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UNITED STATES DISTRICT COURT EASTERN DISTRICT OF CALIFORNIA



Plaintiff vs. 21 Charles SSPROOT BY A PRISONER

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

NUMBER:	1: 1 4 CV - 0208	DEPUTY CLERK						
NUMBER:	1: 1 4 CV - U 2 O 8	0 01000						
		A. " DER LO						
I, DICAGE BSPROOF, 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. § 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.								
ollowing quest	ions under penalty of 1	perjury:						
□ No (If "N	o" DO NOT USE TH	IS FORM)						
Stanish	aus Cour	rty Soil						
Ø-No	,							
our 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.								
money from a	ny of the following so	ources?						
t □ Ye	s ©No							
□ Ye	s 🛦 No							
s □ Ye	s 🔁 No							
ı □ Ye	s 4 No							
□ Ye	s É No							
□ Ye	s To No							
	declare that I ded without preproceedings or a collowing quest land of the collowing transfer of the collowing transfer of your pay. ast employment dress of your land or money from a collowing transfer of your land or money from a collowing transfer of your land or money from a collowing transfer of your land or money from a collowing transfer of your land or money from a collowing transfer of your land or year of yea	declare that I am the plaintiff in the d without prepayment of fees under roceedings or give security therefor a collowing questions under penalty of No (If "No" DO NOT USE THE STACK COOK COOK COOK COOK COOK COOK COOK C						

If the answer to any of the above is "Yes" describe by that item each source of money and state the amount received and what you expect you will continue to receive. Please attach an additional sheet if necessary.

IFPFORM Revised 5/99



Network & Icjis Unavailable @ 20:00. More>>

Logout

Booking

Classification

Accounting **Events** Charges

Shift Process

Reports

Search

Main Menu

Inmate Account Detail Transaction

Booking No:

3

1351535

Stanco No:

298757

<u>S</u>earch

General Information

Booking No:

1351535

Stanco No:

298757

Facility:

SC

Name:

Sprout, Richard Burton

Race:

W

Cell No:

F112

DOB:

01/23/1968

Age:

46 (B)

Sex:

M

Booking Information

Date Booked: Date Released: 06/02/2014 12/31/9999 Shift Booked: Shift Released: 2

Current Balance: \$0.00

Account Summary

Transaction Date	Shift	Officer No.	Type	Receipt	Transaction Code	Visit Date	Amount	Balance
08/06/2014	3	S00695	D	3133366	TRANTO		\$0.00	\$0.00
08/06/2014	3	S964	W	3133342	TRANFRM		- \$0.00	\$0.00
07/28/2014	3	S964	D	3129599	TRANTO		\$0.00	\$0.00
07/28/2014	3	\$00695	w	3129456	TRANFRM		- \$0.00	\$0.00
07/14/2014	2	S01298	w	3123905	COMMSAL		- \$56.60	\$0.00
06/26/2014	1	S77777	D	3117403	DEPOSIT		\$36.05	\$56.60
06/23/2014	2	S01298	w	3115792	COMMSAL		- \$25.50	\$20.55
06/12/2014	1	S77777	D	3112001	DEPOSIT		\$46.05	\$46.05
06/09/2014	2	S01691	w	3110292	PHONCRD		- \$10.00	\$0.00
06/03/2014	2	S00990	D	3108042	TRANTO		\$10.00	\$10.00
06/03/2014	2	\$522	w	3108035	TRANFRM		- \$10.00	\$0.00
06/03/2014	2	SQ57	D	3107947	TRANTO		\$10.00	\$10.00
06/03/2014	2	SQ48	w	3107820	TRANFRM		- \$10.00	\$0.00
06/03/2014	1	S00000	w	3107710	TOUCHPAY ADMIN FEE		- \$2.00	\$10.00
06/03/2014	1	S00859	D	3107706	BOOKED		\$12.00	\$12.00

Search

Add

Account Summary

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ICJIS.SD helpline 209.525.7279, or email so_icjis@stanislaussheriff.com

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4. Do you have cash or checking or savings accounts? ☐ Yes	₿No
If "Yes" state the total amount:	
5. Do you own any real estate, stocks, bonds, securities, other financial valuable property?	
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.	
None	,
7. List the persons who are dependent on you for support, state your relative much you contribute to their support.	lationship to each person and indicate
None	• .
I hereby authorize the agency having custody of me to collect from Clerk of the United States District Court payments in accordance with 2	•
I declare under penalty of perjury that the above information is	true and correct.
12-21-2014 Pholoand Sonor Signature of AP	PLICANT
CERTIFICATE (To be completed by the institution of inc	carceration)
I certify that the applicant named herein has the sum of \$	on account to his/her credit at
Stanislaus County Jail (name of institution). I furth	er certify that during the past six months
the applicant's average monthly balance was \$ I further of	certify that during the past six months the
average of monthly deposits to the applicant's account was \$	
(Please attach a certified copy of the applicant's trust account statement months.)	showing transactions for the past six
12-23-14 QUALITHE OF ALTHU	ON LAND OF LIVED
DATE SIGNATURE OF AUTHO	DKIZED OPPICEK