

Name: LAVELL YOUNG
CDC No: AT6967
Address: FD-71 up CTF-NORTH
P.O Box 705
SOLEDAD, CA 93960-0705

FILED

OCT 27 2014

CLERK, U.S. DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA

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

BY _____
DEPUTY CLERK

CASE NUMBER: 1:14-CV-01471-LJO-SAB

LAVELL YOUNG Plaintiff/Petitioner,
vs.

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

Defendants/Respondent.

MICHAEL R. KIETZ
SALLY D. MORENO

I, LAVELL D. YOUNG, 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. CTF-NORTH / SOLEDAD CA

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.

A.S.V COMPUTERS 1-21-2012
2808 DRIFTWOOD DR. MADERA, CA 93637 / \$10.00/HR.
BI-WEEKLY

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.

Alona Younge - DAUGHTER - VARIES ON EMPLOYMENT
AALIYAH Younge - DAUGHTER

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).

10/20/2014
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.

Case Number: 14-CV-01471-LJO-SAB

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

Lavell Young AT6967 for the last six months at
(prisoner name)

Correctional Training Facility 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 \$ 4.09 and the average balance in the prisoner's account each month for the most recent 6-month period was \$ 4.95

Dated: October 9, 2014

AOLim Alex de Acet 1 Spec.
Authorized officer of the institution

CORRECTIONAL TRAINING FACILITY
P.O. BOX 586
SOLEDAD, CA 93960
ATTN: ACCOUNTING OFFICE



THE WITHIN INSTRUMENT IS A CORRECT COPY OF THE TRUST ACCOUNT MAINTAINED BY THIS OFFICE
ATTEST: AOLim 10/19/14
CALIFORNIA DEPARTMENT OF CORRECTIONS
BY AOLim Alex de Acet 1 Spec.
TRUST OFFICE

Inmate Statement Report

CDCR#	Inmate/Group Name	Institution	Unit	Cell/Bed
AT6967	YOUNG, LAVELL	CTF	A FD 1	000071

Current Available Balance: \$0.06

Transaction List

Transaction Date	Institution	Transaction Type	Source Doc#	Receipt#/Check#	Amount	Account Balance
04/01/2014	NKSP	BEGINNING BALANCE				\$0.00
06/18/2014	NKSP	INMATE DEPOSIT	061014/MADERA	7653	\$24.46	\$24.46
07/25/2014	NKSP	SALES	26		(\$24.40)	\$0.06
08/05/2014	NKSP	TRACS TRANSFER OUT	TX08052014		(\$0.06)	\$0.00
08/05/2014	CTF	TRACS TRANSFER IN	TX08052014		\$0.06	\$0.06

Encumbrance List

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

Obligation List

Obligation Type	Court Case#	Original Owed Balance	Sum of Tx for Date Range for Oblig	Current Balance
No information was found for the given criteria.				

Restitution List

Restitution	Court Case#	Status	Original Owed Balance	Interest Accrued	Sum of Tx for Date Range for Oblig	Current Balance
No information was found for the given criteria.						



THE WITHIN INSTRUMENT IS A CORRECT COPY OF THE TRUST ACCOUNT MAINTAINED BY THIS OFFICE.
 ATTEST: *A Oliva 10/9/14*
 CALIFORNIA DEPARTMENT OF CORRECTIONS
 BY *AOL Acct Specs*
 TRUST OFFICE

**PROOF OF SERVICE
BY PERSON IN STATE CUSTODY**
(C.P. §§ 1013 (A), 2015.5, F.R.C.P 5, 28 U.S.C. § 1746)

1
2 I, LAVEN DARRYL YOUNG, declare:

3
4 I am over 18 years of age, and am a party to this action. I am a resident of the Correctional Training Facility Prison in the County of Monterey, State of California. My prison address is:

5 CDCR #: AT6967

6 Correctional Training Facility
7 P.O. Box 705 Housing: FD-71 UP
Soledad, CA. 93960-0705

8 On 10/22/2014, I served the attached:

- 9 • APPLICATION TO PROCEED IN DISTRICT
10 COURT IN FORMA PAUPERIS
11 • CERTIFICATE OF FUNDS IN PRISONERS ALLOWANCE
12 _____

13 On the parties herein by placing true, and correct copies thereof, enclosed in a sealed envelope, with
14 postage fully paid, verified by, and given to prison staff*, pursuant to 15 CCR § 3142 (d),
for deposit in the United States Mail provided at the above named correctional institution in which
15 I am presently confined.

16 The envelope was addressed as follows:

17 UNITED STATES COURT
OFFICE OF THE CLERK
18 UNITED STATES DISTRICT COURT
19 2500 TULARE ST., SUITE 1501
20 FRESNO, CA 93721-2201

21 I declare under penalty of perjury under the laws of the United States of America that the foregoing
22 is true, and correct.

23
24 Executed on: 10/22/2014

25 
(Declarant's Signature)

26
27 * Please, note that according to the prison mailbox rule, the document(s) mentioned herein is considered filed the day it is handed over
to prison authorities for mailing to the court. See Huizar v. Carey (9th Cir. 2001) 273 F. 3d 1220, 1221; Moore v. Twomey (2004)
120 Cal. App. 4th 910, 913-918.
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