

FILED
09 FEB 27 PM 4:03
JUDICIAL DISTRICT OF CALIFORNIA
CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

E-filing

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

Plaintiff,

vs.

Defendant.

CV 09 0386

PRISONER'S
APPLICATION TO PROCEED
IN FORMA PAUPERIS
TEH
(PR)

I, Toni Livingston, 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: 0 Net: 0

Employer: 0 Currently incarcerated in a
California State Prison

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 ZACKY MEAT FARMS, STOCKTON CA.
5 EMPLOYED Nearly two weeks Prior to my
6 CURRENT imprisonment.

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 Ø
22 Ø

23 3. Are you married? Yes ___ No ☒

24 Spouse's Full Name: Ø

25 Spouse's Place of Employment: Ø

26 Spouse's Monthly Salary, Wages or Income:

27 Gross \$ Ø Net \$ Ø

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

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

5 _____
 6 _____

7 5. Do you own or are you buying a home? Yes ____ No ☒

8 Estimated Market Value: \$ _____ Amount of Mortgage: \$ _____

9 6. Do you own an automobile? Yes ____ No ☒

10 Make _____ Year _____ Model _____

11 Is it financed? Yes ____ No ☒ If so, Total due: \$ _____

12 Monthly Payment: \$ _____

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

14 Name(s) and address(es) of bank: _____

15 _____

16 Present balance(s): \$ _____

17 Do you own any cash? Yes ____ No ☒ Amount: \$ _____

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

20 _____

21 8. What are your monthly expenses?

22 Rent: \$ _____ Utilities: _____

23 Food: \$ _____ Clothing: _____

24 Charge Accounts:

25 Name of Account	Monthly Payment	Total Owed on This Acct.
26 _____	\$ _____	\$ _____
27 _____	\$ _____	\$ _____
28 _____	\$ _____	\$ _____

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

3 _____
4 _____
5 10. Does the complaint which you are seeking to file raise claims that have been presented
6 in other lawsuits? Yes ___ No ✓

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

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

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

15
16 02/05/2009

17 DATE

18
19
20
21
22
23
24
25
26
27
28
[Signature]
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 Toni Livingston for the last six months
[prisoner name]
CSP-Corcoran 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 \$ 0 and the average balance in the prisoner's account each month for the most recent 6-month period was \$ 0.

Dated: 2/10/09

D. Jean Ant. Clark
[Authorized officer of the institution]

DEVEL VOCATIONAL INSTITUTION
INMATE TRUST ACCOUNTING SYSTEM
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: AUG. 01, 2006 THRU FEB. 10, 2009

COUNT NUMBER : 270496

BED/CELL NUMBER:

COUNT NAME : LEVINGSTON, TONY DEWARO

ACCOUNT TYPE: T

PRIVILEGE GROUP:

TRUST ACCOUNT ACTIVITY

<< NO ACCOUNT ACTIVITY FOR THIS PERIOD >>

TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLD BALANCE	TRANSACTIONS TO BE POSTED
0.00	0.00	0.00	0.00	0.00	0.00

CURRENT
AVAILABLE
BALANCE

0.00

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

ATTEST: 2/10/09

CALIFORNIA DEPARTMENT OF CORRECTIONS

BY
TRUST OFFICE

CALIFORNIA DEPARTMENT OF CORRECTIONS
CALIF. STATE PRISON CORCORAN
INMATE TRUST ACCOUNTING SYSTEM
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: AUG. 01, 2008 THRU FEB. 10, 2009

ACCOUNT NUMBER : E70496 BED/CELL NUMBER: 3B0300000000145L
ACCOUNT NAME : LEVINGSTON, TONI DEWARD ACCOUNT TYPE: I
PRIVILEGE GROUP: A

TRUST ACCOUNT ACTIVITY

<< NO ACCOUNT ACTIVITY FOR THIS PERIOD >>

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CURRENT
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ATTEND: 02/10/2009
CALIFORNIA DEPARTMENT OF CORRECTIONS
BY D. Lewis Asst. Chf.
TRUST OFFICE

Institution: COR

Inmate Statement Report

CDCR#	Inmate/Group Name	Institution	Unit	Cell/Bed
E70496	LEVINGSTON, TONI	COR	3B0300000000	00145L

Current Available Balance: \$0.00

Transaction List

Transaction Date	Institution	Transaction Type	Source Doc#	Receipt#/Check#	Amount	Account Balance
------------------	-------------	------------------	-------------	-----------------	--------	-----------------

No information was found for the given criteria.

Encumbrance List

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

No information was found for the given criteria.

Obligation List

Obligation Type	Court Case#	Original Owed Balance	Sum of Tx for Date Range for Oblg	Current Balance
PLRA	S060027	\$250.00	\$0.00	\$244.40
LEGAL MAIL	01/20/09-01/23/09	\$1.34	\$0.00	\$1.34
LEGAL MAIL	01/21/09-01/23/09	\$5.05	\$0.00	\$5.05
LEGAL MAIL	01/22-01/26- #8	\$1.68	\$0.00	\$1.68

Restitution List

Restitution	Court Case#	Original Owed Balance	Interest Accrued	Sum of Tx for Date Range for Oblg	Current Balance
RESTITUTION FINE	SF69330	\$200.00	\$0.00	\$0.00	\$78.10
RESTITUTION FINE	SF71444	\$400.00	\$0.00	\$0.00	\$380.00
RESTITUTION FINE	SF080484	\$400.00	\$0.00	\$0.00	\$400.00
RESTITUTION FINE	SF089993	\$400.00	\$0.00	\$0.00	\$200.00
RESTITUTION FINE	SF096687	\$200.00	\$0.00	\$0.00	\$200.00
FINE PC 1202.45	SF096687	\$200.00	\$0.00	\$0.00	\$200.00
RESTITUTION FINE	SF107100	\$200.00	\$0.00	\$0.00	\$200.00



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ATTEST: 02/10/2009
CALIFORNIA DEPARTMENT OF CORRECTIONS

BY R. J. [Signature]
TRUST OFFICE

CALIFORNIA DEPARTMENT OF CORRECTIONS
 BEVEL VOCATIONAL INSTITUTION
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 INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: AUG. 01, 2006 THRU FEB. 10, 2009

ACCOUNT NUMBER : 270496 BED/CELL NUMBER:
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BALANCE

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 ATTEST: 2/10/09
 CALIFORNIA DEPARTMENT OF CORRECTIONS
 BY [Signature]
 TRUST OFFICE

INMATE COPY

REPORT ID: TS3030 .701

REPORT DATE: 02/10/09

PAGE NO: 1

CALIFORNIA DEPARTMENT OF CORRECTIONS
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 INMATE TRUST ACCOUNTING SYSTEM
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BALANCE

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INMATE COPY



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02/10/2009
 CALIFORNIA DEPARTMENT OF CORRECTIONS
 BY D. Lewis Act. Clert
 TRUST OFFICE

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RESTITUTION FINE	SF71444	\$400.00	\$0.00	\$0.00	\$380.00
RESTITUTION FINE	SF080484	\$400.00	\$0.00	\$0.00	\$400.00
RESTITUTION FINE	SF089993	\$400.00	\$0.00	\$0.00	\$200.00
RESTITUTION FINE	SF096687	\$200.00	\$0.00	\$0.00	\$200.00
FINE PC 1202.45	SF096687	\$200.00	\$0.00	\$0.00	\$200.00
RESTITUTION FINE	SF107100	\$200.00	\$0.00	\$0.00	\$200.00



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 ATTEST: 02/10/2009
 CALIFORNIA DEPARTMENT OF CORRECTIONS
 BY: W. Hearn Asst. Chk. II
 TRUST OFFICE