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		DIGMDION COLUMN
	UNITED STATES	DISTRICT COURT
		CASE NUMBER 1:14-CU-01917 654
JULI	in the second of	Removed California Superior Court No. 14
	PRISONER/PLAINTIFF, v.	REQUEST TO PROCEED WITHOUT
ECO	INTEGRATED DEVELOPMENT INC. et al. DEFENDANT(S).	PREPAYMENT OF FILING FEES WITH DECLARATION IN SUPPORT
	AVID HUME	, declare under penalty of perjury, that the following is
		entitled case; that in support of my request to proceed declare that because of my poverty I am unable to pay the
	sts of said proceedings or to give security therefore and	
C1	j	
	or cectare under penalty of perjury that the responses volumest and complete.	vhich I have made to the questions and instructions below are
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	· · · · · · · · · · · · · · · · · · ·	
	e you presently employed in prison? Yes	
	e you presently employed in prison? Yes No If the answer is yes, state the number of hours you we	ork per week and the hourly rate of pay:
		ork per week and the hourly rate of pay:
		ork per week and the hourly rate of pay:
a.	If the answer is yes, state the number of hours you we	
	State the place of your incarceration FCI - Lor	npoc - Low, Lompoc, CA this application and attach a certified copy of your prison
a. b.	State the place of your incarceration FCI - Lov Have the institution fill out the Certificate portion of trust account statement showing transactions for the p	npoc - Low, Lompoc, CA this application and attach a certified copy of your prison past six months.
a. b. . Ha	State the place of your incarceration FCI - Lov Have the institution fill out the Certificate portion of trust account statement showing transactions for the power you received, within the past twelve months, any meaning Business, profession or form of self-employment?	npoc - Low, Lompoc, CA this application and attach a certified copy of your prison past six months.
b. Ha	State the place of your incarceration FCI - Lov Have the institution fill out the Certificate portion of trust account statement showing transactions for the post twelve months, any measurements, profession or form of self-employment? Rent payments, interest or dividends?	this application and attach a certified copy of your prison past six months. Oney from any of the following sources? □Yes DNo □Yes DNo
a. b. Ha a. b. c.	State the place of your incarceration FCI - Lov Have the institution fill out the Certificate portion of trust account statement showing transactions for the positive you received, within the past twelve months, any measurements, profession or form of self-employment? Rent payments, interest or dividends? Pensions, annuities or life insurance payments?	this application and attach a certified copy of your prison past six months. Oney from any of the following sources? Yes No Yes No
a. b. Ha a. b. c. d.	State the place of your incarceration FCI - Lov Have the institution fill out the Certificate portion of trust account statement showing transactions for the positive you received, within the past twelve months, any means Business, profession or form of self-employment? Rent payments, interest or dividends? Pensions, annuities or life insurance payments? Gifts or inheritances?	this application and attach a certified copy of your prison past six months. oney from any of the following sources? Yes No Yes No Yes No
a. b. Ha a. b. c.	State the place of your incarceration FCI - Lov Have the institution fill out the Certificate portion of trust account statement showing transactions for the positive you received, within the past twelve months, any measurements, profession or form of self-employment? Rent payments, interest or dividends? Pensions, annuities or life insurance payments?	this application and attach a certified copy of your prison past six months. Oney from any of the following sources? Yes No Yes No
a. b. c. d. e. f.	State the place of your incarceration FCI - Lov Have the institution fill out the Certificate portion of trust account statement showing transactions for the post twelve months, any means account statement or form of self-employment? Rent payments, interest or dividends? Pensions, annuities or life insurance payments? Gifts or inheritances? Any other income (other than listed above)? Loans?	this application and attach a certified copy of your prison past six months. oney from any of the following sources? Yes No Yes No
a. b. c. d. e. f.	State the place of your incarceration FCI - Lov Have the institution fill out the Certificate portion of trust account statement showing transactions for the post twelve months, any means account statement or form of self-employment? Rent payments, interest or dividends? Pensions, annuities or life insurance payments? Gifts or inheritances? Any other income (other than listed above)? Loans?	this application and attach a certified copy of your prison past six months. oney from any of the following sources? Yes No Yes No Yes No Yes No Yes No Yes No

3.	Do you own any cash, or do you have money in a checking or savings account? (Include any funds in prison accounts, if applicable.) Yes No					
	If the answer is yes, identify each account and separately state the amount of money held in each account for each of					
	the six (6) months prior to the date of this declaration.					
4.	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? Yes					
	If the answer is yes, describe the property and state it approximate value:					
5.	In what year did you last file an Income Tax Return? 2017					
	Approximately how much income did your last tax return reflect?					
6.	List the persons who are dependent upon your for support, state your relationship to those persons, and indicate how much you contribute toward their support:					
	I understand that a false statement or answer to any question in this declaration will subject me to penalties for perjury. I further understand that perjury is punishable by a term of imprisonment of up to five (5) years and/or a fine of \$250,000 (18 U.S.C. Sections 1621, 3571).					
	California Santa Barbara State County (or City)					
[, <u>]</u>	declare under penalty of perjury that the foregoing is true and correct.					
	FRIDAY, November, 28, 2014 Prisoner/Plaintiff (Signature)					

PRISONER AUTHORIZATION

If my request to proceed without prepayment of filing fees is granted, I understand that I am required by statue to pay the full amount of the filing fees for this case, regardless of my forma pauperis status and the disposition of this case. I further authorize the prison officials at this institution to assess, collect and forward to the Court the full amount of these fees, in monthly payments based on the average of deposits to or balance in my prison trust account in accordance with 28 U.S.C. Section 1915.

Prisoner-Plaintiff (Signature)

CERTIFICATE OF AUTHORIZED OFFICER

I hereby certify that the Prisoner-Plaintiff herethe	rein has credit in the sum of \$ institution where Prisoner-Pl	on account at aintiff is confined.
	hs the applicant's average monthly balance was \$_erage of monthly deposits to the applicant's account	
A certified copy of the prisoner-plaintiff's tru	st account statement for the last six (6) months is	attached.
Date	Authorized Officer of Institution (Sign	nature)