

FILED

JUN 11 2015

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA

1:15-cv-00887 GSA (PC)

CLERK, U.S. DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA
BY [Signature] DEPUTY CLERKAPPLICATION TO PROCEED
IN FORMA PAUPERIS
BY A PRISONER

Case # 0770194795

Plaintiff

vs.

Defendant

CASE NUMBER:

I, **PAUL ALLEN MARTINEZ**

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.

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)

If "Yes" state the place of your incarceration.

CALAVERAS COUNTY Jail

Have the institution fill out the Certificate portion of this application and attach a certified copy of your prison trust account statement showing transactions for the past six months.

2. Are you currently employed? ☐ 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.

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

- 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

RECEIVED

MAY 26 2015

CLERK, U.S. DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA
BY [Signature] DEPUTY CLERK

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.

JUN 03 2015

IFFFORM Revised 5/99

CLERK, U.S. DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA
BY [Signature] DEPUTY CLERK

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 instruments, automobiles or other valuable property? ☐ Yes ☒ No

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.

7. 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.

Case No
13F6100
11F5028
15F6495

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. § 1915(b)(2).

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

5-10-15

DATE

Paul Allen Martinez

SIGNATURE OF APPLICANT

1-207.7

1-207.4

Without Prejudice

11F5028
Case No.

CERTIFICATE

(To be completed by the institution of incarceration)

I certify that the applicant named herein has the sum of \$ 0 on account to his/her credit at

Calaveras County Jail

(name of institution).

I further certify that during the past six months

the applicant's average monthly balance was \$ 0. I further certify that during the past six months the

average of monthly deposits to the applicant's account was \$ 0.

(Please attach a certified copy of the applicant's trust account statement showing transactions for the past six months.)

DATE

SIGNATURE OF AUTHORIZED OFFICER

Without prejudice 1-308

MONTHLY BILLING STATEMENT

DCSS 0265 (12/29/06)

LCSA SAN JOAQUIN COUNTY DEPARTMENT
OF CHILD SUPPORT SERVICES

PAUL MARTINEZ
1045 JEFF TUTTLE RD
SAN ANDREAS CA 95249-9799

STATEMENT BEGINNING DATE: 03/01/2015

STATEMENT ENDING DATE: 03/31/2015

PARTICIPANT ID NUMBER: 0770000115809

PARTICIPANT NAME: PAUL MARTINEZ

Case # 0770194795-01

34756

Case 11F5028

13F6100 / 15F6495

SUMMARY OF AMOUNTS OWED

| CASE AND COURT ORDER INFORMATION | | CURRENT AND PAST DUE PAYMENT INFORMATION | | | ARREARS INFORMATION | | |
|----------------------------------|------------------------------|--|--|--|---------------------|-------------------|--------------------------------------|
| CASE NUMBER | PAYMENT FREQUENCY AND AMOUNT | MONTHLY PAYMENT DUE FOR CURRENT SUPPORT | MONTHLY PAYMENT DUE FOR PAST DUE SUPPORT | TOTAL MONTHLY PAYMENT DUE FOR CURRENT AND PAST DUE SUPPORT | INTEREST BALANCE | PRINCIPAL BALANCE | TOTAL INTEREST AND PRINCIPAL BALANCE |
| 0770194795-01 | MONTHLY / -- | -- | 200.00 | 200.00 | 18678.60 | 37911.06 | 56589.66 |
| TOTALS | | 0.00 | 200.00 | 200.00 | 18678.60 | 37911.06 | 56589.66 |

*** If there is an arrears balance and there is no court order for monthly payments toward arrears, arrears continue to be due and payable, unless and until you are notified otherwise.**

- Interest on past due support accrues at the legal rate.
- This balance may not reflect all interest or other charges you may owe.
- Support that has accrued and payments posted after the statement ending date will be reflected on your next statement.

COMMENTS/ SPECIAL INSTRUCTIONS:

If you feel this information is not correct, please contact us at (866) 901-3212 or the address provided on the Notice Regarding Monthly Billing Statement attached (DCSS 0274).

Please tear off payment coupon below and return it with your payment to ensure proper credit to your account.

AFD2000088973000035120040100000000020


**MONTHLY BILLING STATEMENT -
 DETAIL BY CASE NUMBER**

DCSS 0275 (08/16/04)

PARTICIPANT NAME: PAUL MARTINEZ
 PARTICIPANT ID NUMBER: 0770000115809

STATEMENT BEGINNING DATE: 03/01/2015
 STATEMENT ENDING DATE: 03/31/2015

PAYMENTS RECEIVED AND OTHER ADJUSTMENTS

| CASE NUMBER | DATE | DESCRIPTION | AMOUNT | APPLIED TO: | | |
|--|-----------|-----------------|--------|-------------|------------------------------------|---------------------|
| | | | | CURRENT | INTEREST ON PAST DUE SUPPORT | PAST DUE SUPPORT |
| 0770194795-01  | 03-31-201 | INTEREST CHARGE | 321.98 | 0.00 | 321.98 | 0.00 |

- Interest on past due support accrues at the legal rate.
- This balance may not reflect all interest or other charges you may owe.
- Support that has accrued and payments posted after the statement ending date will be reflected on your next statement.

#34756
 11F5028 Case No
 13F6100
 15F6495

*** REPRINTED ON 05/17/2015 BY ASA ***

**Cashier
Receipt #K2707**

Calaveras Sheriffs Office

12/05/2013 14:24:37

ST 011 | CD 011 |

15FB495
OPR cobra

**MARTINEZ,
PAUL ALEN**

13FB100

11F5028

AR NUMBER : 34756

Date of Birth : 01/19/1969

Location : IN 1 IN HOLD

Cashier Amount : \$7.00

Convenience Fee : \$0.00

Comment : ANDERSON

*** REPRINTED ON 05/17/2015 BY ASA ***

**Intake
Receipt #A7824**

Calaveras Sheriffs Office

12/05/2013 06:50:34

ST 001| CD 001| 15F6495 OPR XML

**MARTINEZ,
PAUL ALLEN**

13F6100
11F5028

AR NUMBER : 34756
Date of Birth : 01/19/1969
Location : IN 1 IN HOLD

Open Amount : \$0.00

*** REPRINTED ON 05/17/2015 BY ASA ***

**Cashier
Receipt #K2708**

Calaveras Sheriffs Office

12/05/2013 14:27:12

ST 011| CD 011|

OPR cobra

**MARTINEZ,
PAUL ALEN**

AR NUMBER : 34756

Date of Birth : 01/19/1969

Location : IN 1 IN HOLD

Cashier Amount : \$0.10

Convenience Fee : \$0.00

Comment : ANDERSON

*** REPRINTED ON 05/17/2015 BY ASA ***

**Release
Receipt #BC35**

Calaveras Sheriffs Office

12/13/2013 19:16:47

ST 055| CD 001| CKBK 002| OPR 0320

**MARTINEZ,
PAUL ALEN**

AR NUMBER : 34756

Date of Birth : 01/19/1969

Location : IN 1 IN HOLD

Cash Amount : \$0.00

Smartcard Amount : \$1.00

Total Released : \$1.00

Smartcard Number : xxxxxxxxxxxx8977

Comment:

11F5028
13F6100 15F6995
*** REPRINTED ON 05/17/2015 BY ASA ***

**Phone Time Refund
Receipt #A8018**

Calaveras Sheriffs Office

12/13/2013 19:16:10

ST 001 | | OPR cobra

**MARTINEZ,
PAUL ALAN**

AR NUMBER : 34756
Date of Birth : 01/19/1969
Location : IN 1 IN HOLD

Refund Amount: \$0.90

*** REPRINTED ON 05/17/2015 BY ASA ***

Intake Receipt #A17834

Calaveras Sheriffs Office

02/08/2015 09:23:02

ST 001 | CD 001 | OPR XML

MARTINEZ,
PAUL ALEN

AR NUMBER : 34756

Date of Birth : 01/19/1969

Location : IN 1 IN HOLD

15F6495
Open Amount : \$0.00

13F6100
11F5008
Case No.

*** REPRINTED ON 05/17/2015 BY ASA ***

Order
Receipt # A7834

Calaveras Sheriffs Office

12/05/2013 18:40:26

ST 001 | OPR cobra

MARTINEZ,
PAUL ALEN

AR NUMBER : 34756
Date of Birth : 01/19/1969
Location : IN 1 IN HOLD

13F6100
15F6495
11F5028

| ITEM | QTY | DESCRIPTION | COST |
|---------------|-----|---------------------|---------|
| 7001 | 7 | Phone Transfer 1.00 | \$7.00 |
| Sub Total : | | | \$7.00 |
| Tax : | | | \$0.00* |
| Order Total : | | | \$7.00 |