

FILED

2009 AUG 24 PM 12:10

CLERK U.S. DISTRICT COURT
CENTRAL DIST. OF CALIF.
LOS ANGELES

BY _____

UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA

Michael CONNSERO

CASE NUMBER

CV09 06150 (AJW)

PRISONER/PLAINTIFF,

v.
*WARDEN James Yates
et al*

DEFENDANT(S).

DECLARATION IN SUPPORT OF
REQUEST TO PROCEED WITHOUT
PREPAYMENT OF FILING FEES

Michael CONNSERO, declare under penalty of perjury, that the following is true and correct; that I am the prisoner-plaintiff in the above entitled case; that in support of my request to proceed without prepayment of fees under 28 U.S.C. Section 1915, I declare that because of my poverty I am unable to pay the full costs of said proceedings or to give security therefore and that I am entitled to redress.

I further declare under penalty of perjury that the responses which I have made to the questions and instructions below are true, correct and complete.

1. Are you presently employed in prison? Yes No

a. If the answer is yes, state the number of hours you work per week and the hourly rate of pay:

b. State the place of your incarceration *Calif correction institution*
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. Have you received, *within the past twelve months*, any money from any of the following sources?

- a. Business, profession or form of self-employment? Yes No
- b. Rent payments, interest or dividends? Yes No
- c. Pensions, annuities or life insurance payments? Yes No
- d. Gifts or inheritances? Yes No
- e. Any other income (other than listed above)? Yes No
- f. Loans? Yes No

If the answer to any of the above is yes, describe such source of money and state the amount received from each source during the past twelve (12) months: *NONE*

DECLARATION IN SUPPORT OF REQUEST TO PROCEED WITHOUT PREPAYMENT OF FILING FEES

3. Do you own any cash, or do you have money in a checking or savings account? (Include any funds in prison accounts, if applicable.) Yes No

If the answer is yes, identify each account and separately state the amount of money held in each account for each of the six (6) months prior to the date of this declaration.

NONE

4. Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? Yes No

If the answer is yes, describe the property and state its approximate value:

NONE

5. In what year did you last file an Income Tax Return?

NONE

Approximately how much income did your last tax return reflect?

NONE

6. List the persons who are dependent upon you for support, state your relationship to those persons, and indicate how much you contribute toward their support:

NONE

I understand that a false statement or answer to any question in this declaration will subject me to penalties for perjury. I further understand that perjury is punishable by a term of imprisonment of up to five (5) years and/or a fine of \$250,000 (18 U.S.C. Sections 1621, 3571).

California
State

Tehachapi, C.A.
County (or City)

I, CONNOR MICHAEL, declare under penalty of perjury that the foregoing is true and correct.

8.1.09
Date

Connor Michael
Prisoner/Plaintiff (Signature)

PRISONER AUTHORIZATION

If my request to proceed without prepayment of filing fees is granted, I understand that I am required by statute to pay the full amount of the filing fees for this case, regardless of my forma pauperis status and the disposition of this case. I further authorize the prison officials at this institution to assess, collect and forward to the Court the full amount of these fees, in monthly payments based on the average of deposits to or balance in my prison trust account in accordance with 28 U.S.C. Section 1915.

Commodore Mackel
Prisoner-Plaintiff (Signature)

CERTIFICATE OF AUTHORIZED OFFICER

I hereby certify that the Prisoner-Plaintiff herein has credit in the sum of \$ 0.00 on account at the CAIT Corrections Institute institution where Prisoner-Plaintiff is confined.

I further certify that during the past six months the applicant's average monthly balance was \$ 0. I further certify that during the past six months the average of monthly deposits to the applicant's account was \$ 0.00.

A certified copy of the prisoner-plaintiff's trust account statement for the last six (6) months is attached.

7/25/09
Date

Carol Roche
Authorized Officer of Institution (Signature)

NAME and NUMBER CONNSERO, MICHAEL 704102 e4-10SL

CDC-128-B

DESCRIPTION:

I hereby acknowledge receipt of a certified six (6) month trust account printout.

[Signature]
Inmate Signature

[Signature]
Counselor Signature

Original: Central File
cc: Inmate
Trust Office

Date: 3/11/97

GENERAL CHRONO

Institution: CCI

Inmate Statement Report

CDCR#	Inmate/Group Name	Institution	Unit	Cell/Bed
H04102	CONNSERO, MICHAEL	CCI	4B5ASH000000	00102L

Current Available Balance: \$0.00

Transaction List

Transaction Date	Institution	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
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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	CIV. S-04-0494 FCD	\$150.00	(\$8.00)	\$98.00
PLRA	CV F-01-5626 WWD LBP	\$150.00	\$0.00	\$54.00
MEDICAL (HEALTH) SUPPLIES	BOOTS/SUPPORT	\$275.03	(\$9.40)	\$265.63

Restitution List

Restitution	Court Case#	Original Owed Balance	Interest Accrued	Sum of Tx for Date Range for Oblg	Current Balance
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No information was found for the given criteria.

Inmate Statement Report

CDCR#	Inmate/Group Name	Institution	Unit	Cell/Bed
H04102	CONNSERO, MICHAEL	CCI	4B5ASH000000	00102L

Current Available Balance: \$0.00

Transaction List

Transaction Date	Institution	Transaction Type	Source Doc#	Receipt#/Check#	Amount	Account Balance
04/01/2009	CCI	BEGINNING BALANCE				\$0.00
04/24/2009	CCI	INMATE DEPOSIT	MR250 #16779172566	1410	\$100.00	\$100.00
04/24/2009	CCI	MEDICAL (ADA / HEALTH) SUPPLIES	BOOTS/SUPPORT		(\$3.00)	\$97.00
05/01/2009	CCI	PLRA	CV F-01-5626 WWD LBP	80690	(\$10.00)	\$87.00
05/01/2009	CCI	PLRA	CIV. S-04-0494 FCD	80692	(\$20.00)	\$67.00
05/01/2009	CCI	LEGAL MAIL	LM 05/01/09		(\$0.60)	\$66.40
05/01/2009	CCI	LEGAL COPY	5/1/09 LC		(\$0.50)	\$65.90
05/05/2009	CCI	SALES	83		(\$8.90)	\$57.00
06/23/2009	CCI	ARTIFICIAL APPLIANCE	GLASSES 4/22/09		(\$57.00)	\$0.00

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	CIV. S-04-0494 FCD	\$150.00	(\$20.00)	\$78.00
PLRA	CV F-01-5626 WWD LBP	\$150.00	(\$10.00)	\$44.00
MEDICAL (HEALTH) SUPPLIES	BOOTS/SUPPORT	\$275.03	(\$3.00)	\$262.63
LEGAL MAIL	LM 7/15/09	\$0.30	\$0.00	\$0.30

Restitution List

Restitution	Court Case#	Original Owed Balance	Interest Accrued	Sum of Tx for Date Range for Oblg	Current Balance
No information was found for the given criteria.					

Institution: CCI

Inmate Statement Report

CDCR#	Inmate/Group Name	Institution	Unit	Cell/Bed
H04102	CONNSERO, MICHAEL	CCI	4B5ASH000000	00102L

Current Available Balance: \$0.00

Transaction List

Transaction Date	Institution	Transaction Type	Source Doc#	Receipt#/Check#	Amount	Account Balance
11/01/2008	PVSP	BEGINNING BALANCE				\$0.00
12/04/2008	PVSP	EFT DEPOSIT	JP 12/03/08	253	\$45.00	\$45.00
12/04/2008	PVSP	MEDICAL COPAY	MEDICAL		(\$5.00)	\$40.00
12/04/2008	PVSP	DAMAGES - ID CARDS	ID CARD		(\$5.00)	\$35.00
12/05/2008	PVSP	LEGAL COPY	CDC193COPIES		(\$1.60)	\$33.40
12/10/2008	PVSP	SALES	3		(\$15.40)	\$18.00
01/01/2009	PVSP	PLRA	CIV. S-04-0494 FCD	270234	(\$8.00)	\$10.00
01/08/2009	PVSP	LEGAL MAIL	CDC193 ENVELOPS		(\$0.40)	\$9.60
01/08/2009	PVSP	LEGAL MAIL	CDC193 ENVELOPES		(\$0.20)	\$9.40
01/12/2009	PVSP	MEDICAL (ADA / HEALTH) SUPPLIES	BOOTS/SUPPORT SUPPLIES		(\$9.40)	\$0.00

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	CIV. S-04-0494 FCD	\$150.00	(\$8.00)	\$158.00
PLRA	CV F-01-5626 WWD LBP	\$150.00	\$0.00	\$150.00
MEDICAL (HEALTH) SUPPLIES	BOOTS/SUPPORT	\$275.03	(\$9.40)	\$265.63
LEGAL COPY	32509LC	\$0.55	\$0.00	\$0.55

Restitution List

Restitution	Court Case#	Original Owed Balance	Interest Accrued	Sum of Tx for Date Range for Oblg	Current Balance
No information was found for the given criteria.					

EXHIBITS STATEMENT FROM M...
CDCR Verified: 9 0737

Date/Time: 1/16/2009 11:57:49 AM
Institution: PVSP

Inmate Statement Report

CDCR#	Inmate/Group Name	Institution	Unit	Cell/Bed	Current Available Balance
H04102	CONNSERO, MICHAEL	PVSP	DFB4T1000000	00107L	\$0.00

Transaction List

Transaction Date	Transaction Type	Source Doc#	Receipt#/Check#	Amount	Account Balance
12/01/2008	BEGINNING BALANCE				\$0.00
12/04/2008	EFT DEPOSIT	JP 12/03/08	253	\$45.00	\$45.00
12/04/2008	MEDICAL COPAY	MEDICAL		(\$5.00)	\$40.00
12/04/2008	DAMAGES - ID CARDS	ID CARD		(\$5.00)	\$35.00
12/05/2008	LEGAL COPY	CDC193COPIES		(\$1.60)	\$33.40
12/10/2008	SALES	3		(\$15.40)	\$18.00
01/01/2009	PLRA	CIV. S-04-0494 FCD		(\$8.00)	\$10.00
01/08/2009	LEGAL MAIL	CDC193 ENVELOPS		(\$0.40)	\$9.60
01/08/2009	LEGAL MAIL	CDC193 ENVELOPES		(\$0.20)	\$9.40
01/12/2009	MEDICAL (ADA / HEALTH) SUPPLIES	BOOTS/SUPPORT		(\$9.40)	\$0.00

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	CIV. S-04-0494 FCD	\$150.00	(\$8.00)	\$98.00
PLRA	CV F-01-5626 WWD LBP	\$150.00	\$0.00	\$54.00
MEDICAL (HEALTH) SUPPLIES	BOOTS/SUPPORT	\$275.03	(\$9.40)	\$265.63

Restitution List

Restitution	Court Case#	Original Owed Balance	Interest Accrued	Sum of Tx for Date Range for Oblg	Current Balance
No information was found for the given criteria.					

Well this is in error due to this was order in Jan 12, 09 way over 30 days and at P.V.S.P. which I never received any way The medical Boots need to be delete from my account

Institution: PVSP

Inmate Statement Report

CDCR#	Inmate/Group Name	Institution	Unit	Cell/Bed	Current Available Balance
H04102	CONNSERO, MICHAEL	PVSP	DFB4T2000000	00221L	\$15.40

Transaction List

Transaction Date	Transaction Type	Source Doc#	Receipt#/Check#	Amount	Account Balance
11/03/2008	BEGINNING BALANCE				\$0.00
12/04/2008	EFT DEPOSIT	JP 12/03/08	253	\$45.00	\$45.00
12/04/2008	MEDICAL COPAY	MEDICAL		(\$5.00)	\$40.00
12/04/2008	DAMAGES - ID CARDS	ID CARD		(\$5.00)	\$35.00
12/05/2008	LEGAL COPY	CDC193COPIES		(\$1.60)	\$33.40

Encumbrance List

Encumbrance Type	Transaction Date	Amount
Other Encumbrance	12/04/2008	\$9.00

Obligation List

Obligation Type	Court Case#	Original Owed Balance	Sum of Tx for Date Range for Oblg	Current Balance
PLRA	CIV. S-04-0494 FCD	\$150.00	\$0.00	\$97.00
PLRA	CV F-01-5626 WWD LBP	\$150.00	\$0.00	\$45.00

Restitution List

Restitution	Court Case#	Original Owed Balance	Interest Accrued	Sum of Tx for Date Range for Oblg	Current Balance
No information was found for the given criteria.					

9 0737

CALIFORNIA DEPARTMENT OF CORRECTIONS
SALINAS VALLEY STATE PRISON
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: MAY 01, 2008 THRU JUN. 03, 2008

ACCT: H04102

ACCT NAME: CONNSERO, MICHAEL

ACCT TYPE:

2008 APR 27 PM 11:01

TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
0.00	50.00	39.83	10.17	20.51	0.00

CURRENT AVAILABLE BALANCE

10.34-
