

Plaintiff's Name: Charles T. Davis  
 CDC No: P-05063, Facility CS 1251  
 Address: P.O. Box 8500  
Coalinga, CA 93210

**FILED**

JUL 01 2010

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

UNITED STATES DISTRICT COURT  
 EASTERN DISTRICT OF CALIFORNIA

Charles T. Davis  
 Plaintiff/Petitioner,

vs.

Clark J. Kelso, et al.  
 Defendants/Respondent.

APPLICATION TO PROCEED  
 IN FORMA PAUPERIS  
 BY A PRISONER

CASE NUMBER:

1:10 CV 001184 GSA

PC

I, Charles T. Davis, declare that I am the plaintiff/respondent 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.

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. Pleasant Valley State Prison (PVSP)

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. \_\_\_\_\_

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. 1994 (SSI disab. lity)

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 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:

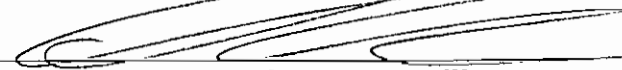
Walkman & IS. Hotpot \$19. Electric Shaver, \$24.

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

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).

06/16/10

DATE



SIGNATURE OF APPLICANT

### CERTIFICATE

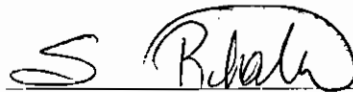
(To be completed by the institution of incarceration)

I certify that the applicant named herein has the sum of \$ 0.00 on account to his/her credit at Pleasant Valley State Prison (name of institution). I further certify that during the past six months, the applicant's average monthly balance was \$ 0.00. I further certify that during the past six months, the average of monthly deposits to the applicant's account was \$ 0.00.

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

6-17-10

DATE



SIGNATURE OF AUTHORIZED OFFICER

**Inmate Statement Report**

<b>Start Date:</b>	12/17/2009	<b>Revalidation Cycle:</b>	All
<b>End Date:</b>	6/17/2010	<b>Housing Unit:</b>	All
<b>Inmate/Group#:</b>	P05063		



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

ATTEST: S. Rikalo 6-17-10  
CALIFORNIA DEPARTMENT OF CORRECTIONS

BY S. Rikalo  
TRUST OFFICE

## Inmate Statement Report

CDCR#	Inmate/Group Name	Institution	Unit	Cell/Bed
P05063	DAVIS, CHARLES	PVSP	CFB5T1000000	00125L

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
PLRA	CIV-S-1898 FCD PAN P	\$250.00	\$0.00	\$230.29
PLRA	CIV-OS-1628 FCD PAN	\$250.00	\$0.00	\$235.34
PLRA	CIV-S-04-0886 MCE PA	\$150.00	\$0.00	\$150.00
PLRA	CIV-S-04-0875-WBS DA	\$150.00	\$0.00	\$150.00
PLRA	CIV-S-01-1868 FCD JF	\$150.00	\$0.00	\$150.00
PLRA	08CECG03638	\$320.00	\$0.00	\$320.00
PLRA	CV-01038-OWW- SMS-P	\$350.00	\$0.00	\$350.00
PLRA	2: 07-CV-01383-FCD- EF	\$455.00	\$0.00	\$455.00

Restitution List

Restitution	Court Case#	Original Owed Balance	Interest Accrued	Sum of Tx for Date Range for Oblg	Current Balance
RESTITUTION FINE	FWV05361	\$10,000.00	\$0.00	\$0.00	\$9,576.11



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COPY OF THE TRUST ACCOUNT MAINTAINED  
BY THIS OFFICE.  
ATTEST: *S. Rikala* 6-17-10  
CALIFORNIA DEPARTMENT OF CORRECTIONS  
BY *S. Rikala*  
TRUST OFFICE