

**FILED**

APR 29 2013

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF CALIFORNIACLERK, U.S. DISTRICT COURT  
EASTERN DISTRICT OF CALIFORNIA  
BY DEPUTY CLERKDavid A Gruenfelder

Plaintiff

vs.

Stanislaus County Sheriffs  
Career Care Solutions

Defendant

APPLICATION TO PROCEED  
IN FORMA PAUPERIS  
BY A PRISONER

CASE NUMBER:

1:13-CV-00620 GSA(PC)

I, David A Gruenfelder, 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. § 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. Public Safety Center, Modesto, CA

**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? ☐ Yes ☒ No

a. If the answer is "Yes" state the amount of your pay.

(PC)Gruenfelder 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. Doc. 5 Att. 1

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

- |   |                              |  |
|---|------------------------------|--|
| a. Business, profession or other self-employment  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b. Rent payments, interest or dividends           | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation payments    | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| e. Gifts or inheritances                          | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| f. Any other sources                              | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

If the answer to any of the above is "Yes" describe by that item each source of money and 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 or 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 the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

*Self*

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. § 1915(b)(2).

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

11-25-2013  
DATE

*Daniel W. Wenzel*  
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.)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF AUTHORIZED OFFICER

STANISLAUS COUNTY SHERIFF'S DEPARTMENT  
ADULT DETENTION DIVISION

INMATE REQUEST FORM

From: DAVID GRUENENFELDER Booking #: 1280080 Cell #: A11C  
Date: 4-18-13

☒ Request ☐ Grievance ☐ Appeal ☐ Other

To: ~~COMMISSIONER~~

WILL YOU PLEASE SEND ME A COPY OF MY  
TRUST ACCOUNT TRANSACTIONS? I BELIVE  
THERE IS A DISCREPANCY.

THANK YOU VERY MUCH,

David Gruenfelder

(Staff Only Below This Line)

Received By: [Signature]

Date: 4/10/13

Routed To: Comm

Answered By: [Signature]

Date: 4/12/13



User: MUYRESC

Logout

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## Inmate Account Detail Transaction

Booking No: 1280080

Stanco No: 204003

Search

## General Information

Booking No: 1280080

Stanco No: 204003

Facility: SC

Name: Gruenenfelder, David Allan

Race: W

Cell No: 1A11C

DOB: 02/20/1952

Age: 59 (B)

Sex: M

## Booking Information

Date Booked: 03/27/2011

Shift Booked: 1

Date Released: 12/31/9999

Shift Released: 2

Current Balance: \$0.00

## Account Summary

Transaction Date	Shift	Officer No.	Type	Receipt	Transaction Code	Amount	Balance
04/02/2013	2	S01298	W	2937987	COMMSAL	- \$20.00	\$0.00
03/26/2013	2	S01298	W	2935275	COMMSAL	- \$10.00	\$20.00
03/24/2013	1	S77777	D	2934383	DEPOSIT	\$30.00	\$30.00
02/26/2013	2	S01393	W	2923942	COMMSAL	- \$1.35	\$0.00
02/19/2013	2	SF57	W	2921231	COMMSAL	- \$10.55	\$1.35
02/12/2013	2	S01298	W	2918534	COMMSAL	- \$18.10	\$11.90
02/08/2013	3	S77777	D	2917289	DEPOSIT	\$30.00	\$30.00
12/10/2012	2	S01328	W	2894371	COMMSAL	- \$15.70	\$0.00
11/18/2012	2	S01298	W	2885817	COMMSAL	- \$34.55	\$15.70
11/11/2012	3	S77777	D	2882948	DEPOSIT	\$50.00	\$50.25
09/17/2012	2	SF57	W	2859902	COMMSAL	- \$27.75	\$0.25
09/12/2012	3	S884	W	2858156	MEDCOPY	- \$3.00	\$28.00
09/10/2012	1	S77777	D	2857274	DEPOSIT	\$30.00	\$31.00
07/30/2012	2	S00897	W	2840021	COMMSAL	- \$15.05	\$1.00
07/26/2012	1	S77777	D	2838597	DEPOSIT	\$16.00	\$16.05
06/25/2012	2	SF57	W	2826491	COMMSAL	- \$2.65	\$0.05
06/11/2012	2	SF57	W	2821100	COMMSAL	- \$27.30	\$2.70
05/29/2012	1	S77777	D	2816150	DEPOSIT	\$30.00	\$30.00
04/30/2012	2	SF57	W	2804349	COMMSAL	- \$1.35	\$0.00
04/23/2012	2	SF57	W	2801551	COMMSAL	- \$7.70	\$1.35
04/09/2012	1	S77777	D	2796528	DEPOSIT	\$9.05	\$9.05
04/02/2012	2	SQ11	W	2793207	COMMSAL	- \$25.00	\$0.00
03/26/2012	2	SQ11	W	2790466	COMMSAL	- \$6.00	\$25.00

03/23/2012	2	S77777	D	2789484	DEPOSIT	\$25.00	\$31.00
03/05/2012	2	SF57	W	2782192	COMMSAL	- \$17.05	\$6.00
02/27/2012	2	S00897	W	2779461	COMMSAL	- \$1.20	\$23.05
02/20/2012	2	SF57	W	2776740	COMMSAL	- \$1.20	\$24.25
02/18/2012	3	S77777	D	2776254	DEPOSIT	\$17.05	\$25.45
02/13/2012	2	SF57	W	2773951	COMMSAL	- \$38.10	\$8.40
02/08/2012	2	S77777	D	2771992	DEPOSIT	\$20.00	\$46.50
02/06/2012	3	S77777	D	2771302	DEPOSIT	\$23.50	\$26.50
01/24/2012	2	S884	W	2766399	UNPMED	- \$0.00	\$3.00
12/22/2011	3	S884	W	2754651	UNPMED	- \$0.00	\$3.00
12/19/2011	2	SF57	W	2752996	COMMSAL	- \$28.05	\$3.00
12/11/2011	1	S77777	D	2750323	DEPOSIT	\$25.00	\$31.05
11/28/2011	2	S00897	W	2746039	COMMSAL	- \$2.25	\$6.05
11/20/2011	2	SF57	W	2744068	COMMSAL	- \$38.70	\$8.30
11/15/2011	1	S77777	D	2741979	DEPOSIT	\$44.00	\$47.00
10/26/2011	3	S884	W	2735519	UNPMED	- \$0.00	\$3.00
10/26/2011	3	S884	W	2735518	MEDCOPY	- \$0.07	\$3.00
10/03/2011	2	S01166	W	2727709	COMMSAL	- \$15.50	\$3.07
09/19/2011	2	SF57	W	2723502	COMMSAL	- \$15.90	\$18.57
09/16/2011	1	S927	D	2722676	MONORDR	\$20.00	\$34.47
09/13/2011	1	S00062	D	2721489	MONORDR	\$11.00	\$14.47
08/08/2011	2	SF06	W	2710377	COMMSAL	- \$1.50	\$3.47
08/01/2011	3	SF57	W	2708109	COMMSAL	- \$23.20	\$4.97
07/26/2011	1	S797	D	2706304	MONORDR	\$25.00	\$28.17
07/11/2011	2	S00897	W	2701621	COMMSAL	- \$1.50	\$3.17
06/20/2011	2	SF57	W	2695127	COMMSAL	- \$18.75	\$4.67
06/15/2011	1	SQ81	D	2693641	MONORDR	\$10.00	\$23.42
06/10/2011	2	S714	W	2692271	COMMSAL	- \$14.35	\$13.42
06/03/2011	2	S00897	W	2690049	COMMSAL	- \$25.25	\$27.77
05/27/2011	2	S00897	W	2688123	COMMSAL	- \$30.00	\$53.02
05/25/2011	1	S00696	D	2687147	MONORDR	\$80.00	\$83.02
05/20/2011	2	SF57	W	2685753	COMMSAL	- \$22.65	\$3.02
05/13/2011	2	S714	W	2683665	COMMSAL	- \$18.50	\$25.67
05/10/2011	1	S00796	D	2682360	MONORDR	\$40.00	\$44.17
04/29/2011	3	SF57	W	2679208	COMMSAL	- \$3.45	\$4.17
04/22/2011	2	SF57	W	2676945	COMMSAL	- \$3.80	\$7.62
04/15/2011	2	SF57	W	2674783	COMMSAL	- \$12.30	\$11.42

04/12/2011	1	S488	D	2673376	MONORDR	\$10.00	\$23.72
04/10/2011	1	SQ81	D	2672912	MONORDR	\$4.00	\$13.72
04/08/2011	2	SC03	W	2672635	COMMSAL	- \$4.65	\$9.72
04/01/2011	2	S714	W	2670199	COMMSAL	- \$18.55	\$14.37
03/29/2011	3	S00977	D	2669036	TRANTO	\$29.92	\$32.92
03/29/2011	3	S422	W	2669021	TRANFRM	- \$29.92	\$3.00
03/27/2011	1	S00859	D	2668228	COMMREF	\$0.01	\$32.92
03/27/2011	1	S00859	D	2668227	DEPOSIT	\$0.01	\$32.91
03/27/2011	1	S00859	W	2668225	COMMSAL	- \$0.01	\$32.90
03/27/2011	1	S00859	D	2668204	BOOKED	\$29.91	\$32.91

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ICJIS.SD helpline 209.525.7279, or email [so\\_icjis@stanislaussheriff.com](mailto:so_icjis@stanislaussheriff.com)



**AFFIDAVIT FOR WAIVER OF GOVERNMENT CLAIMS  
FILING FEE AND FINANCIAL INFORMATION FORM***(Request for Permission to Proceed In Forma Pauperis)*California Victim Compensation and Government Claims Board  
P.O. Box 3035  
Sacramento, CA 95812-3035

1-800-955-0045 • www.governmentclaims.ca.gov

State of California

For Office Use Only

Claim No.:

**I request a fee waiver so that I do not have to pay the \$25 fee to file a government claim with the Victim Compensation and Government Claims Board. I cannot pay any part of the fee.****Claimant Information**

1	Geuenentelder David	A	2	Tel: _____
	Last name	First Name		MI

3	Claim Number (if known):	
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**Employment Information**

4	My occupation: <u>unemployed (in CARCERATED)</u>
	My employer:
	Employer's Mailing Address
	City
	State
	Zip
	My spouse's or partner's employer:
	Employer's Mailing Address
	City
	State
	Zip

5	If you are an inmate in a correctional facility, please attach a certified copy of your trust account balance, enter your inmate identification number below and skip to step 23.
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Inmate Identification Number:	<u>B# 1280080</u>
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**Financial Information**

6	I am receiving financial assistance from one or more of the following programs. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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If no, proceed to step 7. If yes, check all that apply, then skip to step 24.

- ☐ SSI and SSP: Supplemental Security Income and State Supplemental Payments Programs
- ☐ CalWORKS: California Work Opportunity and Responsibility to Kids Act
- ☐ Food Stamps
- ☐ County Relief, General Relief (GR), or General Assistance (GA)

7	Number in my household and my gross monthly household income, if it is the following amount or less:
---	--

Number	Monthly family income	Number	Monthly family income
A <input type="checkbox"/> 1	\$969.79	F <input type="checkbox"/> 6	\$2,626.04
B <input type="checkbox"/> 2	\$1,301.04	G <input type="checkbox"/> 7	\$2,957.29
C <input type="checkbox"/> 3	\$1,632.29	H <input type="checkbox"/> 8	\$3,288.54
D <input type="checkbox"/> 4	\$1,963.54	I <input type="checkbox"/>	There are more than 8 people in my family
E <input type="checkbox"/> 5	\$2,294.79		Add \$331.25 for each additional person.

Number:  Total Income: 

If you checked a box in step 7 A through I, complete steps 9 through 15. Then skip to step 24.


8	My income is not enough to pay for the common necessities of life for me and the people in my family, and also pay the filing fee. <input type="checkbox"/> Yes <input type="checkbox"/> No
---	---

If yes, fill in steps 9 through 24.

**Monthly Income and Expenses**

<b>9</b>	My gross monthly pay is: \$	<b>10</b>	My income changes each month: <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>11</b>	Number of persons living in my home:		<b>12</b>	Other money I get each month		
	Name	Age	Relationship	Monthly Income	Source:	
	A			\$	A	
	B			\$	B	
	C			\$	C	
	D			\$	D	
	E			\$	E	
	F			\$	F	
<b>15</b>	My total gross monthly household income:		\$ 0.00	<b>13</b>	Total other money: \$ 0.00	
<b>16</b>	My payroll deductions are:			<b>14</b>	My monthly income: \$ 0.00	
	A	\$		E	\$	
	B	\$		F	\$	
	C	\$		G	\$	
	D	\$		H	\$	
			<b>17</b>	My total payroll deduction amount is: \$ 0.00		
<b>18</b>	My monthly take home pay is		\$ 0.00	<b>19</b>	My net monthly income: \$ 0.00	
<b>20</b>	I own or have interest in the following property:					
	A	Cash	\$	C	Cars, other vehicles, and boats (List make and year)	
	B	Checking and savings (List banks):		Property	Value	Loan Balance
		1)	\$	1)	\$	\$
		2)	\$	2)	\$	\$
		3)	\$	3)	\$	\$
		4)	\$	D	Real estate (List addresses)	
				1)	\$	\$
				2)	\$	\$
<b>21</b>	My monthly expenses are:					
	A	Rent or house payment	\$	J	Installment payments (specify)	
	B	Food and household supplies	\$		1)	\$
	C	Utilities and telephone	\$		2)	\$
	D	Clothing	\$		3)	\$
	E	Laundry and cleaning	\$		Total installment payments: \$ 0.00	
	F	Medical and dental	\$	K	Wage assignment or withholdings \$	
	G	Insurance	\$	L	Spousal or child support \$	
	H	School, child care	\$	M	Other:	
	I	Transportation and auto expenses	\$		1)	\$
					2)	\$
					Total other expenses: \$ 0.00	
<b>22</b>	Total monthly expenses:					\$ 0.00
<b>23</b>	I have attached other information that supports this application on a separate sheet.					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**Signature Section**

<b>24</b>	I declare under penalty of perjury under the laws of the state of California that the information on this form and all the attachments is true and correct.	
	 Signature of Claimant	4-25-2013 Date