

Plaintiff's Name: CHRISTOPHER L. HARRIS
CDC No: *05927-028
Address: LISP-ATWATER - P.O. Box 019001
ATWATER, CA - 95301

FILED

SEP 19 2011

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

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA

CHRISTOPHER L. HARRIS)
Plaintiff,)
vs.)
DONALD M. O'KEEFE, U.S.)
MARSHAL)
Defendant(s).)

APPLICATION TO PROCEED
IN FORMA PAUPERIS
BY A PRISONER

CASE NUMBER:

1:11-CV-01553 DUB (PC)

I, CHRISTOPHER L. HARRIS 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.

In support of this application, I answer the following questions under penalty of perjury:

-DLB Harris v. O'Keefe et al Doc. 11 Att. 1
1. Are you currently incarcerated? Yes No (If "no" DO NOT USE THIS FORM)

If "yes" state the place of your incarceration. LISP-ATWATER

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.

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. 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: ~~\$00.00~~ \$27.62

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. NONE

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).

9-14-11
DATE

Christopher S. Harris
SIGNATURE OF APPLICANT

CERTIFICATE

(To be completed by the institution of incarceration)

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

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

9-15-11
DATE

"REFUSED TO SIGN"
SIGNATURE OF AUTHORIZED OFFICER

Inmate Statement



Inmate Reg #:	05927028	Current Institution:	Atwater USP
Inmate Name:	HARRIS, CHRISTOPHER	Housing Unit:	ATW-Z-A
Report Date:	09/15/2011	Living Quarters:	Z02-212UAD
Report Time:	8:08:28 AM		

Alpha Code	Date/Time	Reference#	Payment#	Receipt#	Transaction Type	Transaction Amount	Encumbrance Amount	Ending Balance
ATW	9/12/2011 8:18:06 AM	9			Sales	(\$2.50)		\$27.62
ATW	9/8/2011 1:03:01 PM	33309711			Western Union	\$30.00		\$30.12
ATW	9/8/2011 1:03:01 PM	KFLXD458 - 3392			Debt Encumbrance		(\$6.00)	-----
ATW	9/5/2011 8:54:25 AM				Sales	(\$0.15)		\$0.12
ATW	8/22/2011 8:13:53 AM	20			Sales	(\$0.88)		\$0.27
ATW	8/17/2011 8:38:25 AM	TFN0817			Phone Withdrawal	(\$1.00)		\$1.15
ATW	8/16/2011 3:17:01 AM	TX081611			Transfer - In from TRUFACS	\$2.15		\$2.15
Total Transactions: 7								
						Totals:	\$27.62	(\$6.00)

Current Balances

Alpha Code	Available Balance	Pre-Release Balance	Debt Encumbrance	SPO Encumbrance	Other Encumbrance	Outstanding Instruments	Administrative Holds	Account Balance
ATW	\$21.62	\$0.00	\$6.00	\$0.00	\$0.00	\$0.00	\$0.00	\$27.62
Totals:	\$21.62	\$0.00	\$6.00	\$0.00	\$0.00	\$0.00	\$0.00	\$27.62

Other Balances

National 6 Months Deposits	National 6 Months Withdrawals	National 6 Months Avg Daily Balance	Local Max Balance - Prev 30 Days	Average Balance - Prev 30 Days	Commissary Restriction Start Date	Commissary Restriction End Date
\$102.60	\$78.37	\$16.94	\$30.12	\$7.35	N/A	N/A

Certified By: _____
 Business Administrator

Inmate Inquiry



Inmate Reg #:	05927028	Current Institution:	Atwater USP
Inmate Name:	HARRIS, CHRISTOPHER	Housing Unit:	ATW-Z-A
Report Date:	09/15/2011	Living Quarters:	Z02-212UAD
Report Time:	7:09:39 AM		

[General Information](#) |
 [Account Balances](#) |
 [Commissary History](#) |
 [Commissary Restrictions](#) |
 [Comments](#)

General Information

Administrative Hold Indicator: No
 No Power of Attorney: No
 Never Waive NSF Fee: No
 Max Allowed Deduction %: 100
 PIN: 2823
 PAC #: 272656684
 FRP Participation Status: Participating
 Arrived From: VIM
 Transferred To:
 Account Creation Date: 5/8/2002
 Local Account Activation Date: 8/16/2011 3:17:01 AM

Sort Codes: _____
 Last Account Update: 9/15/2011 3:12:41 AM
 Account Status: Active
 Phone Balance: \$0.77

FRP Plan Information

FRP Plan Type	Expected Amount	Expected Rate
---------------	-----------------	---------------

Account Balances

Account Balance: \$27.62
 Pre-Release Balance: \$0.00
 Debt Encumbrance: \$6.00
 SPO Encumbrance: \$0.00
 Other Encumbrances: \$0.00
 Outstanding Negotiable Instruments: \$0.00
 Administrative Hold Balance: \$0.00
 Available Balance: \$21.62
 National 6 Months Deposits: \$102.60
 National 6 Months Withdrawals: \$78.37
 National 6 Months Avg Daily Balance: \$16.94
 Local Max. Balance - Prev. 30 Days: \$30.12
 Average Balance - Prev. 30 Days: \$7.35

Certified By: 
 Business Administrator

Commissary History

Purchases

Validation Period Purchases: \$3.53
 YTD Purchases: \$3.53
 Last Sales Date: 9/12/2011 8:18:06 AM

SPO Information

SPO's this Month: 0
 SPO \$ this Quarter: \$0.00

Spending Limit Info

Spending Limit Override: No
 Weekly Revalidation: No
 Bi-Weekly Revalidation: No
 Spending Limit: \$290.00
 Expended Spending Limit: \$2.65
 Remaining Spending Limit: \$287.35

Commissary Restrictions

Spending Limit Restrictions

Restricted Spending Limit: \$0.00
 Restricted Expended Amount: \$0.00
 Restricted Remaining Spending Limit: \$0.00
 Restriction Start Date: N/A
 Restriction End Date: N/A

Item Restrictions

List Name	List Type	Start Date	End Date	Active
-----------	-----------	------------	----------	--------

Comments

Comments:
