

Name: Jon Nyland
CDC No: AM9237 / AR 9237
Address: 1045 Jeff Tuttle DR
San Andreas CA 95249

FILED

JUL 01 2015

CLERK OF DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA
BY [Signature]
DEPUTY CLERK

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA
FRESNO DIVISION

Jon L. Nyland (PC)

CASE NUMBER: 1:15-cv-00886-DLB

Plaintiff/Petitioner,

vs.

Calaveras County Sheriff's Jail

Defendants/Respondent.

APPLICATION TO PROCEED
IN FORMA PAUPERIS
BY A PRISONER

I, Jon L. Nyland, 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. Calaveras County Sheriff's Jail

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.

January 29th 2015 At C.T.F (C.D.C.R) in Soledad CA
I had a \$20.00 per month pay # I got \$9.00 per month for 2 years

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).

Q

- 4. Do you have cash (includes balance of checking or savings accounts)? Yes No

If "yes" state the total amount: *Q*

- 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: *Q*

- 6. Do you have any other assets? Yes No

If "yes," list the asset(s) and state the value of each asset listed:

Q

- 7. List all persons dependent on you for support, stating your relationship to each person listed and how much you contribute to their support.

I have an 8 year old Daughter I should be supporting But I have no income.

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).

6/24/15
DATE

Jon Ryland
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.

X 5

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA

Jon L. Nyland (PC)

v.
Calaveras County
Sheriff's Jail

Case Number:-
1:15-CV-00886-D.L.B

PROOF OF SERVICE

I hereby certify that on 6/23/15, I served a copy
of the attached Application to Proceed in Forma Pauperis
By a County Jail Prisoner
by placing a copy in a postage paid envelope addressed to the person(s) hereinafter

listed, by depositing said envelope in the United States Mail at

1045 Jeff Tuttle dr
San Andreas CA

(List Name and Address of Each
Defendant or Attorney Served)

U.S District Court
Eastern District of California

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

[Signature]
(Signature of Person Completing Service)