDENT ACCOUNT STATEMENT

Yavapai County Detention
 02/07/08 19:43
 ST 009 / OPR HG

NAMENUMBER : 003329
 Resident Name : SNELL, MICHAEL GARY
 Housing Location : CVJ N
 Statement Period : 06/01/2007 - 02/07/2008

STATEMENT SUMMARY

Beginning Balance : 0.00
 3 Deposits : 86.86
 18 Payments : 86.86
 Ending Balance : 0.00

Receipt No.	Date	Time	Description	Payments	Deposits	Balance
						0.00
D502446	08/12/2007	02:54	Reopen		38.24	38.24
A288206	08/13/2007	00:50	Rec Payment	2.00		36.24
A288794	08/14/2007	00:50	Rec Payment	2.00		34.24
D502566	08/14/2007	17:41	Close	34.24		0.00
D507216	12/12/2007	18:56	Reopen		8.62	8.62
A354589	12/13/2007	00:50	Rec Payment	2.00		6.62
A355079	12/14/2007	00:50	Rec Payment	2.00		4.62
A355577	12/15/2007	00:50	Rec Payment	2.00		2.62
A356083	12/16/2007	00:50	Rec Payment	2.00		0.62
A356599	12/17/2007	00:50	Rec Payment	0.62		0.00
E18271	12/26/2007	17:13	Add		40.00	40.00
E18272	12/26/2007	17:13	Rec Payment	19.38		20.62
A361479	12/27/2007	00:50	Rec Payment	2.00		18.62
A361968	12/28/2007	00:50	Rec Payment	2.00		16.62
A362430	12/29/2007	00:50	Rec Payment	2.00		14.62
A362901	12/30/2007	00:50	Rec Payment	2.00		12.62
A363385	12/31/2007	00:50	Rec Payment	2.00		10.62
G2797	12/31/2007	12:37	Rec Payment	5.00		5.62
A363876	01/01/2008	00:50	Rec Payment	2.00		3.62
A364374	01/02/2008	00:50	Rec Payment	2.00		1.62
A364876	01/03/2008	00:50	Rec Payment	1.62		0.00

RESIDENT RECEIVABLE REPORT

Yavapai County Detention
 02/07/08 19:20
 ST 009 / OPR HG

SUMMARY
 NAMENUMBER : 003329
 Resident Name : SNELL, MICHAEL GARY
 Time Frame : 12/12/2007 18:56 - 02/07/2008 19:20

Receivable	Charges	Collections	Balance
Meals	114.00	43.62	70.38
Reading Glasses	10.00	5.00	5.00
TOTALS	124.00	48.62	75.38