

Name: Brian Turner  
CDC No: 1732090  
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Fresno, CA 93712

**FILED**  
APR 01 2010  
CLERK, U.S. DISTRICT COURT  
EASTERN DISTRICT OF CALIFORNIA  
BY \_\_\_\_\_  
DEPUTY CLERK

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF CALIFORNIA  
FRESNO DIVISION

CASE NUMBER: 1:10-CV-00564  
YNP-SMS  
(PC)

vs. Brian Turner Plaintiff,

APPLICATION TO PROCEED  
IN FORMA PAUPERIS  
BY A PRISONER

Defendants.  
Medical dept. of Fresno county Jail

I, Brian Turner, 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) Turner v. Medical Dept. of Fresno County Jail

Doc. 4 Att. 1

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. Fresno County Jail

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?

**RECEIVED**

Business, profession, or other self-employment:  Yes  No

b. Rent payments, interest or dividends:  Yes  No

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CLERK, U.S. DISTRICT COURT  
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BY \_\_\_\_\_ 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).

- 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).

3/29/10  
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)