

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

FILED

JUL 01 2010

CLERK, U.S. DISTRICT COURT
 EASTERN DISTRICT OF CALIFORNIA
 BY N DEPUTY CLERK

UNITED STATES DISTRICT COURT
 EASTERN DISTRICT OF CALIFORNIA

Charles T. Davis

Plaintiff/Petitioner,

vs.

Clark T. 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 CALIFORNIA prison trust account statement showing transactions for the past six months.

RECEIVED

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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 (SST disability)

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 \$15. 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

(Revised 2/15/06)

Inmate Statement Report

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

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

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

BY *S. Rivalta*
TRUST OFFICE



Inmate Statement Report

CDCR#	Inmate/Group Name	Institution	Unit	Cell/Bed
P05063	DAVIS, CHARLES	PVSP	CFB5T100000	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 Oblig	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 Oblig	Current Balance
RESTITUTION FINE	FWV05361	\$10,000.00	\$0.00	\$0.00	\$9,576.11

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

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



BY *S. Rikato*
TRUST OFFICE