|          | tase 1:12-cv-00491-DLB Document 6 Filed 02/15/12 Page 1 0f 4   |  |  |  |  |
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|          | FILED  |  |  |  |  |
|          | II SARER AND TO  |  |  |  |  |
|          | A CLERK, U.S. DISTRICT COLUMN  |  |  |  |  |
| ÷        | A CLERK, U.S. DISTRICT COURT  NORTHERN DISTRICT OF CALIFORNIA  |  |  |  |  |
|          | 6  |  |  |  |  |
|          | 7  |  |  |  |  |
|          | UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA   |  |  |  |  |
|          |  |  |  |  |  |
| 10       |  |  |  |  |  |
| 11       |  |  |  |  |  |
| 12       | ) APPLICATION TO PROCEED   |  |  |  |  |
| 13       | JAMES HARTLEY (Warden)   |  |  |  |  |
| 14       |  |  |  |  |  |
| 15       |  |  |  |  |  |
| 16       | I, TIMOTHY D. JOHNSON, declare, under penalty of perjury that I am the   |  |  |  |  |
| 17<br>18 | plaintiff in the above entitled case and that the information I offer throughout this application                      |  |  |  |  |
|          | is true and correct. I offer this application in support of my request to proceed without being                        |  |  |  |  |
| 19       | required to prepay the full amount of fees, costs or give security. I state that because of my                         |  |  |  |  |
| 20       | poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief. |  |  |  |  |
| 22       | In support of this application, I provide the following information:   |  |  |  |  |
| 23       | Are you presently employed? Yes X No   |  |  |  |  |
| 24       | If your answer is "yes," state both your gross and net salary or wages per month, and give the                         |  |  |  |  |
| 25       | name and address of your employer:   |  |  |  |  |
| 26       | Gross: \$0.00 Net: \$0.00  |  |  |  |  |
| 27       | Employer: Avenal State Prison, Plaintiff is a Housing Unit   |  |  |  |  |
| 28       | Porter   |  |  |  |  |
|          |  |  |  |  |  |
|          | C. IN FORMA PAUPERIS - 1 -   |  |  |  |  |
| PRU      | C. IN FORMA PAUPERIS - 1 -   |  |  |  |  |

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| place of emplo     | yment prior to imprisonment.)           |                                       |                                       |             |
|--------------------|---|---------------------------------------|---------------------------------------|-------------|
|                    | <u> </u>                                |                                       |                                       |             |
|                    |   | · · · · · · · · · · · · · · · · · · · |                                       |             |
| 2. Have vo         | u received, within the past twelve (1)  | 2) months any                         | money from a                          | ny of th    |
| following source   |   | e) monuis, any                        | inoney nom a                          | iry or in   |
| -                  | Business, Profession or                 | Yes                                   | _ NoX_                                |             |
|                    | elf employment                          |                                       |                                       |             |
| i .                | ncome from stocks, bonds,               | Yes                                   | _ No _ <u>X</u> _                     |             |
|                    | r royalties?                            | <del>.</del>                          |                                       |             |
| c. R               | ent payments?                           | Yes                                   | No <u>X</u>                           |             |
| d. P               | ensions, annuities, or                  | Yes                                   | No X                                  |             |
| li                 | fe insurance payments?                  |                                       |                                       |             |
| e. Fe              | ederal or State welfare payments,       | Yes                                   | NoX                                   |             |
| . So               | ocial Security or other govern-         |                                       |                                       |             |
| m                  | ent source?                             |                                       |                                       |             |
| If the answer is " | yes" to any of the above, describe each | ch source of mo                       | oney and state                        | the am      |
| received from eac  | ch.                                     |                                       |                                       |             |
|                    |   |                                       | <del></del>                           |             |
| . "                |   |                                       |                                       | <del></del> |
| Are you m          | arried?                                 | Yes X                                 | No                                    | •           |
| pouse's Full Nan   | ne: Sharon Renee Johnso                 | n (Haven?t                            | seen her                              | <u>în y</u> |
| pouse's Place of   | Employment: <u>Unknown</u>              | * .                                   | · · · · · · · · · · · · · · · · · · · |             |
|                    | Salary, Wages or Income:                |                                       |                                       |             |
| ross \$ Unkno      | wn Net \$_Unk                           | nown                                  |                                       | · .         |

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| 1   | b. List the persons other than your spouse who are dependent upon you for                      |  |  |  |  |
|-----|--|--|--|--|--|
| 2   | support and indicate how much you contribute toward their support. (NOTE:                      |  |  |  |  |
| 3   | For minor children, list only their initials and ages. DO NOT INCLUDE                          |  |  |  |  |
| 4   | THEIR NAMES.).   |  |  |  |  |
| 5   | None   |  |  |  |  |
| 6   |  |  |  |  |  |
| 7   | 5. Do you own or are you buying a home? Yes No X   |  |  |  |  |
| 8   | Estimated Market Value: \$ Amount of Mortgage: \$  |  |  |  |  |
| 9   | 6. Do you own an automobile? Yes NoX   |  |  |  |  |
| 10  | Make Year Model  |  |  |  |  |
| 11  | Is it financed? Yes No If so, Total due: \$  |  |  |  |  |
| i2  | Monthly Payment: \$  |  |  |  |  |
| 13  | 7. Do you have a bank account? Yes No X (Do not include account numbers.)                      |  |  |  |  |
| 14  | Name(s) and address(es) of bank:   |  |  |  |  |
| 15  |  |  |  |  |  |
| 16  | Present balance(s): \$   |  |  |  |  |
| 17  | Do you own any cash? Yes No X Amount: \$   |  |  |  |  |
| 18  | Do you have any other assets? (If "yes," provide a description of each asset and its estimated |  |  |  |  |
| 19  | market value.) Yes No <u>X</u>   |  |  |  |  |
| 20  |  |  |  |  |  |
| 21  | 8. What are your monthly expenses?   |  |  |  |  |
| 22  | Rent: \$ 0.00 Utilities: \$0.00  |  |  |  |  |
| 23  | Food: \$ 0.00 Clothing: \$0.00   |  |  |  |  |
| 24  | Charge Accounts:   |  |  |  |  |
| 5   | Name of Account Monthly Payment Total Owed on This Acct.                                       |  |  |  |  |
| .6  |  |  |  |  |  |
| 7   | <u> </u>   |  |  |  |  |
| 8 . | <u> </u>   |  |  |  |  |
|     |  |  |  |  |  |

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|  | 9. Do you have any other debts? (List current obligations, indicating amounts and to     |  |  |  |  |  |
|--|--|--|--|--|--|--|
|  | 2 whom they are payable. Do <u>not</u> include account numbers.)                         |  |  |  |  |  |
|  | 3 Restitution  |  |  |  |  |  |
|  | 4  |  |  |  |  |  |
|  | 5 10. Does the complaint which you are seeking to file raise claims that have been prese |  |  |  |  |  |
| 6 in other lawsuits? Yes No X_  7 Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the co |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| . !  | 9  |  |  |  |  |  |
| 16   |  |  |  |  |  |  |
| 11   | I consent to prison officials withdrawing from my trust account and paying to the court  |  |  |  |  |  |
| 12   | the initial partial filing fee and all installment payments required by the court.       |  |  |  |  |  |
| 13   |  |  |  |  |  |  |
| 14   |  |  |  |  |  |  |
| 15   |  |  |  |  |  |  |
| 16   | 01/23/12 Tomothy D. Johnson  |  |  |  |  |  |
| 17   | DATE SIGNATURE OF APPLICANT  |  |  |  |  |  |
| 18   |  |  |  |  |  |  |
| 19   |  |  |  |  |  |  |
| 20   |  |  |  |  |  |  |
| 21   |  |  |  |  |  |  |
| 22   |  |  |  |  |  |  |
| 23   |  |  |  |  |  |  |
| 24   |  |  |  |  |  |  |
| 25   |  |  |  |  |  |  |
| 26   |  |  |  |  |  |  |
| 27   |  |  |  |  |  |  |
| 28   |  |  |  |  |  |  |
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