Nam	e: <i>Bot</i>	nnie Jerome Lauson	F	ILED
CDC	No:			
Addı	ess: [ee - United States Pentlentiary		MAY 2"3 2014
	•	esville, Virginia 24263	EASTERN D	U.S. DISTRICT COURT
		esvine, virginia 24265	87	DEPUTY CLERK
			A.	OCCUX.
	•	EASTERN DISTRI	DISTRICT COURT CT OF CALIFORNIA DIVISION	
Bo	nnia .	Terome Lawson		
	1411E 12 1875-01		CASE NUMBER:	1:14 - CV-00576 - GSA
"Al	10/3-01	Plaintiff/Petitioner,		
vs.		•	APPLICATION T	O PROCEED
Stu	oder-1	laided Stoke Bailertory	IN FORMA PAUP	ERIS
Foclar	ol Ruca	Inited States Pentleritiary ou of Prisons	BY A PRISONER	
i eug (vi <i>bu</i> ra	Defendants/Respondent.		
	_			
that i		onnil Lawson, declare ort of my request to proceed without pre-		the above-entitled proceeding;
		able to pay the fees for these proceeding	•	
relief	sought	in the complaint.		
	In suj	pport of this application, I answer the fo	llowing questions under	penalty of perjury:
1.	Are y	ou currently incarcerated? Yes	No (If "no" DO	NOT USE THIS FORM)
	State	the place of your incarceration. Lee-	United States Penitentia	acy
2.	Are y	ou currently employed (includes prison	employment)?	Yes No
	a.	If the answer is "yes" state the amour	t of your payS,H	.U lackdown. 15-2-14
	b.	If the answer is "no" state the date of salary or wages and pay period, and the		
3.	Have	you received any money from the follo	wing sources over the las	t twelve months?
	a.	Business, profession, or other self-en	ployment: Yes	No
	h	Rent navments interest or dividends:	Ves	No

c.	Pensions	, annuities	or life insuran	ce payments:	Yes		.No	
d.	Disabilit	y or worke	rs compensation	on payments:	Yes	1	No	
e				,	Yes		No	
f.	Any other	er sources:	father 450.00	/#30.°°	Yes		_No	
ary).		_				N		
Do yo	u have ca	sh (include	s balance of cl	hecking or sav	ings accounts)? _	_Yes _	No
If "yes	s" state th	e total amo	unt:					
1 -			e, stocks, bond	ls, securities, o	other financial	instrume	ents, autor	
If "yes	s" describ	e the prope	rty and state i	ts value:				_
Do yo	ou have an	ny other ass	ets?	Yes	No			
If "ye	s," list the	e asset(s) ai	nd state the va	lue of each ass	set listed:			
List a	ll persons	dependen	on you for su	pport, stating	your relations	hip to eac	ch person	listed and
	\			rt.		-		
	'\	\		None				
<u>IMP</u>	ORTAN				signed below	v in orde	r for the c	court to
I here	eby author	rize the age ited States	ncy having cu District Court	stody of me to payments in a	collect from ccordance wi	my trust th 28 U.S	account ar .C. section	nd forward n 1915(b)(2).
Ppri/	28 % 20 DATE	014	\	9	ONNIE (). SIGNATURE	Zaux OF APP	LICANT	
NOT	<u>ΓΕ</u> :	certified o	opy\of your p					
		past six r	nonth's.					(Revised 01/2008)
	d. e f. If the account recards. Do you other If "ye Do you other If "ye List a how to the control of the cont	d. Disabilit e Gifts or f. Any other If the answer to ount received and ary). Do you have ca If "yes" state th Do you own any other valuable p If "yes" describ Do you have ard If "yes," list the List all persons how much you IMPORTANT I hereby author clerk of the University of t	d. Disability or worker e Gifts or inheritances f. Any other sources: If the answer to any of the sount received and what you ary). Do you have cash (includes If "yes" state the total amount of the sount received and what you ary). Do you have cash (includes If "yes" state the total amount of the sount received and what you ary). If "yes" state the total amount of the sount received and what you ary). If "yes" describe the property? If "yes," list the asset(s) are the sound of the sound	d. Disability or workers compensation. e Gifts or inheritances: f. Any other sources: fully #50. If the answer to any of the above is "yes, ount received and what you expect you wary). Iny fuller is getting old, here being any of the total amount: Do you have cash (includes balance of classification of the valuable property? If "yes" describe the property and state in Do you have any other assets? If "yes," list the asset(s) and state the valuable property and state the valuable property and state in Do you have any other assets? If "yes," list the asset(s) and state the valuable property and state the valuable property. If "yes," list the asset(s) and state the valuable property and state the valuable property. If "yes," list the asset(s) and state the valuable property and state the valuable property and state the valuable property. If "yes," list the asset(s) and state the valuable property and state the valuable property and state in Do you have any other assets? If "yes," list the asset(s) and state the valuable property and state in Do you have any other assets? If "yes," list the asset(s) and state the valuable property and state in Do you have any other assets? If "yes," list the asset(s) and state the valuable property and state in Do you have any other assets? If "yes," list the asset(s) and state the valuable property and state in Do you have any other assets? If "Yes," list the asset (s) and state in Do you have any other assets? If "Yes," list the asset (s) and state in Do you have any other assets? If "Yes," list the asset (s) and state in Do you have any other assets?	d. Disability or workers compensation payments: e Gifts or inheritances: f. Any other sources: faller \$50.0000 If the answer to any of the above is "yes," describe by to ount received and what you expect you will continue to arry). In faller is gelling old, he's being a good door. Do you have cash (includes balance of checking or save other valuable property? If "yes" state the total amount: Do you own any real estate, stocks, bonds, securities, or other valuable property? If "yes" describe the property and state its value: Do you have any other assets? Yes If "yes," list the asset(s) and state the value of each asset is all persons dependent on you for support, stating how much you contribute to their support. Important: This form must be dated and consider your application. I hereby authorize the agency having custody of me to clerk of the United States District Court payments in a contribute to the united States District Court payments in a date. NOTE: Within sixty days from the date of this certified copy of your prison trust according to the certified copy of your prison trust according to the certified copy of your prison trust according to the certified copy of your prison trust according to the certified copy of your prison trust according to the certified copy of your prison trust according to the certified copy of your prison trust according to the certified copy of your prison trust according to the certified copy of your prison trust according to the certified copy of your prison trust according to the certified copy of your prison trust according to the certified copy of your prison trust according to the certified copy of your prison trust according to the certified copy of your prison trust according to the certified copy of your prison trust according to the certified copy of your prison trust according to the certified copy of your prison trust according to the certified copy of your prison trust according to the certified copy of your prison trust according to the certified c	d. Disability or workers compensation payments: e Gifts or inheritances: f. Any other sources: faller \$50° \ \$430.00 \ Yes If the answer to any of the above is "yes," describe by that item each count received and what you expect you will continue to receive (attacary). In faller is getting old, hes being a good dod you unders Do you have cash (includes balance of checking or savings accounts If "yes" state the total amount: Do you own any real estate, stocks, bonds, securities, other financial other valuable property? If "yes" describe the property and state its value: Do you have any other assets? Yes No If "yes," list the asset(s) and state the value of each asset listed: List all persons dependent on you for support, stating your relations how much you contribute to their support. None This form must be dated and signed below consider your application. I hereby authorize the agency having custody of me to collect from clerk of the United States District Court payments in accordance with the clerk of the United States District Court payments in accordance with DATE NOTE: Within sixty days from the date of this application certified copy of your prison trust account statemer	d. Disability or workers compensation payments: e. Gifts or inheritances: f. Any other sources: f. Yes Yes If the answer to any of the above is "yes," describe by that item each source of ount received (attach an add arry). The yes," state the total amount: Do you have cash (includes balance of checking or savings accounts)? If "yes" state the total amount: Do you own any real estate, stocks, bonds, securities, other financial instrume other valuable property? Yes If "yes" describe the property and state its value: Do you have any other assets? Yes No If "yes," list the asset(s) and state the value of each asset listed: List all persons dependent on you for support, stating your relationship to each how much you contribute to their support. None This form must be dated and signed below in order consider your application. Thereby authorize the agency having custody of me to collect from my trust of the United States District Court payments in accordance with 28 U.S. And If It the and It the property of the United States District Court payments in accordance with 28 U.S. NOTE: Within sixty days from the date of this application you must certified copy of your prison trust account statement showin	d. Disability or workers compensation payments:YesNo e Gifts or inheritances:YesNo If the answer to any of the above is "yes," describe by that item each source of money. Ount received and what you expect you will continue to receive (attach an additional she arry)

THE CAN AND LITTLE WALL OF THE PERSONNE

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Salas Invoice ---- S.B.U. ---

Inmate Statement

₽ PRINT

Inmate Reg #:
Inmate Name:

28875016

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LAWSON, RONALD

Report Date:

05/06/2014

Current Institution:

Lee USP

Housing Unit: Living Quarters: LEE-Z-A Z07-223UAD

Deport Time		T:	12:04:50	D) (
Report Time:		rt 11me:	12:04:50 PM					Townseties Essembles		
	Alpha Code Date/Time LEE 5/6/2014		Reference# NICD0414 -	Payment#	Receipt#	Transaction Type Debt Encumbrance -	Transaction Amount	Encumbrance Amount Ending Balance \$1.82		
	LEE	12:10:13 AM 5/6/2014 12:10:13 AM	3775 NICD0414 - 3627			Released Debt Encumbrance - Released		\$0.18		
	LEE	5/6/2014 12:10:13 AM	NICD0414			Ininate Co-pay	(\$2.00)		\$56.87	
	LEE	5/5/2014 4:01:30 PM	N1PP0414			Payroll - IPP	\$46.69		\$58.87	
	LEE	5/5/2014 4:01:29 PM	NIPP0414			Payroll - IPP	\$12.00		\$12.18	
	LEE	5/5/2014 4:01:29 PM	NICD0414 - 3775			Debt Encumbrance		(\$1.82)		
	LEE	5/5/2014 11:40:34 AM	12			Sales	\$0.00		\$0.18	
	LEE	5/5/2014 11:39:51 AM	11			Sales	\$0.00		\$0.18	
	LEE	4/28/2014 2:30:34 PM	NICD0414 - 3627			Debt Encumbrance	(40.00)	(\$0.18)		
	LEE	4/24/2014 8:49:24 AM	33			Sales	(\$0.80)		\$0.18	
	LEE	4/21/2014 5:16:25 PM	TL0421			TRUL Withdrawal	(\$15.00)		\$0.98	
	LEE	4/14/2014 8:05:01 AM	4 TV 0.412			Sales	(\$7.22)		\$15.98	
	LEE	4/12/2014 11:44:01 AM	TL0412			TRUL Withdrawal	\$3.20		\$23.20	
	LEE	4/12/2014 11:06:46 AM	TL0412			TRUL Withdrawal	(\$10.00)		\$20.00	
	LEE	4/12/2014 5:17:36 AM	70156201			Lockbox - CD	\$30.00		\$30.00	
	LEE	4/6/2014 7:33:37 AM	TL0406			TRUL Withdrawal	(\$5.00)		\$0.00	
	LEE	4/5/2014 9:00:52 PM	TL0405			TRUL Withdrawal	\$0.50		\$5.00	
	LEE	4/5/2014 5:53:15 PM	TL0405			TRUL Withdrawal	(\$10.00)		\$4.50	
	LEE	4/4/2014 12:11:52-PM	NIPP0314			Payroll - IPP	\$14.40		\$14.50	
	LEE	3/31/2014 10:10:23 AM	66	`		Sales	(\$19.55)	•	\$0.10	
	LEE	3/29/2014 7:13:14 AM	TL0329			TRUL Withdrawal	\$1.65		\$19.65 \$18.00	
	LEE	3/28/2014 7:37:21 PM	TL0328			TRUL Withdrawal TRUL Withdrawal	(\$2.00) (\$30.00)		\$20.00	
	LEE	3/25/2014 6:56:19 PM	TL0325			Lockbox - CD	\$50.00	•	\$50.00	
	LEE	3/22/2014 9:40:43 AM	70154701			Sales	(\$1.70)		\$0.00	
	LEE	3/10/2014 9:22:14 AM	TL0310			TRUL Withdrawal	\$1.15		\$1.70	
	LEE	3/10/2014 6:12:54 AM				Sales	(\$2.50)		\$0.55	
	LEE	2/25/2014 8:24:32 AM	15 TL0224			TRUL Withdrawal	(\$10.00)		\$3.05	
	LEE	2/24/2014 10:50:39 AM				•			\$13.05	
	LEE	2/24/2014 9:34:45 AM	TL0224			TRUL Withdrawal	(\$15.00) \$24.95		\$28.05	
	LEE	2/24/2014 7:19:17 AM	TL0224			TRUL Withdrawal	\$24.95		\$3.10	
	LEE	2/20/2014 2:29:48 PM	103			Sales	(\$2.20)		\$5.30	
	LEE	2/20/2014 9:54:50 AM	51			Sales	(\$44.85)		, .JV	

LEE

2/20/2014 3:20:10 AM TX022014

Transfer - In from TRUFACS

\$50.15

\$50.15

Total Transactions: 33

Totals:

\$56.87

\$0.00

				Current Balanc	:es			
	<u>Available</u>	Pre-Release	<u>Debt</u>	<u>SPO</u>	Other	Outstanding	Administrative	Account
Alpha Code	Balance	Balance	Encumbrance	Encumbrance	Encumbrance	<u>Instruments</u>	<u>Holds</u>	Balance
LEE .	\$56.87	\$0.00	\$0.00	,00,00	\$0.00	\$0.00	\$0.00	\$56.87
Totals:	\$56.87	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$56.87

•				Other Balances			
		National 6	Natioanl 6	Local Max		Commissary	Commissary
	National 6	Months	Months Avg	Balance - Prev 30	Average Balance	Restriction Start	Restriction End
N	1onths Deposits	Withdrawals	Daily Balance	<u>Days</u>	- Prev 30 Days	<u>Date</u>	<u>Date</u>
	\$153.09	\$117.27	\$36.47	\$58.87	\$7.66	N/A	N/A