

1 Plaintiff's Name: DAVID ARZATE

2 Address: C.C.I 4B6B ZONE

3 TEHACHAPI, CA 93581

CDC No. F76243

**FILED**

NOV 26 2012

CLERK U.S. DISTRICT COURT  
EASTERN DISTRICT OF CALIFORNIA  
BY ✓ DEPUTY CLERK

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF CALIFORNIA

DAVID ARZATE Plaintiff, Case No.: SA-12-cv-02156 MBB  
vs. KIM HOLLAND ) APPLICATION TO PROCEED  
Defendant(s) ) IN FORMA PAUPERIS  
 ) BY A PRISONER

I, DAVID ARZATE, declare that I am the plaintiff in the above-entitled proceedings, 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 therefore 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

a. If the answer is "no", DO NOT USE THIS FORM.

b. If the answer is "yes", state place of incarceration: ✓

(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.)

1 2. Are you currently employed (includes prison employment)? [  ] Yes [  ] No

2 a. If the answer is "yes", state the amount of your pay. xx/xx

3 b. If the answer is "no", state the date of your last employment, the amount of your take-home  
4 salary or wages and pay period, and the name and address of your last employer.

5 \_\_\_\_\_  
6 \_\_\_\_\_

7 3. Have you received any money from the following sources over the last twelve months?

8 a. Business, profession, or other self-employment: [  ] Yes [  ] No \_\_\_\_\_

9 b. Rent payments, interest or dividends: [  ] Yes [  ] No \_\_\_\_\_

10 c. Pensions, annuities or life insurance payments: [  ] Yes [  ] No \_\_\_\_\_

11 d. Disability or workers compensation payments: [  ] Yes [  ] No \_\_\_\_\_

12 e. Gifts or inheritances: [  ] Yes [  ] No \_\_\_\_\_

13 f. Any other sources: [  ] Yes [  ] No \_\_\_\_\_

14 If the answer to any of the above is "yes", describe by that item each source of money. Also state  
15 the amount received and what you expect you will continue to receive. Please attach an additional sheet  
16 if necessary.

17 4. Do you have cash (includes balance of checking or savings accounts)? [  ] Yes [  ] No

18 If "yes", state the amount: \_\_\_\_\_

19 5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or  
20 other valuable property? [  ] Yes [  ] No

21 If "yes", describe the property and state its value: xx/xx

22 \_\_\_\_\_  
\_\_\_\_\_

23 6. Do you have any other assets? [  ] Yes [  ] No

24 If "yes", list the asset(s) and state the value of each asset listed: xx/xx

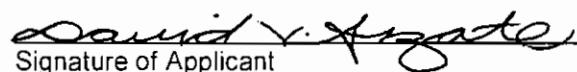
25 \_\_\_\_\_

1      7. List all persons dependent on you for support, stating your relationship to each person listed and how  
2      much you contribute to their support.

3      none

4  
5  
6  
7      I hereby authorize the agency having custody of me to collect from my trust account and forward  
8      to the Clerk of the United States District Court payments in accordance with 28 U.S.C. section 1915(b)(2).

9  
10     DATED: 16 day of NOVEMBER, 20 17

11  
12       
Signature of Applicant

13     **CERTIFICATE**

14     (To be completed by the institution of incarceration)

15     I certify that the applicant named herein has the sum of \$ \_\_\_\_\_ on account to his  
16     credit at \_\_\_\_\_. I further certify that during the past six months, the  
17     applicant's average monthly balance was \$ \_\_\_\_\_. I further certify that during  
18     the past six months, the average of monthly deposits to the applicant's account was \$ \_\_\_\_\_.  
19     (Please attach a certified copy of the applicant's trust account statement showing transactions for the past  
20     six months).

21  
22     DATED: \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

23  
24  
25     Signature of Authorized Officer

# TRUST ACCOUNT WITHDRAWAL ORDER

Date Nov. 16 2012

I hereby request that my Trust Account be charged \$..... for the purpose stated below and authorize the withdrawal of that sum from my account:

F-76243 NUMBER

David V. Agate  
NAME (Signature please, DO NOT PRINT)

State below the PURPOSE for which withdrawal is requested  
(do not use this form for Canteen or Hobby purchase).

PRINT PLAINLY BELOW name and address of person  
to whom check is to be mailed.

PURPOSE TO MAINTAIN LEGACY

**NAME** \_\_\_\_\_

## PAPERS / S. S. AND

## ADDRESS

COMPLETED FORM PREPARED

Digitized by srujanika@gmail.com

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PRINT YOUR FULL NAME HERE

**SECTION A: INMATE/PAROLEE REQUEST**

NAME (PHN): (LAST NAME)	(FIRST NAME)	CDC NUMBER:	SIGNATURE:
ARZATE	DAVID	F76243	David V. Arzate
HOUSING/BED NUMBER:	ASSIGNMENT:	HOURS FROM <u>—</u> TO <u>—</u>	TOPIC (I.E. MAIL, CONDITION OF CONFINEMENT/PAROLE, ETC.): LEGAL MAIL
4B-6R-3061	Y/A		

CLEARLY STATE THE SERVICE OR ITEM REQUESTED OR REASON FOR INTERVIEW:

It would be much appreciated if you can fill out the certificate portion of my formal supervisor form, and get my legal mail as soon as possible as I have a deadline. Thank you for your time and assistance in this matter, and for notifying me once it's sent to the appropriate court! Respectfully,  
David V. Arzate

METHOD OF DELIVERY (CHECK APPROPRIATE BOX) \*\*NO RECEIPT WILL BE PROVIDED IF REQUEST IS MAILED \*\*

<input checked="" type="checkbox"/> SENT THROUGH MAIL: ADDRESSED TO <u>INMATE TRUST ACCOUNT OFFICE</u>	DATE MAILED: <u>11/16/12</u>
<input type="checkbox"/> DELIVERED TO STAFF (STAFF TO COMPLETE BOX BELOW AND GIVE GOLDENROD COPY TO INMATE/PAROLEE):	

RECEIVED BY: PRINT STAFF NAME:	DATE:	SIGNATURE:	FORWARDED TO ANOTHER STAFF? (CIRCLE ONE) YES NO
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IF FORWARDED - TO WHOM:	DATE DELIVERED/MAILED:	METHOD OF DELIVERY: (CIRCLE ONE) IN PERSON BY US MAIL
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**SECTION B: STAFF RESPONSE**

RESPONDING STAFF NAME:	DATE:	SIGNATURE:	DATE RETURNED:
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**SECTION C: REQUEST FOR SUPERVISOR REVIEW**

PROVIDE REASON WHY YOU DISAGREE WITH STAFF RESPONSE AND FORWARD TO RESPONDENT'S SUPERVISOR IN PERSON OR BY US MAIL. KEEP FINAL CANARY COPY.

SIGNATURE:	DATE SUBMITTED:
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**SECTION D: SUPERVISOR'S REVIEW**

RECEIVED BY SUPERVISOR (NAME):	DATE:	SIGNATURE:	DATE RETURNED:
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