

Name: CARLOS GILBERT LAW, PRO SE  
 CDC No: F-29888  
 Address: P.O. Box 600  
TRACY, CA. 95378-0600

**FILED**

AUG 29 2011

CLERK, U.S. DISTRICT COURT  
 EASTERN DISTRICT OF CALIFORNIA  
 BY DR. M. CLEK

UNITED STATES DISTRICT COURT  
 EASTERN DISTRICT OF CALIFORNIA  
 FRESNO DIVISION

CARLOS GILBERT LAW

Plaintiff/Petitioner,

vs.

GREGORY STEVEN MILLER, ET AL.

Defendants/Respondent.

CASE NUMBER:

11-CV-1339-LJO-SKO

APPLICATION TO PROCEED  
 IN FORMA PAUPERIS  
 BY A PRISONER

I, CARLOS G. LAW, 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.

Doc. 10 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. DVI RECEPTION CENTER.

2. Are you currently employed (includes prison employment)?  Yes  No

a. If the answer is "yes" state the amount of your pay. NONE

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. N/A

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 (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: N/A

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

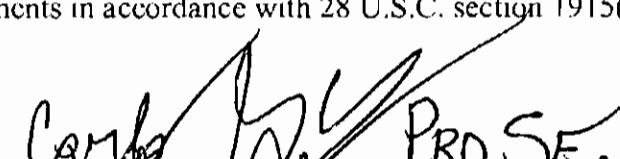
If "yes," list the asset(s) and state the value of each asset listed: N/A

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

**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).

08-25-11  
DATE

  
PRO SE.  
SIGNATURE OF APPLICANT  
SS# 418-04-3748

**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)

## Inmate Statement Report

| CDCR#  | Inmate/Group Name | Institution | Unit         | Cell/Bed |
|--------|-------------------|-------------|--------------|----------|
| F29888 | LAW, CARLOS       | DVI         | WKT200000000 | 00006S   |

Current Available Balance: \$0.00

Transaction List

| Transaction Date | Institution | Transaction Type  | Source Doc# | Receipt#/Check# | Amount   | Account Balance |
|------------------|-------------|-------------------|-------------|-----------------|----------|-----------------|
| 01/01/2011       | DVI         | BEGINNING BALANCE |             |                 | \$0.00   |                 |
| 05/20/2011       | DVI         | TRACS TRANSFER IN | TX05202011  |                 | \$10.00  | \$10.00         |
| 06/16/2011       | DVI         | LEGAL COPY        |             |                 | (\$2.40) | \$7.60          |
| 06/16/2011       | DVI         | LEGAL COPY        |             |                 | (\$1.40) | \$6.20          |
| 06/24/2011       | DVI         | SALES             | 8           |                 | (\$6.20) | \$0.00          |

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            | CV 06-1061 OWW<br>LJO | \$350.00              | \$0.00                             | \$350.00        |

Restitution List

| Restitution      | Court Case# | Original Owed Balance | Interest Accrued | Sum of Tx for Date Range for Oblig | Current Balance |
|------------------|-------------|-----------------------|------------------|------------------------------------|-----------------|
| RESTITUTION FINE | 29999       | \$1,200.00            | \$0.00           | \$0.00                             | \$1,055.29      |
| FINE PC 1202.45  | 29999       | \$1,200.00            | \$0.00           | \$0.00                             | \$1,200.00      |
| RESTITUTION FINE | CRM010643   | \$200.00              | \$0.00           | \$0.00                             | \$200.00        |

HOUSING: 1K 206

DATE Sent: 08 24 2011

### **Certified copy of Inmate's Trust Account**

You requested a certified copy of your Trust Account. It is now available. You have three days to prepare your legal paperwork for mailing to the court. You are responsible for making all arrangements to receive your copy of your Certified Trust Account.

#### **Be prepared to:**

1. Inspect the Certified Trust account: Name, CDCR Number, Housing and date.
2. Request the Law Library for service with this matter.
3. Bring all your completed legal work with you for mailing to the court.
4. Bring an addressed envelope for mailing to the court.  
(Be sure that your legal work fits into the envelope)
5. Fill out a Trust Withdrawal form for postage. You may use your own postage if you have it.
6. If you wish a copy of your Certified Trust Account request a copy to be made.

#### **Note:**

If you are an R.C., S.P.U., or an Ad. Seg. Inmate you will be escorted for service.

SS#418-04-3748

Carlos A. L.

Sign your name

CARLOS G. LAW

Print your name

08-25-11

Date of Service

Bring your pink copy of this notice when you come to (\_\_\_\_\_)  
The original, (white copy) will be sent to your C-file.  
The (yellow copy) is proof of service and is maintained.

\*if you require a check to be cut or a money order for Court fees you will make that request through your Counselor.

Note: it is your responsibility to be prepared to meet your court deadline.

C. J. B.

Staff member signature

RECD IN MAIL 8/25/11

DVI Library #09

P.O. Box 600

TRACY, CA. 95378-0600

U.S. District Court  
EASTEN District of CALIFORNIACARLOS GILBERT LAW  
PLAINTIFF,  
VS.

civil# 11-cv-1339-LJO-SKO

GREGORY STEVEN MILLER, ET AL.  
DEFENDANT'S."AFFidavit in SUPPORT OF (IFP)"

PLAINTIFF CARLOS GILBERT LAW IS "NOW" UNDER IMMINENT  
DANGER OF SERIOUS PHYSICAL INJURY WHILE INCARCERATED AT  
CDCR DIVI RECEPTION CENTER. PLAINTIFF IS A RAPE VICTIM AND  
LABELLED A SNITCH WHILE INCARCERATED IN CDCR RECEPTION  
CENTER. PLEASE REFER TO CDCR FORM 225, AND CDC 115 AND/OR  
CDC RVR DATED FOR 07-03-11. PLEASE SEE ALSO ATTACHED:  
CERTIFIED COPY OF INMATE CARLOS GILBERT LAW TRUST ACCOUNT  
STATEMENT REPORT DATED FOR 08-24-11 AT 1:13:37PM.

SO THEREFORE BASED ON THE FORGOING PLAINTIFF RESPECTFULLY REQUEST  
THIS FEDERAL COURT TO GRANT PLAINTIFF (IFP) STATUS.

I, CARLOS GILBERT LAW, DECLARE UNDER PENALTY OF PERJURY THAT  
FACTS IN THIS "AFFIDAVIT" IS TRUE AND CORRECT ON THIS DAY 08-25-11.

SS# 418-04-3748 (SIGNATURE OF PLAINTIFF)  
PROST CONSULTING # F-29888