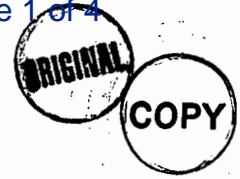


FILED



Plaintiff's Name: BARRY LAMON
CDC No: E-08345
Address: 4001 King Avenue
Corcoran, CA 93212

JAN 26 2009 *md*

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

BY _____
DEPUTY CLERK
UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA

BARRY LOUIS LAMON,)	APPLICATION TO PROCEED
)	IN FORMA PAUPERIS
)	BY A PRISONER
vs.)	
JOHN TILTON, et al.,)	CASE NUMBER:
)	1:09 CV 00157 SMS PC
)	
)	

I, BARRY LAMON, 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? Yes No (If "no" DO NOT USE THIS FORM)

(PC) Barry Lamon v. Tilton et al. If "yes" state the place of your incarceration. California State Prison at Corcoran

Doc. 4 Att. 1

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. _____

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. 2004. I made \$6.42. Once. I was employed that time for two weeks. I have been confined in segregation, ever since!

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).

January 19, 2009
DATE

[Handwritten Signature]
(original 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). See Attached Inmate Trust Account Statement

DATE

SIGNATURE OF AUTHORIZED OFFICER

(Revised 6/01/04)

Printed Time: 12/17/2008 7:07:40 AM

CDCR

Verified

Institution: COR

Inmate Statement Report

CDCR#	Inmate/Group Name	Institution	Unit	Cell/Bed	Current Available Balance
E08345	LAMON, BARRY	COR	4A1R00000000	00009L	\$0.00

Transaction List

Transaction Date	Transaction Type	Source Doc#	Receipt#/Check#	Amount	Account Balance
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No information was found for the given criteria.

Encumbrance List

Encumbrance Type	Transaction Date	Amount
------------------	------------------	--------

No information was found for the given criteria.

INMATE COPY

Obligation List

Obligation Type	Court Case#	Original Owed Balance	Sum of Tx for Date Range for Oblg	Current Balance
LEGAL COPY	11/20/08	\$5.20	\$0.00	\$5.20
PLRA	CIVF98-6089 OWWMLJOP	\$150.00	\$0.00	\$59.77
LEGAL COPY	COPIES/SUPPLIES	\$8.45	\$0.00	\$8.45
LEGAL MAIL	12/04/08	\$5.95	\$0.00	\$5.95
LEGAL MAIL	12/04/08	\$5.05	\$0.00	\$5.05
LEGAL MAIL	12/04/08	\$0.59	\$0.00	\$0.59
LEGAL COPY	COPIES/12/04/08	\$51.15	\$0.00	\$51.15
LEGAL COPY	COPIES/12/08	\$8.60	\$0.00	\$8.60
PLRA	CIVS030423WBS- DAD-P	\$150.00	\$0.00	\$133.19
PLRA	CIVS060156GEBKJ MP	\$250.00	\$0.00	\$250.00

Restitution List

Restitution	Court Case#	Original Owed Balance	Interest Accrued	Sum of Tx for Date Range for Oblg	Current Balance
RESTITUTION FINE	YA026487	\$10,000.00	\$0.00	\$0.00	\$9,878.50
DIRECT ORDER	YA026487	\$6,000.00	\$0.00	\$0.00	\$6,000.00
RESTITUTION FINE	FC178723	\$200.00	\$0.00	\$0.00	\$105.88
RESTITUTION FINE	06CM7367	\$1,000.00	\$0.00	\$0.00	\$1,000.00



THE WITHIN INSTRUMENT IS A CORRECT COPY OF THE TRUST ACCOUNT MAINTAINED BY THIS OFFICE.
 ATTEST: 12/17/2008
 CALIFORNIA DEPARTMENT OF CORRECTIONS
 BY: W. Gear Ass. Clk. II
 TRUST OFFICE

[A OF 4]