

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA

FILED

APR 12 2010

ANTHONY SHORTER, IN PRO PER

Plaintiff

vs.

*DOC AND CSP-CORCORAN,
ET AL.*

Defendant

**APPLICATION TO PROCEED
IN FORMA PAUPERIS
BY A PRISONER**

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

CASE NUMBER:

1:10-cv-610-DLB(PC)

I, *ANTHONY SHORTER, IN PRO PER*, 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. § 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.

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)

If "Yes" state the place of your incarceration. *CALIFORNIA MEN'S COLONY STATE PRISON-EAST*

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? 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. *9/1/2009, \$9.75, 10/2010
CSP-COR, 35-DUNNINGS LINE SERVER, \$22.00 PER MO.*

3. In the past twelve months have you received any money from any of the following sources?

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

*SEE, DOCR, INMATE
STATEMENT REPORTS*

If the answer to any of the above is "Yes" describe by that item each source of money and 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 or 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 the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support. *N/A*

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. § 1915(b)(2).

I declare under penalty of perjury that the above information is true and correct.

April 03, 2010
DATE

Anthony Shuler
SIGNATURE OF APPLICANT

CERTIFICATE

(To be completed by the institution of incarceration)

I certify that the applicant named herein has the sum of \$ 0 on account to his/her credit at California Men's Colony (name of institution). 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.

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

4-10-2010
DATE

Karen Moxk Account Technician
SIGNATURE OF AUTHORIZED OFFICER

Inmate Statement Report

Start Date: 10/8/2009	Revalidation Cycle: All
End Date: 4/8/2010	Housing Unit: All
Inmate/Group#: V33176	Inmate/Group Name: SHORTER, ANTHONY



THE WITHIN INSTRUMENT IS A CORRECT
COPY OF THE TRUST ACCOUNT MAINTAINED
BY THIS OFFICE.

ATTEST: 04-08-2010

CALIFORNIA DEPARTMENT OF CORRECTIONS

BY Karen Moch Account Technician

TRUST OFFICE

Institution: CMC

Inmate Statement Report

CDCR#	Inmate/Group Name	Institution	Unit	Cell/Bed
V33176	SHORTER, ANTHONY	CMC	EFAQB1F30000	001387

Current Available Balance: \$0.00

Transaction List

Transaction Date	Institution	Transaction Type	Source Doc#	Receipt#/Check#	Amount	Account Balance
No information was found for the given criteria.						

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
MEDICAL (HEALTH) SUPPLIES	#1187/FLOSS	\$1.58	\$0.00	\$1.58

Restitution List

Restitution	Court Case#	Original Owed Balance	Interest Accrued	Sum of Tx for Date Range for Oblg	Current Balance
RESTITUTION FINE	YA054743	\$200.00	\$0.00	\$0.00	\$0.00