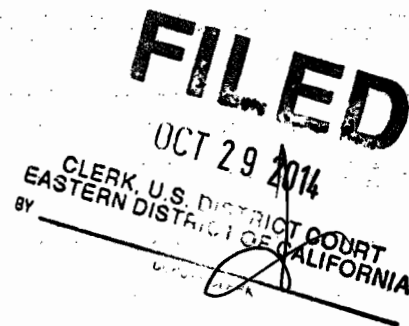


Bryan Cooke  
 Patient No.: CO- 217-0  
 Coalinga State Hospital  
 P.O. Box 5003  
 Coalinga, CA 93210-5003

*Plaintiff in Pro Se*



# UNITED STATES DISTRICT COURT

EASTERN DISTRICT OF CALIFORNIA

BRYAN COOKE,  
*Plaintiff,*

Vs.

CLIFF ALLENBY, Director of California  
 Department of State Hospitals, AUDREY  
 KING, Executive Director of Coalinga  
 State Hospital, TOM VOSS, Former  
 Executive Director of Coalinga State  
 Hospital, PAM AHLIN, Former Executive  
 Director of Coalinga State Hospital,  
 STEPHEN MAYBERG, Former Director  
 of California Department of Mental  
 Health,  
*Defendants*

No.: 2:14-cv-2539 KJN

**MOTION TO FILE CIVIL RIGHTS  
 COMPLAINT *IN FORMA PAUPERIS*  
 WITHOUT BEING SUBJECT TO PRISON LAW  
 REFORM ACT**

The Plaintiff respectfully submits this Motion to Proceed in *Forma Pauperis* without being subject to the Prison Law Reform Act.

## I. Statement of Facts

Plaintiff is *not* a Prisoner. Plaintiff is a civil detainees held pursuant to California's Sexually Violent Predator Act<sup>1</sup>.

Plaintiff is indigent as he earned and received average monthly incomes of less than \$ 300 per month (for the past 3 years).

## II. Argument

### **Plaintiff is not Prisoners for Purposes of PLRA**

Plaintiff is not a "prisoner"; but rather are civil detainees held pursuant to California civil commitment legislation. Consequently the PLRA does not apply to Plaintiff as this court has determined that "it is clear from the express language of [the PLRA] that [its] requirements apply only to prisoners." (*Page v. Torrey* (9<sup>th</sup> Cir. 2000) 201 F.3d 1146, 1139)

<sup>1</sup> California's welfare and Institutions Code §6600, et. seq.

### III. Conclusion

Due to the Plaintiff being indigent and due to his not being subject to the PLRA, Plaintiff respectfully submits that he should be permitted to file their Civil Rights Complaint without being subject to paying the filing fee.

Dated: 10-26-14

Respectfully Submitted,

Rayon Carter  
Plaintiff in Pro Se

UNITED STATES DISTRICT COURT

EASTERN

District of CALIFORNIA

Plaintiff

APPLICATION TO PROCEED  
WITHOUT PREPAYMENT OF  
FEES AND AFFIDAVIT

V.

CLIFF ALLENBY, et al.,

Defendant

CASE NUMBER:

I, BRYAN COOKE declare that I am the (check appropriate box)  
☒ petitioner/plaintiff/movant ☐ other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915 I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated ☐ Yes ☒ No (If "No," go to Part 2)

I am presently a patient in a mental hospital and am not a prisoner.

If "Yes," state the place of your incarceration \_\_\_\_\_

Are you employed at the institution? \_\_\_\_\_ Do you receive any payment from the institution? \_\_\_\_\_

Attach a ledger sheet from the institution(s) of your incarceration showing at least the past six months' transactions.

2. Are you currently employed? ☐ Yes ☒ No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

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. In the past 12 months have you received any money from any of the following sources?

a. Business, profession or other self-employment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b. Rent payments, interest or dividends	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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

If the answer to any of the above is "Yes," describe, on the following page, each source of money and state the amount received and what you expect you will continue to receive.

I RECEIVE APPROX. \$12.50 FROM THE HOSPITAL EACH MONTH.

4. Do you have **any** cash or checking or savings accounts? ☒ Yes ☐ No

If "Yes," state the total amount. Aprox. \$6

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or any other thing of value? ☐ Yes ☒ No

If "Yes," describe the property and state its value.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support. NONE

I declare under penalty of perjury that the above information is true and correct.

Oct. 26, 2014

Date

Bryan E. Cuck

Signature of Applicant

**NOTICE TO PRISONER:** A prisoner seeking to proceed IFP shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.