

Plaintiff's Name: DAVID ARZATE

CDC No. F76243

Address: C.C.I. 41868-2066

TEHACHA, CA 93581

FILED

NOV 26 2012

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

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA

DAVID ARZATE

Plaintiff,

vs.

KIRK HOLLAND

Defendant(s)

Case No.: EA-04-02156 MJB HC

APPLICATION TO PROCEED
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: MIA

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

a. If the answer is "yes", state the amount of your pay. N/A

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. Please attach an additional sheet if necessary.

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

If "yes", state the 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: N/A

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

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

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

NONE

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).

DATED: 16 day of NOVEMBER, 20 12

David V. Fugate
Signature of Applicant

CERTIFICATE

(To be completed by the institution of incarceration)

I certify that the applicant named herein has the sum of \$ _____ on account to his credit at _____. I further certify that during the past six months, the applicant's average monthly balance was \$ _____. I further certify that during the past six months, the average of monthly deposits to the applicant's account was \$ _____.

(Please attach a certified copy of the applicant's trust account statement showing transactions for the past six months).

DATED: _____ day of _____, 20 _____

Signature of Authorized Officer

TRUST ACCOUNT WITHDRAWAL ORDER

Date NOV 16 2012

To: Warden

Approved _____

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

F76243
NUMBER

David V. State
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 MAIL OUT LERN

NAME _____

PAUPERS / C.O. 1 AND

ADDRESS _____

COMPLETED FORM PAUPERS

PRINT YOUR FULL NAME HERE

SECTION A: INMATE/PAROLEE REQUEST

NAME (Print): (LAST NAME) (FIRST NAME)		CDC NUMBER:	SIGNATURE:
ARZATE DAVID		F36343	David V. Arzate
HOUSING/BED NUMBER:	ASSIGNMENT:	HOURS FROM _ TO _	TOPIC (I.E. MAIL, CONDITION OF CONFINEMENT/PAROLE, ETC.):
4B-6B-3061	VIA		LEGAL MAIL

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 Form 1000BIS Form, and get my legal mail out as soon as possible as I have a deadline. Thank you for your time and assistance in this matter, and for notifying me once this is sent to the appropriate court. RESPECTFULLY,
David V. Arzate

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

☒ SENT THROUGH MAIL: ADDRESSED TO INMATE/TAUST ACCOUNT OFFICE DATE MAILED: 11/16/12
☐ 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
IF FORWARDED - TO WHOM:		DATE DELIVERED/MAILED:	METHOD OF DELIVERY: (CIRCLE ONE) IN PERSON BY US MAIL

SECTION B: STAFF RESPONSE

RESPONDING STAFF NAME:	DATE:	SIGNATURE:	DATE RETURNED:

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:

SECTION D: SUPERVISOR'S REVIEW

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