

FILED

JUN 05 2013

Plaintiff's Name: GARY DALE BARBER AKA FISHER

CDC No: F85263

Address: _____

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

UNITED STATES DISTRICT COURT
~~NORTHERN~~ DISTRICT OF CALIFORNIA
NORTHERN SAN FRANCISCO

GARY DALE BARBER

Plaintiff/Petitioner,

vs.

CALIFORNIA GOVERNOR JERRY BROWN

Defendants/Respondent.

ET AL

) APPLICATION TO PROCEED
) IN FORMA PAUPERIS
) BY A PRISONER

) CASE NUMBER:

1:13-cv-414

I, GARY DALE BARBER, 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. PELLICAN BAY STATE PRISON

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.

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:

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).

DATE

Ray Subinger Fisher
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).

5-30-13
DATE

[Signature]
SIGNATURE OF AUTHORIZED OFFICER