

FILED

FEB 8 2008

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

Plaintiff's Name: RONALD JAY LORIGO
CDC No: D-83719
Address: P.O. BOX 5248, B2-129U
CORCORAN, CA 93212-5248

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA

RONALD JAY LORIGO)
)
 Plaintiff,)
 vs.)
 WARDEN K. CLARK, CSATF/SP-COR. II)
 CALIFORNIA BOARD OF)
 PAROLE HEARINGS)
 Defendant(s).)

APPLICATION TO PROCEED
IN FORMA PAUPERIS
BY A PRISONER

CASE NUMBER:
2:08 cv 301 LOR EFR

I, RONALD JAY LORIGO, 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.

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

(HC) Lorigo v. Clark et al 1. Are you currently incarcerated? Yes No (If "no" DO NOT USE THIS FORM) Doc. 19 Att. 1

If "yes" state the place of your incarceration. CSATF/SP @ CORCORAN II

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 (includes prison employment)? Yes No
a. If the answer is "yes" state the amount of your pay. \$ 45.00 A MONTH

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 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. Also state the amount received and what you expect you will continue to receive. Please attach an additional sheet if necessary.

4. Do you have cash (includes balance of 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: _____

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 all persons dependent on you for support, stating your relationship to each person listed and 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. section 1915(b)(2).

02-08-08
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 \$ _____ on account to his/her credit at _____ (name of institution). I further certify that during the past six months, the applicant's average monthly balance was \$ _____. I further certify that during the past six months, the average of monthly deposits to the applicant's account was \$ _____.

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

DATE
(Form Last Revised 09/18/03)

SIGNATURE OF AUTHORIZED OFFICER

PROOF OF SERVICE BY MAIL

BY PERSON IN STATE CUSTODY

(Fed. R. Civ. P. 5; 28 U.S.C. § 1746)

I, R O N A L D J A Y L O R I G O, declare:

I am over 18 years of age and a party to this action. I am a resident of California Substance Abuse Treatment Facility And State Prison At Corcoran, II Prison,

in the county of K I N G S

State of California. My prison address is: P. O. Box 5248, Facility B

B2-129U, Corcoran, CA 93212-5248

On _____
(DATE)

I served the attached: _____

(DESCRIBE DOCUMENT)

on the parties herein by placing true and correct copies thereof, enclosed in a sealed envelope, with postage thereon fully paid, in the United States Mail in a deposit box so provided at the above-named correctional institution in which I am presently confined. The envelope was addressed as follows:

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Executed on _____
(DATE)

(DECLARANT'S SIGNATURE)

STATE OF CALIFORNIA
GA-22 (9/92)

INMATE REQUEST FOR INTERVIEW

DEPARTMENT OF CORRECTIONS

DATE	TO	FROM (LAST NAME)	CDC NUMBER
01-29-08	Trust Accounts	Lorigo, R.	083719
HOUSING	BED NUMBER	WORK ASSIGNMENT	JOB NUMBER
B2-	1294	Assistance Giver	FROM TO
OTHER ASSIGNMENT (SCHOOL, THERAPY, ETC.)			ASSIGNMENT HOURS
			FROM 6:30 TO 2:30

Clearly state your reason for requesting this interview.

You will be called in for interview in the near future if the matter cannot be handled by correspondence.

I need a statement from the last six months, The courts finally sent the papers! Thank you!

INTERVIEWED BY:	DATE
DISPOSITION	

RECEIVED ACCOUNTS
30 JAN 31 AM 9:11

CALIFORNIA DEPARTMENT OF CORRECTIONS

SATF/SP AT CORCORAN

INMATE TRUST ACCOUNTING SYSTEM

INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: SEP. 01, 2007 THRU FEB. 01, 2008

ACCOUNT NUMBER : D83719

BED/CELL NUMBER: FDB2T1000000129U

ACCOUNT NAME : LORIGO, RONALD

ACCOUNT TYPE: I

PRIVILEGE GROUP: A

TRUST ACCOUNT ACTIVITY

DATE	TRAN CODE	DESCRIPTION	COMMENT	CHECK NUM	DEPOSITS	WITHDRAWALS	BALANCE
09/01/2007		BEGINNING BALANCE					67.86
09/06	D554	INMATE PAYROL	1290/08-07		48.00		115.86
09/07	FC02	DRAM-FAC 2	1333/FAC-B			50.00	65.86
10/05	D554	INMATE PAYROL	1925/09-07		45.76		111.62
10/11	W415	CASH WITHDRAW	2025/PHONE	300045921		102.00	9.62
10/16	D300	CASH DEPOSIT	2109/MR		150.00		159.62
10/23	W200	CASH DEPOSIT-	2263/REFND		7.05		166.67
10/23	W907	REVERSE INF N	2263/REFND			0.71-	167.38
10/30	W415	CASH WITHDRAW	2380/SUPL	300046166		100.00	67.38
11/06	D554	INMATE PAYROL	2503/10-07		48.00		115.38
11/07	FC02	DRAM-FAC 2	2564/FAC B			60.00	55.38
11/08	W512	LEGAL POSTAGE	2619/LPOST			1.48	53.90
11/08	W512	LEGAL POSTAGE	2619/LPOST			0.97	52.93
12/04	W415	CASH WITHDRAW	3023/PHONE	300046549		40.00	12.93
12/05	D554	INMATE PAYROL	3068/11-07		48.00		60.93
12/05	W502	POSTAGE CHARG	3071/POSTG			7.50	53.43
12/06	FC02	DRAM-FAC 2	3099/FAC-B			53.43	0.00
ACTIVITY FOR 2008							
01/03	D300	CASH DEPOSIT	3438/MR		30.00		30.00
02/01	D300	CASH DEPOSIT	3936/MR		50.00		80.00

TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
67.86	426.81	414.67	80.00	0.00	0.00

CURRENT AVAILABLE BALANCE

80.00



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

ATTEST: FEB 01 2008 CALIFORNIA DEPARTMENT OF CORRECTIONS BY [Signature] TRUST OFFICE

STATE OF CALIFORNIA
CDC - 193 (1/88)

DEPARTMENT OF CORRECTIONS

TRUST ACCOUNT WITHDRAWAL ORDER

Date February 5, 20 08

To: Warden Approved _____

I hereby request that my Trust Account be charged \$ _____ for the purpose stated below and authorize the withdrawal of that sum from my account:

D - 8 3 7 1 9
NUMBER

State below the PURPOSE for which withdrawal is requested (do not use this form for Canteen or Hobby purchase).

PURPOSE Legal mail to Federal Court.

NAME (Signature please, DO NOT PRINT)

RON LORIGO
PRINT PLAINLY BELOW name and address of person to whom check is to be mailed.

NAME Ron Lorigo, D-83719
ADDRESS P.O. Box 5248, B2-129U
Corcoran, CA 93212-5248

PRINT YOUR FULL NAME HERE