

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA

ROBERT RAY LARCH T-77209
Plaintiff

vs.
MENTAL HEALTH CARE SERVICES
State Prison P.O. BOX 9
Avenal, CA 93204

Defendant(s)

APPLICATION TO PROCEED
IN FORMA PAUPERIS
BY A PRISONER

FILED

JAN 28 2008

CASE NUMBER:

208-CV--197 FCD

CLERK, U.S. DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA
DEPUTY CLERK

I, ROBERT RAY LARCH, 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. § 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.

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)

If "Yes" state the place of your incarceration. AVENAL STATE PRISON, CALIFORNIA

Have the institution fill out the Certificate portion of this application and attach a certified copy of your prison trust account statement showing transactions for the past six months.

2. Are you currently employed? ☐ Yes ☒ No

a. If the answer is "Yes" state the amount of your pay. NONE

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.

NONE

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

- | | | |
|---|------------------------------|--|
| 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 | ☒ No |
| d. Disability or workers compensation payments | ☐ Yes | ☒ No |
| e. Gifts or inheritances | ☐ Yes | ☒ No |
| f. Any other sources | ☐ Yes | ☒ No |

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

If "Yes" state the total amount: NONE

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. NONE

6. Do you have any other assets? ☐ Yes ☒ No

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

NONE

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 have two sons And one daughter. And Also, my wife and myself.

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.

1-12-2008
DATE

Robert R. Land
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

Queens State Prison (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.)

1.18.08
DATE

Carol Rodriguez
SIGNATURE OF AUTHORIZED OFFICER

REPORT ID: TS3030 701

REPORT DATE: 01/18/08

PAGE NO: 1

CALIFORNIA DEPARTMENT OF CORRECTIONS

AVENAL STATE PRISON

INMATE TRUST ACCOUNTING SYSTEM

INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: JUL. 18, 2007 THRU JAN. 18, 2008

ACCOUNT NUMBER : T77209

BED/CELL NUMBER: 420 00000000049U

ACCOUNT NAME : LARCH, ROBERT RAY

ACCOUNT TYPE: I

PRIVILEGE GROUP: B

TRUST ACCOUNT ACTIVITY

<< NO ACCOUNT ACTIVITY FOR THIS PERIOD >>

TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
0.00	0.00	0.00	0.00	0.00	0.00

CURRENT
AVAILABLE
BALANCE

0.00



THE WITHIN INSTRUMENT IS A CORRECT
COPY OF THE TRUST ACCOUNT MAINTAINED
BY THIS OFFICE.

ATTEST:

1.18.08
CALIFORNIA DEPARTMENT OF CORRECTIONSBY Carol Rodriguez
TRUST OFFICE*no activity*