

1  
2  
3  
4  
5  
6  
7  
8 IN THE UNITED STATES DISTRICT COURT  
9 FOR THE EASTERN DISTRICT OF CALIFORNIA  
10

11 MARCUS MARCELL MCCOWEN,

1:09-cv-00664-WMW (PC)

12 Plaintiff,

ORDER TO SUBMIT APPLICATION  
TO PROCEED IN FORMA PAUPERIS  
OR PAY FILING FEE WITHIN 45 DAYS

13 vs.

14 KEN CLARK, et al.,

15 Defendants.  
16 \_\_\_\_\_/

17 Plaintiff is a state prisoner proceeding pro se in a civil rights action pursuant to 42 U.S.C. §  
18 1983. Plaintiff has not paid the \$350.00 filing fee, or submitted an application to proceed in forma  
19 pauperis pursuant to 28 U.S.C. § 1915.

20 Accordingly, IT IS HEREBY ORDERED that:

21 Within forty-five (45) days of the date of service of this order, plaintiff shall submit the  
22 attached application to proceed in forma pauperis, completed and signed, or in the alternative, pay  
23 the \$350.00 filing fee for this action. **No requests for extension will be granted without a**  
24 **showing of good cause.** Within sixty (60) days of the date of service of this order, plaintiff shall  
25 submit a certified copy of his/her prison trust statement for the six month period immediately  
26 preceding the filing of the complaint.

27 /////

28 /////

1           **Failure to comply with this order will result in a recommendation that this action be**  
2 **dismissed.**

3 IT IS SO ORDERED.

4 **Dated: April 21, 2009**

/s/ William M. Wunderlich  
UNITED STATES MAGISTRATE JUDGE

Name: \_\_\_\_\_

CDC No: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

**UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF CALIFORNIA  
FRESNO DIVISION**

**CASE NUMBER:**

vs.                      Plaintiff/Petitioner,

**APPLICATION TO PROCEED  
IN FORMA PAUPERIS  
BY A PRISONER**

Defendants/Respondent.

\_\_\_\_\_ /

I, \_\_\_\_\_, 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)**

State the place of your incarceration. \_\_\_\_\_

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.

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 (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.

**IMPORTANT:    This form must be dated and signed below in order for the court to consider your application.**

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).

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF APPLICANT

**NOTE:**    Within sixty days from the date of this application you must forward to the court a certified copy of your prison trust account statement showing transactions for the past six months.

(Revised 01/2008)