

Name: Michael Jacobsen
CDC No: 0539229
Address: P.O. Box 872
Fresno, CA, 93712

FILED

MAR 04 2014

CLERK, U.S. DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA
BY EF
DEPUTY CLERK

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA
FRESNO DIVISION

Michael Jacobsen
Plaintiff/Petitioner,

CASE NUMBER: 1:14-CV-00108-JLT

vs.

APPLICATION TO PROCEED
IN FORMA PAUPERIS
BY A PRISONER

Margaret Mimms (Fresno Sheriff)
Defendants/Respondent.

I, Michael Jacobsen, 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. Fresno County Jail

2. Are you currently employed (includes prison employment)? Yes No

a. If the answer is "yes" state the amount of your pay. N/A

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.

2001, \$8⁰⁰ an hour, D&L floral

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: \$313.00 on my books

- 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.

N/A (I enclosed bills of money I owe)

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).

The \$313.00 is not my money and I can not release it,

2-28-14
DATE


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.

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IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF CALIFORNIA

MICHAEL JACOBSEN,

1:13-CV-02062-JLT (HC)

Petitioner,

ORDER AUTHORIZING
IN FORMA PAUPERIS STATUS

vs.

PEOPLE OF CALIFORNIA,

Respondent.

Petitioner is a state prisoner proceeding pro se with a petition for writ of habeas corpus pursuant to 28 U.S.C. § 2254. Pursuant to 28 U.S.C. § 1915, petitioner is hereby AUTHORIZED to proceed in forma pauperis. The petition will be screened in due course.

SO ORDERED.

DATED: 12/18/13

/s/ Jennifer L. Thurston
United States Magistrate Judge

Superior Court of California
County of Fresno
(559) 457-1700

Case Number: 2015587
Fine Amount: \$1,468.00
Due Date: 02/03/2014

"M" Street
Courthouse
2317 Tuolumne Street
Fresno, CA 93724
(Court Code: 10440)

Fresno Central Division
1100 Van Ness Avenue
Fresno, CA 93724
(Court Code: 10440)

Michael Neil Jacobsen
285 N Sylmar Avenue
Fresno, CA 93727

Our records indicate you have failed to pay by the above "due date". To avoid collection activity, you must pay within 15 days from the post-marked date of the mailing envelope. Collection activity includes a hold or suspension of your driver's license by the DMV **and** a Civil Assessment fee of \$300.00 pursuant to PC 1214.1, plus additional court fees added to the fine amount noted above. The Court may also authorize wage garnishments, attachments of your bank accounts and personal property, and the filing of liens on your real property.

NOTICE: If you have been charged with a Misdemeanor violation of VC 12500(a), driving without a license, and you choose to pay your citation, you are thereby waiving your right: to a court trial, to be represented by an attorney, to testify and/or present evidence on your behalf, to confront and cross-examine any witnesses against you, and to use the subpoena power of the court to compel the attendance of witnesses on your behalf.

To avoid collection activity, please pay by cash, personal check, cashier's check, money order, or credit card in person. You may also pay through our automated services online or by phone with Official Payments:

- Online - www.fresno.courts.ca.gov
- Phone - 1-855-362-0840

Once your case has gone to collections, you must make payment arrangements with the collection agency @ 1-800-333-8395 or file an "Application" to the court proving that "good cause" existed for the failure to pay and thereby request the Civil Assessment fee to be vacated. The Application is available on the Court's website at www.fresno.courts.ca.gov under "Forms" (Civil Assessment Application and Order) or in the Clerk's Office at any Fresno County Court location. A judge will determine if good cause has been proven. For cases that have already been sent to Collections, please call 1-800-333-8395 or pay by credit card:

- Online - <http://courtpay.acserv.com>

WARNING: Failure to Appear/Comply by Due Date

If you fail to appear or comply within the 15-days of this notice, a collections fee of \$300 will be assessed and a Driver's License/Registration Hold will be placed with DMV. No personal appearance, before a Judge, is permitted. You may request a Trial by Written Declaration, pursuant to VC40903, by appearing at the Court's counter





**Superior Court of California
County of Fresno
(559) 457-1700**

Case Number: E0099018
Fine Amount: \$340.00
Due Date: 01/03/2014

"M" Street
Courthouse
2317 Tuolumne Street
Fresno, CA 93724
(Court Code: 10440)

**Michael Neil Jacobsen
285 N Sylmar Avenue
Fresno, CA 93727**

Fresno Central Division
1100 Van Ness Avenue
Fresno, CA 93724
(Court Code: 10440)

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NOTICE: If you have been charged with a Misdemeanor violation of VC 12500(a), driving without a license, and you choose to pay your citation, you are thereby waiving your right: to a court trial, to be represented by an attorney, to testify and/or present evidence on your behalf, to confront and cross-examine any witnesses against you, and to use the subpoena power of the court to compel the attendance of witnesses on your behalf.

To avoid collection activity, please pay by cash, personal check, cashier's check, money order, or credit card in person. You may pay by one of our automated services online or by phone:

- Online – www.fresno.courts.ca.gov
- Phone - (559) 457-1700

Once your case has gone to collections, you must make payment arrangements with the collection agency @ 1-855-362-9829 or file an "Application" to the court proving that "good cause" existed for the failure to pay and thereby request the Civil Assessment fee to be vacated. The Application is available on the Court's website at www.fresno.courts.ca.gov under "Forms" (Civil Assessment Application and Order) or in the Clerk's Office at any Fresno County Court location. A judge will determine if good cause has been proven. For cases that have already been sent to Collections, please call 1-855-362-9829 or pay by credit card:

- Online – <http://courtpay.gcserv.com>

WARNING: Failure to Appear/Comply by Due Date

If you fail to appear or comply within the 15-days of this notice, a collections fee of \$300 will be assessed and a Driver's License/Registration Hold will be placed with DMV. No personal appearance, before a Judge, is permitted. You may request a Trial by Written Declaration, pursuant to VC40903, by appearing at the Court's counter



Grant Mercantile Agency

PO BOX 1903
OAKHURST, CA 93644

(559)683-4651

12/27/13

Desk : 56

01COM20010241383 UN32 924
JACOBSEN, MICHAEL M
5180 E BALL AVE
FRESNO CA 93727-3102

REFERENCE	COMMUNITY MED CENTER - FRESNO
152805232	
SERVICE FEE	00
PRINCIPAL	3447.00
INTEREST	188.87
TOTAL DUE	3635.87

YOU WILL PLEASE TAKE NOTICE THAT THE ABOVE NAMED CREDITOR CLAIMS YOU ARE INDEBTED AS STATED HEREIN. ALTHOUGH DULY DEMANDED THE SUM HAS NOT BEEN PAID AND YOU HAVE FAILED TO MAKE GOOD YOUR OBLIGATION.

THEREFORE, THE ABOVE ACCOUNT WILL BE TRANSFERRED TO OUR QUALIFIED MANAGER/AGENT FOR FURTHER COLLECTION REVIEW ON OR ABOUT

TWENTY DAYS (20) FROM DATE OF THIS NOTICE.

THIS IS AN ATTEMPT TO COLLECT A DEBT AND ANY INFORMATION OBTAINED WILL BE USED FOR THAT PURPOSE.

NO FURTHER NOTICE FROM THIS OFFICE IS REQUIRED. WE RESERVE THE RIGHT TO REFUSE PARTIAL PAYMENTS ON THIS ACCOUNT WITHOUT PRIOR APPROVAL FROM GRANT MERCANTILE.

COOPERATION WORKS FOR EVERYONE.

GRANT MERCANTILE AGENCY, A COLLECTION AGENCY

When you choose to make a payment with your bank account via the IVR system and you enter your Reference Number when prompted, you are authorizing GMA to debit your bank account via ACH for payment of the debt owed.

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT



PAY TODAY USING OUR
AUTOMATED PHONE SYSTEM
1-88-TO PAY GMA (1-888-672-9462)



PAY TODAY ONLINE
WWW.PAYGMA.COM

01COM20010241383
JACOBSEN, MICHAEL M
5180 E BALL AVE
FRESNO CA 93727-3102

ACCOUNT # 152805232	TOTAL BALANCE DUE 3635.87
------------------------	------------------------------

New Address: _____
 City _____ ST _____ Zip _____
 Home Phone: _____
 Other Phone: _____

IF PAYING BY CREDIT CARD, PLEASE FILL OUT SECTION BELOW

MASTERCARD VISA DISCOVER
 EXPIRATION DATE: [] [] - [] []
 CARD: []
 CVV SECURITY CODE: [] [] []
 AMOUNT: [] [] [] [] . [] []
 CARD HOLDER NAME: _____
 X _____
 CARD HOLDER SIGNATURE

Change Service Requested

October 20, 2010

PERSONAL & CONFIDENTIAL

#BWNLRTZ
 #0790 3400 0701 6862#



Michael N Jacobsen 15600440
 5180 E Ball Ave
 Fresno, CA 93727-3102

**AUDITOR CONTROLLER/TREASURER -TAX
 COLLECTOR**
REVENUE REIMBURSEMENT DIVISION
 Hall of Records
 2281 Tulare St., Room 101 Phone: (559) 600 - 3815
 PO Box 226
 Fresno, CA 93708-0226

Keep This Statement For Your Records.
 Quedese Con Esta Declaracion Para Sus Archivos.

Account Number	Payment Due	Intercept Amount	Total Due
15600440	NOW	\$385.00	\$402.00

The statement amount is as of the statement date. La cantidad indicada es valida hasta la fecha del estado de cuenta.

Our records show that you have a \$385.00 delinquent debt due to the County of Fresno. You have 30 days to voluntarily pay this amount before we submit your account to the Franchise Tax Board (FTB) for interagency intercept collections.

FTB operates an intercept program in conjunction with the State Controller's Office, collecting delinquent liabilities individuals owe to state and local agencies/colleges. FTB intercepts tax refunds and lottery winnings owed to individuals, then redirects these funds to pay the individuals' debts to the agencies/colleges. (California Code Sections 12419.2, 12419.7, 12419.9, 12419.10, 12419.11, 12419.12).

If you have any questions, or if you do not believe that you owe this debt, please call (559) 600-3815 within 30 days from the date of this letter. A representative will review your questions/objections. If you do not contact us within that time, or if you do not provide sufficient objections, then we will proceed with intercept collections.

Nuestros registros indican que usted tiene una deuda atrasada en la cantidad de \$385.00 con el Condado de Fresno. Usted tiene 30 dias para pagar esta deuda voluntariamente antes de que nosotros sometamos su cuenta al Franchise Tax Board (FTB) para recaudacion e intercepcion de ganancias.

FTB opera con un programa de intercepcion en conjunto con la oficina del Interventor del Estado; recaudando responsabilidades atrasadas de individuos adeudadas al Estado y agencias locales/colegas. FTB intercepta en reembolsos de impuestos y ganancias de loteria debidas a individuos, despues redirige estos fondos para pagar a las diferentes agencia locales/colegas (California Code Secions 12419.2, 12419.7, 12419.9, 1241.10, 12419.11 and 12419.12).

Si usted tiene alguna pregunta o si no creen que debe esta deuda, por favor llame al (559) 600-3815 a no mas tardar de 30 dias de esta carta. Un representante atendera sus preguntas/objeciones. Si usted no se comunica con nosotros dentro de este tiempo, o si no ofrecen suficientes objeciones, nosotros vamos a proceder a interceptar colecciones.

-----Detach and Return-----



You may now pay with any of the credit cards shown. Please call (559) 600-3815 or fill in your credit card information and signature below.

MasterCard # _____
 Visa # _____
 Expiration Date ___/___/___ Amount \$ _____
 SSN # _____ (Optional)
 Phone # (____) _____
 Signature _____

Detach and return this stub in the envelope provided with your payment payable to:

Fresno County Revenue Reimbursement Division
 PO Box 226
 Fresno, CA 93708-0226

Please write your account number on your check or money order.

Account No.	Statement Date	Payment Due	Total Due	Amount Enclosed
15600440	10-20-10	NOW	\$402.00	\$

By providing your signature, you are authorizing Fresno County to charge your credit card.

For Official Use only

2355

15600440000003850000000402003

PO Box 561
Fort Mill, SC 29716-0561

20 20 00006858
350204



Let us *help* you get...



back on track

December 24, 2013



FMSA2 - 10-002041369
MICHAEL N JACOBSEN
5180 E BALL AVE
FRESNO, CA 93727-3102

Principal:	\$12,000.56
Interest:	\$4,210.82
Penalty:	\$0.00
Fees and Cost:	\$3,945.85
Total:	\$20,157.23
Account Number:	1017559704

Dear Michael N Jacobsen,

This notice regarding your U.S. Department of Education (ED) account is from FMS Investment Corp. (FMS). ED has placed your account with us for collection.

Unless you notify this office within thirty (30) days of receiving this notice that you dispute the validity of this debt or any portion thereof, this office will assume this debt is valid. If you notify the office in writing within thirty (30) days of receiving this notice that the debt or any portion thereof is disputed, this office will: obtain verification of the debt or obtain a copy of a judgment and mail you a copy of said judgment or verification. If you request this verification within thirty (30) days of receiving this notice, this office will provide you with the name and address of the original creditor, if different from the current creditor.

CALL US AT 877-291-8405 AND MAKE A FRESH START UNDER ONE OF THESE PROGRAMS.

• **COMPROMISE SETTLEMENT**

This will reduce your total balance if paid in a lump sum in a short period of time.

• **LOAN REHABILITATION**

If your loan(s) qualify, and you complete the program, listed below are some of the benefits you may gain.

- Reduction of collection cost at the time the loan is rehabilitated, resulting in a lower remaining total balance.
- Extended repayment terms
- Defaulted student loan(s) currently reported is/are deleted from your credit bureau report

Call us to see if your loan(s) qualify for this program.

• **LOAN CONSOLIDATION**

There are multiple loan consolidation programs available. Call us to see if your loan(s) qualify.

DO NOT LET THIS DEFAULTED DEBT STAND IN THE WAY OF YOUR ABILITY TO BUILD A STRONG FINANCIAL FUTURE. CONTACT US TODAY TO TAKE ADVANTAGE OF SEVERAL VOLUNTARY REPAYMENT OPTIONS THAT WILL SUIT YOUR PERSONAL FINANCIAL SITUATION.

FMS office hours are: 8am-9pm, Monday-Thursday, 8am-5pm on Friday, and 9am-1pm on Saturday (Central Standard Time). You may write to us at the address listed below or call us at the telephone number provided below.

FMS Investment Corp. (FMS)
PO BOX 105028
Atlanta, GA 30348-5028

Toll Free Number: 866-430-9331
Toll Free Facsimile: 1-800-889-3002

THIS COMMUNICATION IS FROM A DEBT COLLECTOR ATTEMPTING TO COLLECT A DEBT. ANY INFORMATION OBTAINED WILL BE USED FOR THAT PURPOSE.

CUSTOMER FEEDBACK- To provide feedback on our services, please send an email to CustomerComments@fmsdc.com or call toll free at 866-430-9331.

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION.

PO BOX 950
HANFORD, CA 93232-0950

11/21/2013

Address Service Requested

#BWNFTZF #KCS7394695413119#



Personal & Confidential for:
001403889 - 0001
MICHAEL M JACOBSEN
5180 E BALL AVE
FRESNO CA 93727-3102

Kings Credit Services

510 N. Douty St.
Hanford, Ca 93230
(559) 587-4200



96 Shaw Ave. Suite 221
Clovis, Ca 93612
Toll Free (800) 366-0950

Re: CENTRAL CALIF FACULTY MED GRP
and various others
Reference #: 22891488801
Amount Due: **\$370.00**

Remit payment to:

KINGS CREDIT SERVICES
PO BOX 950
HANFORD, CA 93232-0950

Detach Above & Return Top Portion With Payment

Kings Credit Services

Account #: 001403889

Reference #: 22891488801

Amount: \$370.00

THIS ACCOUNT HAS BEEN PLACED WITH THIS OFFICE FOR COLLECTION. PLEASE SEND YOUR REMITTANCE WITH THE TOP OF THIS LETTER. IF WE DO NOT RECEIVE YOUR CHECK, PHONE CALL OR LETTER, WE WILL ASSUME YOU UNDERSTAND THE FOLLOWING INFORMATION.

Izzy Deleon, Debt Collector, 559-587-4200 EXT 212

IMPORTANT CONSUMER INFORMATION

Unless you notify this office within 30 days after receiving this notice that you dispute the validity of this debt or any portion thereof, this office will assume this debt is valid. If you notify this office in writing within 30 days from receiving this notice, this office will obtain verification of the debt or obtain a copy of a judgment and mail you a copy of such judgment or verification. If you request this office in writing within 30 days after receiving this notice, this office will provide you with the name and address of the original creditor, if different from the current creditor.

As required by law, you are hereby notified that a negative credit report reflection on your credit record may be submitted to a credit reporting agency if you fail to fulfill the terms of your credit obligations. But we will not submit a negative credit report to a credit reporting agency about this credit obligation until the expiration of the time period described above.

The state Rosenthal Fair Debt Collection Practices Act and the federal Fair Debt Collection Practices Act require that, except under unusual circumstances, collectors may not contact you before 8 a.m. or after 9 p.m. They may not harass you by using threats of violence or arrest or by using obscene language. Collectors may not use false or misleading statements or call you at work if they know or have reason to know that you may not receive personal calls at work. For the most part, collectors may not tell another person, other than your attorney or spouse, about your debt. Collectors may contact another person to confirm your location or enforce a judgment. For more information about debt collection activities, you may contact the Federal Trade Commission at 1-877-FTC-HELP or www.ftc.gov. Nonprofit credit counseling services may be available in the area.

The Rosenthal Act, California Civil Code Section 1788.21, also requires that you notify your creditor of your change of name, address, or employment for any existing consumer credit.

Nonprofit credit counseling may be available in the area.

La ley estatal de California Rosenthal y la ley de Cobranza Imparical de Deudas (FDCPA) requieren que, salvo circunstancias excepcionales, cobradores no pueden hacer contacto con usted antes de las 8 de la mañana y después de las 9 de la noche. Ellos no pueden molestarle usando amenazas de violencia o de arresto o usando palabras obscenas. Los cobradores no pueden usar información falsa o engañosa o contactarle en su trabajo si ellos saben o tienen razón de saber que Ud. no puede recibir llamadas personales en el trabajo. Generalmente, los cobradores no pueden hablar con nadie, aparte de su abogado o su esposo/esposa, sobre su deuda. Los cobradores pueden hablar con otra persona para confirmar su dirección o hacer cumplir una sentencia. Para mas información sobre las actividades de cobranza, Ud. puede llamar gratis al 1-877-FTC-HELP (1-877-382-4357); o puede visitar www.ftc.gov. Servicios gratuitos de consejería de crédito, pueden estar disponibles en su area.

Si Ud. tiene deudas la ley estatal de California Rosenthal, California Civil Code Section 1788.21, tambien requiere que usted notifique a su acreedor si Ud. cambia su nombre, su dirección, o su empleo.

THIS IS AN ATTEMPT TO COLLECT A DEBT AND ANY INFORMATION OBTAINED WILL BE USED FOR THAT PURPOSE.
(We accept Visa, MasterCard, and Discover)





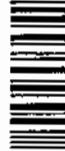
ECMC
PO BOX 419045
RANCHO CORDOVA, CA 95741-9045

10/23/10

CHANGE OWNERSHIP/PRIVACY NOTICE



MICHAEL N JACOBSEN
5180 E BALL AVE
FRESNO CA 93727-3102



429045



E02967644

DEAR MICHAEL N JACOBSEN :

RE: Your student loan(s)
ACCOUNT: XXX-XX-3709

This letter is to inform you of a recent change regarding your student loan(s).

California Student Aid Commission (CSAC)/EdFund will cease operations as a student loan guaranty agency on October 31, 2010. Effective November 1, 2010, as directed by the U.S. Department of Education, Educational Credit Management Corporation (ECMC) will become the designated guaranty agency for, accept assignment of, and assume all the rights and responsibilities of a guaranty agency for the CSAC/EdFund student loan portfolio.

Please call our ECMC Collections Department at 1.800.367.1589 to discuss repayment of your debt. Our office is open Monday through Thursday between 8:00 a.m. and 8:00 p.m., Friday between 8:00 a.m. and 5:00 p.m., and Saturday between 8:00 a.m. and 2:00 p.m. Pacific Time. You may also contact us in writing:

ECMC
Attn: Internal Collections
P.O. Box 419045
Rancho Cordova, CA. 95741-9045

Please note: If you are currently in an active bankruptcy, this letter is for informational purposes only and is not an attempt to collect a debt.

Please contact us if you have any questions regarding the information in this letter. We are here to assist you.

Sincerely,

Educational Credit Management Corporation



PROOF OF SERVICE

I hereby declare that I am over the age of 18 years of age, a resident of the State of California and not a party to the within cause of action. That on this date I did cause a true

and correct copy of: *Application to Proceed
In Forma Pauperis
By a prisoner* (copies of my bills)

to be served on the parties to the action by:

depositing same in the U.S. Mail with first class postage prepaid and

addressed as follows: *U.S. District Court
Eastern District of Cal.
2500 Tulare St.
Fresno, CA. 93721*

delivering same in person to the address as follows and placing into the control of the below listed party or representative:

by faxing said document to the following telephone number:

Executed this 28th day of February, 20 14, under penalty of perjury in Fresno, California.

Mile Jacobs

Declarant