

**FILED**

DEC 19 2008

RICHARD W. WIEKING  
CLERK, U.S. DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIAUNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIAEarnest Tomboura Woodruff  
Plaintiff,

vs.

Pleasant Valley State Prison  
CDC  
Defendant.

CV 08

CASE NO.

5673

PRISONER'S  
APPLICATION TO PROCEED  
IN FORMA PAUPERIS

VRW

(PR)

I, Earnest T. Woodruff, declare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

1. Are you presently employed? Yes \_\_\_ No ☒

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

Gross: \_\_\_\_\_ Net: \_\_\_\_\_

Employer: \_\_\_\_\_

1 If the answer is "no," state the date of last employment and the amount of the gross and net  
2 salary and wages per month which you received. (If you are imprisoned, specify the last  
3 place of employment prior to imprisonment.)

4 2006 PIA Laundry at RJD Donovan \$40 A month

5 Last Prison Job 2006

6  
7 2. Have you received, within the past twelve (12) months, any money from any of the  
8 following sources:

9 a. Business, Profession or Yes \_\_\_ No ☒

10 self employment

11 b. Income from stocks, bonds, Yes \_\_\_ No ☒

12 or royalties?

13 c. Rent payments? Yes \_\_\_ No ☒

14 d. Pensions, annuities, or Yes \_\_\_ No ☒

15 life insurance payments?

16 e. Federal or State welfare payments, Yes \_\_\_ No ☒

17 Social Security or other govern-

18 ment source?

19 If the answer is "yes" to any of the above, describe each source of money and state the amount  
20 received from each.

21  
22  
23 3. Are you married? Yes \_\_\_ No ☒

24 Spouse's Full Name: \_\_\_\_\_

25 Spouse's Place of Employment: \_\_\_\_\_

26 Spouse's Monthly Salary, Wages or Income:

27 Gross \$ \_\_\_\_\_ Net \$ \_\_\_\_\_

28 4. a. List amount you contribute to your spouse's support: \$ \_\_\_\_\_

b. List the persons other than your spouse who are dependent upon you for support and indicate how much you contribute toward their support. (NOTE: For minor children, list only their initials and ages. DO NOT INCLUDE THEIR NAMES.).

\_\_\_\_\_

\_\_\_\_\_

5. Do you own or are you buying a home? Yes \_\_\_ No ☒

Estimated Market Value: \$ \_\_\_\_\_ Amount of Mortgage: \$ \_\_\_\_\_

6. Do you own an automobile? Yes \_\_\_ No ☒

Make \_\_\_\_\_ Year \_\_\_\_\_ Model \_\_\_\_\_

Is it financed? Yes \_\_\_ No \_\_\_ If so, Total due: \$ \_\_\_\_\_

Monthly Payment: \$ \_\_\_\_\_

7. Do you have a bank account? Yes \_\_\_ No ☒ (Do not include account numbers.)

Name(s) and address(es) of bank: \_\_\_\_\_

\_\_\_\_\_

Present balance(s): \$ \$ 00.00

Do you own any cash? Yes \_\_\_ No ☒ Amount: \$ \_\_\_\_\_

Do you have any other assets? (If "yes," provide a description of each asset and its estimated market value.) Yes \_\_\_ No ☒

\_\_\_\_\_

8. What are your monthly expenses? Prison (Indigent)

Rent: \$ \_\_\_\_\_ Utilities: \_\_\_\_\_

Food: \$ \_\_\_\_\_ Clothing: \_\_\_\_\_

Charge Accounts:

<u>Name of Account</u>	<u>Monthly Payment</u>	<u>Total Owed on This Acct.</u>
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

9. Do you have any other debts? (List current obligations, indicating amounts and to whom they are payable. Do not include account numbers.)

I have An \$10,000.00 Restitution Fine I owe

10. Does the complaint which you are seeking to file raise claims that have been presented in other lawsuits? Yes ☐ No ☒

Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in which they were filed.

I consent to prison officials withdrawing from my trust account and paying to the court the initial partial filing fee and all installment payments required by the court.

I declare under the penalty of perjury that the foregoing is true and correct and understand that a false statement herein may result in the dismissal of my claims.

12-11-08

DATE

Eam T. Woolf K02360

SIGNATURE OF APPLICANT

Case Number: \_\_\_\_\_

CERTIFICATE OF FUNDS

IN

PRISONER'S ACCOUNT

I certify that attached hereto is a true and correct copy of the prisoner's trust account statement showing transactions of Earnest T. Woodruff for the last six months  
[prisoner name]  
Salinas Valley State Prison where (s)he is confined.  
[name of institution]

I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$ 00.00 and the average balance in the prisoner's account each month for the most recent 6-month period was \$ 00.00.

Dated: 12-11-08

\_\_\_\_\_  
[Authorized officer of the institution]

SEE Enclosed  
Prison Trust Account  
Statement and  
Balance.

REPORT ID: TS3030 .701

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

REPORT DATE: 09/11/08  
PAGE NO: 1

FOR THE PERIOD: JAN. 01, 2008 THRU SEP. 11, 2008

ACCOUNT NUMBER : K02360  
ACCOUNT NAME : WOODRUFF, ERNEST TOMBURA  
PRIVILEGE GROUP: B  
BED/CELL NUMBER: FCB5T10000000103L  
ACCOUNT TYPE: I  
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

## ----- ACCOUNT INFORMATION -----

## ----- SPECIAL ITEMS -----

ACCOUNT NUMBER: K02360  
ACCOUNT NAME: WOODRUFF, ERNEST TOMBURA  
ACCOUNT TYPE: I  
CURRENT BALANCE: 5.00  
HOLD BALANCE: 5.00  
ENCUM. BALANCE: 0.00  
AVAILABLE: 0.00  
PRIVILEGE GROUP: D  
LAST CANTEEN: 08/13/2007

## ----- RESTITUTION FINES -----

-----RS403A

CASE NUMBER	DATE SENTENCED	COUNTY CODE	FINE AMOUNT	BALANCE	STATUS
FSB06570	04/01/1996	SBD	10,000.00	9,265.00	C

TO VIEW REST. XACTS, PLACE AN 'X' NEXT TO CASE #, AND PRESS F1