

Name: EDWARD RAY MCKINNEY  
CDC No: AM 6432  
Address: AVENAL STATE PRISON, P.O. BOX  
903 AVENAL CA 93204, 350, 3, 4 U.P

**FILED**  
NOV 20 2013  
CLERK, U.S. DISTRICT COURT  
EASTERN DISTRICT OF CALIFORNIA  
BY [Signature]  
DEPUTY CLERK

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF CALIFORNIA  
FRESNO DIVISION

~~██~~  
CASE NUMBER: 11CM0009

1:13-cv-01879 LJO SMS

vs. Plaintiff,  
EDWARD RAY MCKINNEY

APPLICATION TO PROCEED  
IN FORMA PAUPERIS  
BY A PRISONER

Defendants.  
TY FORD, et al

I, EDWARD RAY MCKINNEY, 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 McKinney v. Hefseigh right in the complaint.

Doc. 5 Att. 1

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. AVENAL STATE PRISON

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.

2002-2003, \$1200-1500, BI-MONTHLY, BUDGET RENTACAR, LEMOORE CA., THE BUSINESS RELOCATED.

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 (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.
- 1) ASHLEE MCKINNEY, DAUGHTER, \$216.00  
2) NATHANIEL MCKINNEY, SON, \$211.00

**IMPORTANT:**    **This form must be dated and signed below in order for the court to consider your application.**

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).

Nov. 15, 2013  
DATE

Edy McKinney  
SIGNATURE OF APPLICANT

NOTE:    Within sixty days from the date of this application you must forward to the court a certified copy of your prison trust account statement showing transactions for the past six months.

(Revised 01/2008)

Institution: ASP

## Inmate Statement Report

CDCR#	Inmate/Group Name	Institution	Unit	Cell/Bed
AM6432	MCKINNEY, EDWARD	ASP	C 350 1	003004

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
ARTIFICIAL APPLIANCE	EYEGASSES	\$24.25	\$0.00	\$24.25
REGULAR MAIL	POSTAGE 8/4/13	\$0.46	\$0.00	\$0.46
MEDICAL COPAY	MEDICAL 44126	\$5.00	\$0.00	\$5.00

Restitution List

Restitution	Court Case#	Status	Original Owed Balance	Interest Accrued	Sum of Tx for Date Range for Oblg	Current Balance
DIRECT ORDER	11CM0009	Active	\$4,023.00	\$0.00	\$0.00	\$4,023.00
RESTITUTION FINE	11CM0009	Active	\$3,840.00	\$0.00	\$0.00	\$3,840.00



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

ATTES: \_\_\_\_\_

CALIFORNIA DEPARTMENT OF CORRECTIONS

BY Michelle Grant  
TRUST OFFICE