

Name: Cosmé Presas
CDC No: #1932682
Address: 17695 Ind. Farm rd.,
Bakersfield, C.A 93308

FILED

NOV 13 2014

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

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA
FRESNO DIVISION

Cosmé Presas

CASE NUMBER: 14-cv-1740---SKO

Plaintiff,

vs.

Watchtower Bible and Tract Society of New York
Jane (Rosa) Doe, Jane (Alicia) Doe, John Doe (Moreno),
Wayne Frazee, John Doe 1, John Doe 2, John Doe 3
Defendants.

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

NOV 13 2014

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

I, Cosmé Presas, 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. Kern County Jail Lerdo

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 (attach an additional sheet if necessary).

Mother: 20-30 dollars every week or bi weekly

Sister: 20-30 Once a 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.

[Handwritten mark]

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).

11-4-14
DATE

[Handwritten Signature]
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 01/2008)