Plaintiff's Name: Albert M. Bribiesca
CDC No: H-11580
Address: PO Box 8504
Coalinga, CA 93210

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA

Albert Martinez Bribiesca
Plaintiff,
vs.
Dermot Givens
Defendant(s).

APPLICATION TO PROCEED IN FORMA PAUPERIS BY A PRISONER

CASE NUMBER:
08-CV-2244 EFB

I, Albert M. Bribiesca, 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:

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

If "yes" state the place of your incarceration. Pleasant Valley State Prison

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)? X Yes __ No

a. If the answer is "yes" state the amount of your pay. .32¢ an hour. Monthly Pay ranges between $10.00 and $35.00

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 X No

b. Rent payments, interest or dividends: __ Yes X 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: X 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. Past 6 months family has sent me between $50.00 and $100.00 dollars a month for Commissary purposes here at the Prison. I may continue to receive money from family.

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 X 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. Nobody. I've been incarcerated since March of 1987

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).

9/9/2008
DATE

SIGNATURE OF APPLICANT

CERTIFICATE
(To be completed by the institution of incarceration)

I certify that the applicant named herein has the sum of $ 5736 on account to his/her credit at Pleasant Valley State Prison (name of institution). I further certify that during the past six months, the applicant's average monthly balance was $ 89.70. I further certify that during the past six months, the average of monthly deposits to the applicant's account was $ 156.16.

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

9/9/08
DATE

SIGNATURE OF AUTHORIZED OFFICER

(Form Last Revised 09/18/03)

CALIFORNIA DEPARTMENT OF CORRECTIONS
PLEASANT VALLEY STATE PRISON
INMATE TRUST ACCOUNTING SYSTEM
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: MAR. 09, 2008 THRU SEP. 09, 2008

ACCOUNT NUMBER : H11580 BED/CELL NUMBER: DFB3T2000000227U
ACCOUNT NAME : BRIBIESCA, ALBERT M ACCOUNT TYPE: I
PRIVILEGE GROUP: A

TRUST ACCOUNT ACTIVITY

DATE	TRAN CODE	DESCRIPTION	COMMENT	CHECK NUM	DEPOSITS	WITHDRAWALS	BALANCE
03/09/2008		BEGINNING BALANCE					4.01
03/10	D340	EFT DEPOSIT	3792 JPAY		70.00		74.01
03/10	W502	POSTAGE CHARG	3805POSTAG			5.70	68.31
03/19	FC04	DRAW-FAC 4	3956 FAC D			68.31	0.00
03/24	D300	CASH DEPOSIT	4037 MR		50.00		50.00
04/04	D554	INMATE PAYROL	4210MAR08		21.28		71.28
04/10	D300	CASH DEPOSIT	4340MR		100.00		171.28
04/14	D320	TRUST FUNDS T	4381 JPAY		50.00		221.28
04/14*	D299	REV CASH DEPO	4384REVERS		50.00-		171.28
04/14	D340	EFT DEPOSIT	4385 JPAY		50.00		221.28
04/16	FC04	DRAW-FAC 4	4437 FAC D			180.00	41.28
05/05	D554	INMATE PAYROL	4722 APR08		28.48		69.76
05/06	D340	EFT DEPOSIT	4755 JPAY		120.00		189.76
05/12	D300	CASH DEPOSIT	4860 MR		60.00		249.76
05/14	FC04	DRAW-FAC 4	4916 FAC D			180.00	69.76
05/20	W469	DONATION-AA G	5020BUSYBE			8.00	61.76
06/04	D554	INMATE PAYROL	5213 MAY08		21.92		83.68
06/05	D340	EFT DEPOSIT	5254 JPAY		70.00		153.68
06/18	FC04	DRAW-FAC 4	5477 FAC D			153.68	0.00
07/08	D554	INMATE PAYROL	0128JUNE08		21.76		21.76
07/08	D340	EFT DEPOSIT	0134 JPAY		150.00		171.76
07/16	FC04	DRAW-FAC 4	0311 FAC D			171.76	0.00
08/04	FR01	CANTEEN RETUR	800548			27.11-	27.11
08/05	D554	INMATE PAYROL	0585JULY08		16.16		43.27
08/07	D340	EFT DEPOSIT	0653 JPAY		100.00		143.27
08/11	W516	LEGAL COPY CH	0716COPIES			6.00	137.27
08/20	FC04	DRAW-FAC 4	0898 FAC D			137.27	0.00
09/04	D554	INMATE PAYROL	1131AUG08		27.36		27.36
09/09	D340	EFT DEPOSIT	1244 JPAY		30.00		57.36

TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
4.01	936.96	883.61	57.36	0.00	0.00

CURRENT AVAILABLE BALANCE
57.36

THE WITHIN INSTRUMENT IS A CORRECT COPY OF THE TRUST ACCOUNT MAINTAINED BY THIS OFFICE.
ATTEST:
CALIFORNIA DEPARTMENT OF CORRECTIONS
BY _____
TRUST OFFICE
9/9/08