

FILED

OCT 27 2014

CLERK, U.S. DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA
BY [Signature]
DEPUTY CLERK

Plaintiff's Name: ALEX TABATABAEE
CDC No: V-78736
Address: KVSP P.O. Box 5103
DELANO, CA 93216

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

Plaintiff/Petitioner,
vs.

Defendants/Respondent.

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

CASE NUMBER: 1:14-cv-01545-DLB(pc)

I, ALEX TABATABAEE, declare that I am the plaintiff/respondent 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)

If "yes" state the place of your incarceration. KERN VALLEY STATE PRISON

Have the institution fill out the Certificate portion of this application and attach a certified copy of your prison trust account statement showing transactions for the past six months.

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.

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. Please attach an additional sheet if necessary. **\$170 GIFT FROM MOTHER ABOUT 2 MONTH.**

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.

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).

OCTOBER 20th, 2014
DATE

Alex T. [Signature]
SIGNATURE OF APPLICANT

T9 bat 9 b9 ee V78736 **CERTIFICATE**
(To be completed by the institution of incarceration)

I certify that the applicant named herein has the sum of \$ 0.00 on account to his/her credit at KVSP (name of institution). I further certify that during the past six months, the applicant's average monthly balance was \$ 8.14. I further certify that during the past six months, the average of monthly deposits to the applicant's account was \$ 28.33.

(Please attach a certified copy of the applicant's trust account statement showing transactions for the past six months).

10-22-14
DATE

Mike [Signature]
SIGNATURE OF AUTHORIZED OFFICER

(Revised 2/15/06)

Institution: KVSP

Inmate Statement Report

CDCR#	Inmate/Group Name	Institution	Unit	Cell/Bed
V78736	TABATABAEE, ALEX	KVSP	C 006 1	113001

Current Available Balance: \$0.00

Transaction List

Transaction Date	Institution	Transaction Type	Source Doc#	Receipt#/Check#	Amount	Account Balance
04/01/2014	KVSP	BEGINNING BALANCE				\$0.00
07/08/2014	KVSP	JPAY	0000000036418603		\$170.00	\$170.00
07/08/2014	KVSP	RESTITUTION FINE PAYMENT			(\$67.91)	\$102.09
07/08/2014	KVSP	ADMINISTRATIVE FEE			(\$6.79)	\$95.30
07/08/2014	KVSP	RESTITUTION FINE PAYMENT			(\$17.09)	\$78.21
07/08/2014	KVSP	ADMINISTRATIVE FEE			(\$1.70)	\$76.51
07/08/2014	KVSP	COPY CHARGES	COPY5/13/14 ENT5/19		(\$1.80)	\$72.71
07/09/2014	KVSP	MEDICAL COPAY	THROAT1002431		(\$5.00)	\$67.71
07/09/2014	KVSP	MEDICAL COPAY	INFO932775		(\$5.00)	\$62.71
07/21/2014	KVSP	SALES	8		(\$13.85)	\$48.86
08/07/2014	KVSP	MEDICAL COPAY	THROAT1002431		\$5.00	\$53.86
08/07/2014	KVSP	MEDICAL COPAY	INFO932775		\$5.00	\$58.86
08/11/2014	KVSP	SALES	13		(\$49.25)	\$9.61
08/21/2014	KVSP	MEDICAL COPAY	927785 8/12/14		(\$5.00)	\$4.61
08/21/2014	KVSP	MEDICAL COPAY	927814 8/15/14		(\$4.61)	\$0.00

THE WITHIN INSTRUMENT IS A
 CORRECT COPY OF THE TRUST
 ACCOUNT MAINTAINED BY THIS OFFICE.
 ATTEST: 10-22-14
 Mike Francisco
 CALIFORNIA DEPARTMENT OF
 CORRECTIONS AND REHABILITATION
 BY: Mike Francisco
 TRUST OFFICE

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 Oblg	Current Balance
COPY CHARGES	COPY9/2/14 ENT9/18	\$1.20	\$0.00	\$1.20
COPY CHARGES	COPY 9/17/14	\$1.90	\$0.00	\$1.90

Restitution List

Restitution	Court Case#	Status	Original Owed Balance	Interest Accrued	Sum of Tx for Date Range for Oblg	Current Balance
FINE PC 1202.45	LA044859	Active	\$1,000.00	\$0.00	\$0.00	\$1,000.00
RESTITUTION FINE	LA044859	Fulfilled	\$1,000.00	\$0.00	(\$67.91)	\$0.00
RESTITUTION FINE	BA374052	Active	\$200.00	\$0.00	(\$17.09)	\$182.91