Case 1:15-cv-00174-EDASTRIPOPISTRIPOPICIFATEDASTRIPOPICATE AND PROPICIPATE AND PROPICIPATE AND PROPICIPATE AND PROPICIPATE AND EASTERN DISTRICT OF CALIFORNIA

APR 15 2015

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Petitioner vs.	IN FORMA PAUPERIS BY A PRISONER	BEPUTY GLERK
Kayla Bodine Respondent(s)	CASE NUMBER: 1: 1	5 CV - 005 74 SAB
I, <u>James Tobias</u> proceeding; that, in support of my request to I declare that I am unable to pay the fees for the relief sought in the petition.		fees under 28 U.S.C. § 1915,
In support of this application, I answ	O 1	penalty of perjury:
1. Are you currently incarcerated: Ye	es 🗆 No (If "No" DO NO	T USE THIS FORM)
If "Yes" state the place of your incarcera	Correctional Tro ntion. <u>Soledad, Cali</u>	lining facility at Fornia
Have the institution fill out the Co	ertificate portion of this applica	tion.
2. Are you currently employed? \Box Ye	es 💆 No	
a. If the answer is "Yes" state the amo	unt of your pay.	
b. If the answer is "No" state the date wages and pay period, and the name		
3. In the past twelve months have you rece	ived any money from any of the f	following sources?
a. Business, profession or other self-emp	oloyment 🗆 Yes 📮	Z No
b. Rent payments, interest or dividends	□ Yes •	Ø No .
c. Pensions, annuities or life insurance p	payments 🗆 Yes 🖟	4 No

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.

Ø No

Ø No

⊅ No

□ Yes

□ Yes

□ Yes

e. Gifts or inheritances

f. Any other sources

d. Disability or workers compensation payments

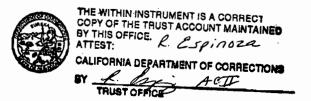
4. Do you have cash or	checking or savings accoun	ırıjent ∠ _{□ File} a 04	1/15H2NoPag	e 2 01 4	
If "Yes" state the total	amount:				
5. Do you own any real valuable property?	estate, stocks, bonds, secur	ities, other financial		nutomobiles or	other
If "Yes" describe the p	property and state its value.		•		
6. Do you have any other	er assets?	. □ Yes	⊄ ′No		
If "Yes" list the asset(s) and state the value of eac	ch asset listed.			
			·		·
7. List the persons who how much you contribut	are dependent on you for sue to their support. N/A	ipport, state your re	lationship to e	ach person and	indicate
I declare under p	enalty of perjury that the ab	pove information is	true and correc	et.	
X <u>04-01-15</u> DATE	SI	GNATURE OF AF	PPLICANT		
	CE (To be completed by	RTIFICATE the institution of in	carceration)		
I certify that the	applicant named herein has	the sum of \$	on ac	count to his/he	credit at
	(name of	institution). I furtl	ner certify that	during the pas	six months
the applicant's average n	nonthly balance was \$	I further	certify that du	ring the past six	c months the
average of monthly depo	osits to the applicant's accor	unt was \$	·		
DATE	SIGN	ATURE OF AUTH	ORIZED OFF	ICER	

Case Number:	
Case Number:	

CERTIFICATE OF FUNDS IN PRISONER'S ACCOUNT

I certify that attached herto is a true and correct copy of the prisoner's trust account statement showing trasactions of						
James Tobias AP2376 for the la	ast six months at					
(prisoner name)						
CORRECTIONAL TRAINING FACILITY (name of institution)	where (s)he is confined.					
I further certify that the average deposits each month to this						
prisoner's account for the most recent 6-month period were: \$\$20.00						
and the average balance in the prisoner's account each month for						
the most recent 6-month period was: \$0.65						
Dated: 4/6/2015	R. Espinoza					
	Account Clerk II					

Department of Corrections Correctional Training Facility P.O. Box 686 Accounting Soledad, CA 93960



Date\Time: 4/6/2015 9:30:19 AM Case 1:15-cv-00574---SAB Doc PAB To Filed 04/15/15 Page 4 of 4

Institution: CTF

Inmate Statement Report

CDCR#	Inmate/Group Name	Institution	Unit	Cell/Bed
AP2376	TOBIAS, JAMES	CTF	B WH B2	203203

Current Available Balance:

\$0.00

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Transaction Date	Institution	Transaction Type	Source Doc#	Receipt#/Check#	Amount	Account Balance
10/01/2014	CTF	BEGINNING BALANCE				\$0.00
01/02/2015	CTF	JPAY	0000000041624807		\$120.00	\$120.00
01/04/2015	CTF	SALES	16		(\$120.00)	\$0.00
01/04/2015 Encumbran		SALES	16		(\$120.00)	
ncumbranc	е Туре	Transaction Date	Ame	ount		

No information was found for the given criteria.

Obligation List

Sum of Tx for Date Court Case# Range for Oblg **Obligation Type Original Owed Balance Current Balance**

No information was found for the given criteria.

Restitution List

Sum of Tx for Date Restitution Court Case# **Status** Original Owed Balance Interest Accrued Range for Oblg **Current Balance**

Department of Corrections Correctional Training Facility P.O. Box 686 Accounting Soledad, CA 93960



THE WITHIN INSTRUMENT IS A CORRECT COPY OF THE TRUST ACCOUNT MAINTAINED BY THIS OFFICE. ATTEST: R. Espinoza

CALIFORNIA DEPARTMENT OF CORRECTIONS

^{**}No information was found for the given criteria.**