

UNITED STATES DISTRICT COURT OF APPEALS
EASTERN DISTRICT OF CALIFORNIA

MAR 14 2011
CLERK OF COURT
EASTERN DISTRICT OF CALIFORNIA
BY [Signature] DEPUTY CLERK

Alvin Champagne

Plaintiff

APPLICATION TO PROCEED
IN FORMA PAUPERIS

Vs.

Case No. 1:09-cv-00101-OWW-JMD

Pam Ahlin, (A) Executive
Director CSH

Defendant

I, Alvin Champagne, 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 USC § 1915, I Declare that I am unable to pay the fees for these proceedings or give security thereof and that I am entitled to the relief sought in the complaint.

In support of this application, I answer the following question 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. Coalinga State Hospital.

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

2. Are you currently employed? Yes No

(HC) Champagne v. Ahlin; Champagne answer is "Yes" states the account of your pay.

Doc. 33 Att. 1

- 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. 1993, \$200.00 per-week. Michael Champagne, 415 Market Street, Salem, Oregon 97301.

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 payment, interest or dividends yes No
- c. Pensions, annuities or life insurance payment yes No
- d. Disability or workers compensation payment Yes No
- e. Gifts or inheritances yes No
- f. Any other sources Yes No

If the answer to any of the above is "Yes" describes 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.

4. Do you cash or checking or saving account? 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 assts? 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 relationship to each person and indicate
How much you contribute to their support.

None

I hereby authorize the agency having of me to collect from my trust account and forward to the Clerk
Of United States District Court payment in accordance with 28 USC § 1915 (b) (2).

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

3-10-2011
Date

Alvin Champagne
Signature By:

Please Take Notice of *Page v. Torrey* 201 F.3d 1136, 1137, (2000); Detainee who was civilly committed to State Hospital under California's Sexually Violent Predators Act, was not Prisoner within meaning of Prison Litigation Reform act (PLRA) and thus, he was not subject to PLRA's financial reporting and exhaustion requirements, for purposes of his application to file in form pauperis his § 1983 Civil Rights action.

TRUST PATIENT LEDGER REPORT REQUEST

Instructions: To request a copy of the Patient Ledger Report (ledger account), please have patient complete the information below. Requests will be faxed to the Trust Office by Unit staff. All requests received by noon in the Trust Office, will be processed and faxed to the patient's unit on the same working day before 5:00 p.m. Requests received after noon will be processed and faxed the next working day before 5:00 p.m.

PATIENT NAME Alvin Lee Champagne
CO# 000558-7 (Print)
Unit 12

Please indicate the specific date range or check appropriate Previous Month below:

From Date _____ To Date: _____

Previous Month _____

Previous (3) Months _____

Previous (6) Months X

Signed: Alvin Lee Champagne
(Patient Signature)

Shelley
FAKED 

**CONFIDENTIAL PATIENT INFORMATION - CALIFORNIA WELFARE AND INSTITUTIONS CODE
SECTIONS 5328 & 4514. INFORMATION SUBJECT TO RELEASE IN ACCORDANCE WITH THE
FEDERAL PRIVACY ACT OF 1974 (PUBLIC LAW 93-579).**

3/10/2011
2:12:29PM

**COALINGA STATE HOSPITAL
TRUST ACCOUNT / CASHIERS' SYSTEM**

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*Patient's Copy! Please give
to him. Thank You.*

Patient Ledger Report

Trust Office

0005587 Champagne, Alvin

	TransDate	Doc No.	Item	Comment	Withdrawl	Deposit	Balance
1	09/08/2010	13-090810	Misc Disbursement	CASH CARD DISB	\$10.00		\$175.00
2	09/14/2010	17-32890	Aug Pay 8/16-8/31/10 w/\$12.50			\$40.00	\$215.00
3	09/21/2010	13-092110	Misc Disbursement	CASH CARD DISB	\$5.00		\$210.00
4	09/21/2010	ENC-09211	Create Encumbrance \$65.00	Mary L. Figueroa			\$210.00
5	09/22/2010	ENC-09211	Remove Encumbrance \$65.00	Mary L. Figueroa			\$210.00
6	09/22/2010	13-023512	Misc Disbursement	Mary L. Figueroa	\$65.00		\$145.00
7	09/24/2010	16-32899	Marry Morrison			\$35.00	\$180.00
8	09/30/2010	17-34104	Sept Pay 09/1-09/15	Sept Pay 09/1-09/15		\$22.50	\$202.50
9	10/05/2010	13-100510	Misc Disbursement	Cash Card Dish	\$10.00		\$192.50
10	10/05/2010	ENC-10051	Create Encumbrance \$20.00	Danny Rocha			\$192.50
11	10/06/2010	ENC-10051	Remove Encumbrance \$20.00	Danny Rocha			\$192.50
12	10/06/2010	13-023665	Misc Disbursement	Danny Rocha	\$20.00		\$172.50
13	10/12/2010	ENC-10121	Create Encumbrance \$10.00	Danny Rocha			\$172.50
14	10/12/2010	ENC-10121	Remove Encumbrance \$10.00	Danny Rocha			\$172.50
15	10/12/2010	13-023754	Misc Disbursement	Danny Rocha	\$10.00		\$162.50
16	10/14/2010	17-34121	Sept 9/16-30/2010 Pay, and \$12.50			\$35.00	\$197.50
17	10/28/2010	17-34136	OctPay 10/1-10/15/10			\$20.00	\$217.50
18	10/29/2010	ENC-10291	Create Encumbrance \$50.00	Vera Bates			\$217.50
19	11/02/2010	16-34140	Champagne			\$20.00	\$237.50
20	11/02/2010	ENC-10291	Remove Encumbrance \$50.00	Vera Bates			\$237.50
21	11/02/2010	13-023992	Misc Disbursement	Vera Bates	\$50.00		\$187.50
22	11/10/2010	13-111010	Misc Disbursement	Cash Card Dish	\$17.00		\$170.50
23	11/12/2010	17-34151	October 16-31,2010 Payroll w/ \$12.50			\$34.50	\$205.00
24	11/16/2010	13-111610	Misc Disbursement	Cash Card Dish	\$10.00		\$195.00
25	11/23/2010	17-34163	NovPay 11/1-11/15/10			\$20.00	\$215.00
26	11/30/2010	ENC-11301	Create Encumbrance \$50.00	Vera Bates			\$215.00
27	11/30/2010	ENC-11301	Remove Encumbrance \$50.00	Vera Bates			\$215.00
28	11/30/2010	13-024343	Misc Disbursement	Vera Bates	\$50.00		\$165.00
29	12/02/2010	ENC-12021	Create Encumbrance \$2.00	Donations U12 (Nov Don. Processed in Dec due to			\$165.00

TOTAL WITHDRAWALS / DEPOSITS:

\$247.00

\$227.00

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**COALINGA STATE HOSPITAL
TRUST ACCOUNT / CASHIERS' SYSTEM II
Patient Ledger Report**

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0005587 Champagne, Alvin

TransDate	Doc No.	Item	Comment	Withdrawl	Deposit	Balance
30	12/02/2010	ENC-12021	Remove Encumbrance \$2.00	Donations - U12(Nov Don)		\$165.00
31	12/02/2010	13-120210	Misc Disbursement	Donations - U12(Nov Don)	\$2.00	\$163.00
32	12/14/2010	17-34186	Patient Payroll 11/16-11/30/10 w/ \$12.50		\$34.50	\$197.50
33	12/21/2010	13-122110	Misc Disbursement	Cash Card Disb	\$10.00	\$187.50
34	12/28/2010	13-122810	Misc Disbursement	Cash Card Disb	\$10.00	\$177.50
35	12/29/2010	17-35203	Payroll 12/1-12/15/10		\$22.00	\$199.50
36	01/13/2011	17-35217	Dec Pay 12/16-12/31/10 w/\$12.50	Dec Pay 12/16-12/31/10 w/\$12.50	\$34.50	\$234.00
37	01/19/2011	13-011911	Misc Disbursement	Cash Card Disb	\$20.00	\$214.00
38	01/27/2011	13-012711	Misc Disbursement	Cash Card Disb	\$10.00	\$204.00
39	01/28/2011	17-35233	Patient Payroll 1/1-1/15/11		\$20.00	\$224.00
40	02/14/2011	17-35253	Payroll 1/16-1/31/11 w/ \$12.50		\$36.50	\$260.50
41	02/15/2011	13-021511	Misc Disbursement	Cash Card Disb	\$14.00	\$246.50
42	02/24/2011	ENC-02241	Create Encumbrance \$200.00	Mary Loo Figueroa		\$246.50
43	02/25/2011	13-022511	Misc Disbursement	Cash Card Disb	\$16.50	\$230.00
44	02/25/2011	ENC-02241	Remove Encumbrance \$200.00	Mary Loo Figueroa		\$230.00
45	02/25/2011	13-025363	Misc Disbursement	Mary Loo Figueroa	\$200.00	\$30.00
46	02/25/2011	17-35265	Feb Pay 2/1-2/15/11		\$22.00	\$52.00

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Trust Office

TOTAL WITHDRAWALS / DEPOSITS:

\$529.50

\$396.50