

Name: ACUAREZ, JUAN
CDC No: AE9729
Address: P.O. BOX 3030
SUSANVILLE, CALIF. 96127

FILED

OCT 31 2016

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

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA

JUAN CARLOS ACUAREZ
Plaintiff/Petitioner,

CASE NUMBER: 1:16-cv-00067---MJS

v.

APPLICATION TO PROCEED
IN FORMA PAUPERIS
BY A PRISONER

ALEX CHAVARRIA Defendants/Respondent.

I, JUAN CARLOS ACUAREZ, 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. HDSP, CALIFORNIA, CITY OF SUSANVILLE.

2. Are you currently employed (includes prison employment)? Yes No

a. If the answer is "yes" state the amount of your pay. NONE

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.

NONE

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

FAMILY GIFT OF MONEY ORDER. APPROX 50⁰⁰ NOT EXPECTING ANY INCOME.

If the answer to any of the above is "yes," describe by that item each source of money, state the amount received, as well as what you expect you will continue to receive (attach an additional sheet if necessary).

4. Do you have cash (includes balance of checking or savings accounts)? Yes No
If "yes" state the total amount: NONE

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: X

6. Do you have any other assets? Yes No
If "yes," list the asset(s) and state the value of each asset listed: X

7. List all persons dependent on you for support, stating your relationship to each person listed and how much you contribute to their support.
NONE

This form must be dated and signed below 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. § 1915(b)(2).

10.08.16
DATE

J. Alvarez
SIGNATURE OF APPLICANT

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 HDSF (name of institution). I further certify that during the past six months the applicant's average monthly balance was \$.041. I further certify that during the past six months the average monthly deposits to the applicants account was \$ 0.
(Please attach a certified copy of the applicant's trust account statement showing transactions for the past six months.)

10.24.16
DATE



THE WITHIN INSTRUMENT IS A CORRECT COPY OF THE TRUST ACCOUNT MAINTAINED BY THIS OFFICE.
ATTEST:
CALIFORNIA DEPARTMENT OF CORRECTIONS
BY [Signature]

[Signature]
SIGNATURE OF AUTHORIZED OFFICER

Institution: HDSP

Inmate Statement Report

CDCR#	Inmate/Group Name	Institution	Unit	Cell/Bed
AE9729	ALVAREZ, JUAN	HDSP	C 004 1	124001

Current Available Balance: \$0.00

Transaction List

Transaction Date	Institution	Transaction Type	Source Doc#	Receipt#/Check#	Amount	Account Balance
04/21/2016	WSP	BEGINNING BALANCE				\$0.25
06/03/2016	WSP	TRACS TRANSFER OUT	TX06032016		(\$0.25)	\$0.00
06/03/2016	HDSP	TRACS TRANSFER IN	TX06032016		\$0.25	\$0.25
06/10/2016	HDSP	MEDICAL COPAY	MED		(\$0.25)	\$0.00

Encumbrance List

Encumbrance Type	Transaction Date	Amount
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No information was found for the given criteria.

Obligation List

Obligation Type	Court Case#	Original Owed Balance	Sum of Tx for Date Range for Oblg	Current Balance
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No information was found for the given criteria.

Restitution List

Restitution	Court Case#	Status	Original Owed Balance	Interest Accrued	Sum of Tx for Date Range for Oblg	Current Balance
DIRECT ORDER	10CM7024	Fulfilled	\$2,100.00	\$0.00	\$0.00	\$0.00
RESTITUTION FINE	10CM7024	Active	\$1,200.00	\$0.00	\$0.00	\$1,020.93
FINE PC 1202.45	10CM7024	Active	\$1,200.00	\$0.00	\$0.00	\$1,200.00
RESTITUTION FINE	14CMS7550	Active	\$10,000.00	\$0.00	\$0.00	\$10,000.00



THE WITHIN INSTRUMENT IS A CORRECT COPY OF THE TRUST ACCOUNT MAINTAINED BY THIS OFFICE.
 ATTEST:
 CALIFORNIA DEPARTMENT OF CORRECTIONS

BY CRASH 10/24/16
 TRUST OFFICE