

UNITED STATES DISTRICT COURT

EASTERN

District of

CALIFORNIA

MICHAEL B. WILLIAMS

Plaintiff

v.

MARISSA BIGOT

Defendant

FILED

APPLICATION TO PROCEED WITHOUT PREPAYMENT OF FEES AND AFFIDAVIT

APR 29 2013

CLERK U.S. DISTRICT COURT EASTERN DISTRICT OF CALIFORNIA

CASE NUMBER: 1:13-CV-00556- MJS

DEPUTY CLERK

I, _____ declare that I am the (check appropriate box)

petitioner/plaintiff/movant other CIVIL DETAINEE PLAINTIFF

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915 I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

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

1. Are you currently incarcerated? Yes No (If "No," go to Part 2)

If "Yes," state the place of your incarceration COALINGA STATE HOSPITAL

Are you employed at the institution? YES Do you receive any payment from the YES

Attach a ledger sheet from the institution(s) of your incarceration showing at least the past six months transactions. (PC) Williams v. Bigot et al Doc. 8 Att. 1

2. Are you currently employed? Yes No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer. PLAINTIFF WORKS AS A HOSPITAL CLINIC JANITOR

AT \$1.00 AN HOUR, TWO HOURS A DAY, PLUS A \$12.50 ANNUITY FOR A TOTAL OF \$54.00 PER MO. WORK SUPERVISOR NAME: LUARA, P.O. BOX 5000, COALINGA, CA 93210

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. 5000

NOT APPLICABLE

3. In the past 12 twelve months have you received any money from any of the following sources?

- a. Business, profession or other self-employment
b. Rent payments, interest or dividends
c. Pensions, annuities or life insurance payments
d. Disability or workers compensation payments
e. Gifts or inheritances
f. Any other sources

If the answer to any of the above is "Yes," describe, on the following page, each source of money and state the amount received and what you expect you will continue to receive.

4. Do you have **any** cash or checking or savings accounts? Yes No

If "Yes," state the total amount. NOT APPLICABLE

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or any other thing of value? Yes No

If "Yes," describe the property and state its value.

NOT APPLICABLE

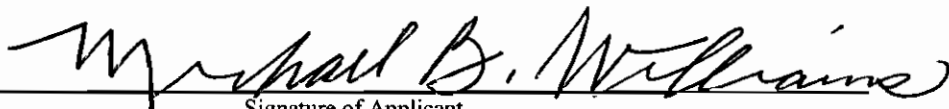
6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

NOT APPLICABLE

I declare under penalty of perjury that the above information is true and correct.

APRIL 25, 2013

Date



Signature of Applicant

MICHAEL B. WILLIAMS

NOTICE TO PRISONER: A Prisoner seeking to proceed IFP shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

RECEIPT	COALINGA STATE HOSPITAL	
PATIENT ID#: 0005421	DATE: 03/28/2013	RECEIPT #: 17-47619
NAME: WILLIAMS, MICHAEL	UNIT #:	
FROM: MARCH PAY 3/1-3/15/13		
TYPE: CASH		
AMOUNT: \$22.00	RECEIVED BY:	
COMMENT:		

RECEIPT	COALINGA STATE HOSPITAL	
PATIENT ID#: 0005421	DATE: 04/12/2013	RECEIPT #: 17-47634
NAME: WILLIAMS, MICHAEL		UNIT #:
FROM: MARCH PAY 3/16-3/31/13 W/12.50		
TYPE: CASH		
AMOUNT: \$32.50	RECEIVED BY:	
COMMENT:		