

Name: Gary Barger/Fisher
 CDC No: 1765269
 Address: California Health Care Facility
P.O. Box 32080
Stockton, Calif.

FILED
 21
 MAY 21 2014
 CLERK, U.S. DISTRICT COURT
 EASTERN DISTRICT OF CALIFORNIA
 BY [Signature]
 DEPUTY CLERK

**UNITED STATES DISTRICT COURT
 EASTERN DISTRICT OF CALIFORNIA
 FRESNO DIVISION**

Barger/Fisher
 Plaintiff/Petitioner,

CASE NUMBER: 1:13-CV-01877
LJO-DLB

vs.

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

Scott Turpa Defendants/Respondent.

I, Gary Fisher/Barger 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:

1. Are you currently incarcerated? Yes No (If "no" DO NOT USE THIS FORM)
 State the place of your incarceration. California Health Care Facility
2. Are you currently employed (includes prison employment)? Yes No
 - a. If the answer is "yes" state the amount of your pay. 0
 - 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

LJO-DLB

1:13-cv-01877

Case Number: CV 14 1174

WHO

(PR)

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CERTIFICATE OF FUNDS

IN

PRISONER'S ACCOUNT

I certify that attached hereto is a true and correct copy of the prisoner's trust account statement showing transactions of Gary Fisher for the last six months
(Prisoner's name)
CHCF where (s)he is confined.
(Name of Institution)

I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$ 0.00 and the average balance in the prisoner's account each month for the most recent 6-month period was \$ 0.00.

Dated: 4/2/14, 20 Print Name: Gary Fisher #85263
Signature: Gary Fisher
Authorized Officer of the Institution

Forgot to sign

PRISONER AUTHORIZATION

If my request to proceed without prepayment of filing fees is granted, I understand that I am required by statute to pay the full amount of the filing fees for this case, regardless of my forma pauperis status and the disposition of this case. I further authorize the prison officials at this institution to assess, collect and forward to the Court the full amount of these fees, in monthly payments based on the average of deposits to or balance in my prison trust account in accordance with 28 U.S.C. Section 1915.

Darryl Fisher

Prisoner-Plaintiff (Signature)

CERTIFICATE OF AUTHORIZED OFFICER

I hereby certify that the Prisoner-Plaintiff herein has credit in the sum of \$ _____ on account at the _____ institution where Prisoner-Plaintiff is confined.

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 \$ _____.

A certified copy of the prisoner-plaintiff's trust account statement for the last six (6) months is attached.

4-9-14

Date

Authorized Officer of Institution (Signature)

S. Maldonado

Institution: CHCF

Inmate Statement Report

CDCR#	Inmate/Group Name	Institution	Unit	Cell/Bed
F85263	FISHER, GARY	CHCF	D 305A1	111001

Current Available Balance: \$0.00

Transaction List

Transaction Date	Institution	Transaction Type	Source Doc#	Receipt#/Check#	Amount	Account Balance
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No information was found for the given criteria.

Encumbrance List

Encumbrance Type	Transaction Date	Amount
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No information was found for the given criteria.

Obligation List

Obligation Type	Court Case#	Original Owed Balance	Sum of Tx for Date Range for Oblg	Current Balance
COPY CHARGES	#618-COPY	\$3.60	\$0.00	\$3.60
DAMAGES - STATE PROPERTY	MATTRESS	\$54.10	\$0.00	\$54.10
PLRA	CVPT13-1326	\$435.00	\$0.00	\$435.00
PLRA	1:13-CV-01800SAB (PC)	\$350.00	\$0.00	\$350.00

Restitution List

Restitution	Court Case#	Status	Original Owed Balance	Interest Accrued	Sum of Tx for Date Range for Oblg	Current Balance
RESTITUTION FINE	200602854	Fulfilled	\$200.00	\$0.00	\$0.00	\$0.00
FINE PC 1202.45	200602854	Active	\$200.00	\$0.00	\$0.00	\$18.90
RESTITUTION FINE	BF134705	Active	\$200.00	\$0.00	\$0.00	\$200.00



THE WITHIN INSTRUMENT IS A CORRECT COPY OF THE TRUST ACCOUNT MAINTAINED BY THIS OFFICE.

CALIFORNIA DEPARTMENT OF CORRECTIONS

[Signature]
TRUST OFFICE

Last copy trust office gave me

Institution: CHCF

Inmate Statement Report

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THE INSTRUMENT IS A CORRECT COPY OF THE TRUST ACCOUNT MAINTAINED

STATE OF CALIFORNIA DEPARTMENT OF CORRECTIONS

[Signature] 3/18/14

TRUST OFFICE