

Name: LEON WILLIAMS

CDC No: F97701

Address: 979 E WASHINGTON Blvd  
PASADENA CA 91104

**FILED**

JUL 01 2009

CLERK, U.S. DISTRICT COURT  
EASTERN DISTRICT OF CALIFORNIA  
BY [Signature]  
DEPUTY CLERK

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF CALIFORNIA  
FRESNO DIVISION

1: 0 9 CV 0 1 1 4 9 SMS PC

CASE NUMBER:

LEON WILLIAMS

Plaintiff,

vs.

APPLICATION TO PROCEED  
IN FORMA PAUPERIS  
BY A PRISONER

Defendants.

NORTH KERN STATE PRISON-DEIANO

I, LEON WILLIAMS, 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.

(PC) Williams et al vs State et al

Doc. 7 Att. 2

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

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BY [Signature] DEPUTY CLERK

- 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).

*GENERAL ASSISTANCE \$ 221.00 A MONTH  
\$ 174.00 food STAMPS*

- 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. *SELF*

**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).

6-26-09  
DATE

*Sam Williams*  
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)