

Name: CHRISTOPHER SIMMONS
CDC No: P 25328
Address: P.O. Box 2000, L 107
VACAVILLE, CALIF. 95696 (CMF)

FILED

NOV. 14 2011

CLERK, U.S. DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA
BY [Signature]
DEPUTY CLERK

**UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA
FRESNO DIVISION**

CHRISTOPHER SIMMONS,
Plaintiff/Petitioner,

CASE NUMBER: 07-01058 LJO GBC

vs.

**APPLICATION TO PROCEED
IN FORMA PAUPERIS
BY A PRISONER**

ANTHONY HEDGPETH, WARDEN, ET AL.
Defendants/Respondent.

I, CHRISTOPHER SIMMONS, declare that I am the plaintiff in the above-entitled proceeding; that, in support of my request to proceed without prepayment of fees under 28 U.S.C. section 1915, I declare that I am unable to pay the fees for these proceedings or give security therefor and that I am entitled to the relief sought in the complaint.

-GBC (PC) Simmons v. Hedgpeth

Doc. 41 Att. 1

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

1. Are you currently incarcerated? Yes No (If "no" DO NOT USE THIS FORM)

State the place of your incarceration. CALIFORNIA MEDICAL FACILITY (CMF)

2. Are you currently employed (includes prison employment)? Yes No

a. If the answer is "yes" state the amount of your pay. _____

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. Have you received any money from the following sources over the last twelve months?

a. Business, profession, or other self-employment: Yes No

b. Rent payments, interest or dividends: Yes No

- c. Pensions, annuities or life insurance payments: ___ Yes X No
- d. Disability or workers compensation payments: ___ Yes X No
- e. Gifts or inheritances: ___ Yes X No
- f. Any other sources: ___ Yes X No

If the answer to any of the above is "yes," describe by that item each source of money. Also state the amount received **and** what you expect you will continue to receive (attach an additional sheet if necessary).

- 4. Do you have cash (includes balance of checking or savings accounts)? ___ Yes X No

If "yes" state the total amount: _____

- 5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property? ___ Yes X No

If "yes" describe the property and state its value: _____

- 6. Do you have any other assets? ___ Yes ___ No

If "yes," list the asset(s) and state the value of each asset listed: TV, TYPEWRITER, RADIO

- 7. List all persons dependent on you for support, stating your relationship to each person listed and how much you contribute to their support.

IMPORTANT: **This form must be dated and signed below in order for the court to consider your application.**

I hereby authorize the agency having custody of me to collect from my trust account and forward to the Clerk of the United States District Court payments in accordance with 28 U.S.C. section 1915(b)(2).

Nov. 10, 2011
DATE


SIGNATURE OF APPLICANT

NOTE: Within sixty days from the date of this application you must forward to the court a certified copy of your prison trust account statement showing transactions for the past six months.

(Revised 01/2008)

4. Do you have 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 other valuable property? Yes No

If "Yes" describe the property and state its value. SEE AFFIDAVIT

6. Do you have any other assets? Yes No

If "Yes" list the asset(s) and state the value of each asset listed.

7. 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 hereby authorize the agency having custody of me to collect from my trust account and forward to the Clerk of the United States District Court payments in accordance with 28 U.S.C. § 1915(b)(2).

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

9/21/11
DATE

[Signature]
SIGNATURE OF APPLICANT

CERTIFICATE

(To be completed by the institution of incarceration)

I certify that the applicant named herein has the sum of \$ 0 on account to his/her credit at OMF (name of institution). I further certify that during the past six months the applicant's average monthly balance was \$ 0. I further certify that during the past six months the average of monthly deposits to the applicant's account was \$ 0.

(Please attach a certified copy of the applicant's trust account statement showing transactions for the past six months.)

10-7-2011
DATE

[Signature]
SIGNATURE OF AUTHORIZED OFFICER

Institution: CMF

Inmate Statement Report

CDCR#	Inmate/Group Name	Institution	Unit	Cell/Bed
P25328	SIMMONS, CHRISTOPHER	CMF	MIL100000000	00107L

Current Available Balance: \$0.00

Transaction List

Transaction Date	Institution	Transaction Type	Source Doc#	Receipt#/Check#	Amount	Account Balance
No information was found for the given criteria.						

Encumbrance List

Encumbrance Type	Transaction Date	Amount
No information was found for the given criteria.		

Obligation List

Obligation Type	Court Case#	Original Owed Balance	Sum of Tx for Date Range for Oblg	Current Balance
PLRA	CV01-03078 MJJ	\$104.55	\$0.00	\$104.55
PLRA	C-00140 MJJ(PR)	\$149.55	\$0.00	\$149.55
PLRA	CIVS-00-2596 GEBJFMP	\$149.55	\$0.00	\$149.55
PLRA	CV-97-1165 WBS	\$104.55	\$0.00	\$104.55
PLRA	CVF-1867 OWWDLBP	\$350.00	\$0.00	\$350.00
LIBRARY	LBRY- 10/22/08ENT3/13	\$0.80	\$0.00	\$0.80
LIBRARY	LBRY- 10/28/08ENT3/13	\$0.60	\$0.00	\$0.60
DAMAGES - STATE PROPERTY		\$80.00	\$0.00	\$80.00

Restitution List

Restitution	Court Case#	Status	Original Owed Balance	Interest Accrued	Sum of Tx for Date Range for Oblg	Current Balance
DIRECT ORDER	96F00053	Active	\$11,545.00	\$0.00	\$0.00	\$11,542.50
RESTITUTION FINE	96F00053	Active	\$2,000.00	\$0.00	\$0.00	\$2,000.00



THE WITHIN INSTRUMENT IS A CORRECT
 COPY OF THE TRUST ACCOUNT MAINTAINED
 BY THIS OFFICE
 ATTEST: 10-7-2011
 CALIFORNIA DEPARTMENT OF CORRECTIONS
 BY: [Signature]
 TRUST OFFICE