

Name: James T. Cook
 Case No: PK# 1333579
 Address: 200 E. Hackett Rd
Modesto, Calif. 95358

FILED

DEC 08 2014

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: 1:14-CV-01656-DLB

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

James Thomas Cook Plaintiff/Petitioner,
 vs.
Stanislaus County et. al. Defendants/Respondent.

I, James T. Cook, 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. Public Safety Center
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.
Hampton Inn / Manteca \$12.00/Hr
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: | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation payments: | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| e.. Gifts or inheritances: | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| f. Any other sources: | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

Family Approx. 200/Month
 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.

Nothing

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).

11-22-14
 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.

(Revised 04/2014)

STANISLAUS COUNTY SHERIFF'S DEPARTMENT
ADULT DETENTION DIVISION

INMATE REQUEST FORM

From: James Cook
12-1-14

Booking #: 1333579

Cell #: E-122

Request

Grievance

Appeal

Other

To: Intake / Accounting

May I please have a copy of my trust account balance, all transactions for the past 6 months. As the United States District Court, Eastern District of California Is Requesting/ Ordering from me,

Thank You For Your Cooperation,

(Staff Only Below This Line)

Received By: STANISLAUS COUNTY SHERIFF'S DEPARTMENT

Date: 12-1-14

Routed To: STANISLAUS COUNTY, CALIFORNIA, UNITED STATES OF AMERICA, NORTH AMERICA, EARTH.

YOUR REQUEST FOR PAST 6 MO. OF TRANSACTIONS WAS DENIED. IT WAS EXPLAINED TO YOU THAT WE DO NOT PROVIDE THAT. COURTS CAN REQUEST IT THIS IS A DUPLICATE REQUEST.

Answered By: ADMINISTRIES

Date: 12-2-14

STANISLAUS COUNTY SHERIFF'S DEPARTMENT
ADULT DETENTION DIVISION

INMATE REQUEST FORM

From: James Cook

Booking #: 1333574/WE/22 Cell #:

Request

Grievance

Appeal

Other

To: Intake

Inmate

I need a record of my ~~just~~ account balance for past 6 months

(Staff Only Below This Line)

Received By:

Date: 11-26-14

Routed To:

Intake

ACK THE DUTY FOR YOUR TOTAL WE DONT LIVE
OUT PRINT OUTS

Answered By:

Date: 11-29-14