

Name: Anthony Silva
 CDC No: K-82438
 Address: P.O. Box 3456
Corcoran, CA 93712

FILED

JAN 17 2017

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

UNITED STATES DISTRICT COURT
 EASTERN DISTRICT OF CALIFORNIA

ANTHONY SILVA,
 Plaintiff/Petitioner,
 v.
J. WORTH,
~~**N. GREEN,**~~
 Defendants/Respondent.

CASE NUMBER:
 1:16-cv-01131-AWI-SKO
 APPLICATION TO PROCEED
 IN FORMA PAUPERIS
 BY A PRISONER

I, Anthony Silva, 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)
 State the place of your incarceration. California State Prison - Corcoran.
2. Are you currently employed (includes prison employment)? Yes No
 a. If the answer is "yes" state the amount of your pay. ϕ
3. Have you received any money from the following sources over the last twelve months?

| | | |
|--|---------|--|
| a. Business, profession, or other self-employment: | ___ Yes | <input checked="" type="checkbox"/> No |
| b. Rent payments, interest or dividends: | ___ Yes | <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance payments: | ___ Yes | <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation payments: | ___ Yes | <input checked="" type="checkbox"/> No |
| e. Re Gifts or inheritances: | ___ Yes | <input checked="" type="checkbox"/> No |
| f. Any other sources: | ___ Yes | <input checked="" type="checkbox"/> No |

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: 0

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: 0

6. Do you have any other assets? Yes No

If "yes," list the asset(s) and state the value of each asset listed: 0

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 provide a certified copy of my trust account statement for activity covering the last six months to the Court. Additionally, once eligibility is established, I further 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).

12/13/2016
DATE

[Signature]
SIGNATURE OF APPLICANT

Applicant's CDCR Number (Mandatory for CDCR Applicants): K82438

**CERTIFICATION BELOW IS TO BE COMPLETED BY
NON-CDCR INCARCERATED PRISONERS ONLY**

CERTIFICATE

(To be completed by the institution of incarceration)

I certify that the applicant named herein has the sum of \$ 35.56 on account to his/her credit at CSP-CORCORAN (name of institution). I further certify that during the past six months the applicant's average monthly balance was \$ 16.70. I further certify that during the past six months the average monthly deposits to the applicants account was \$ 15.89.

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

12-27-16
DATE

[Signature]
SIGNATURE OF AUTHORIZED OFFICER

PROOF OF SERVICE BY MAIL

BY PERSON IN STATE CUSTODY

(Fed. R. Civ. P. 5; 28 U.S.C. § 1746)

I, Anthony Silva, declare:

I am over 18 years of age and a party to this action. I am a resident of California
State Prison - Colton Prison,
in the county of Kings

State of California. My prison address is: P.O. Box 3476
Colton, CA 93212

On December 29, 2016
(DATE)

I served the attached: IN FORMA PAUPERIS FORM

(DESCRIBE DOCUMENT)

on the parties herein by placing true and correct copies thereof, enclosed in a sealed envelope, with postage thereon fully paid, in the United States Mail in a deposit box so provided at the above-named correctional institution in which I am presently confined. The envelope was addressed as follows:

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Executed on 10/29/2016
(DATE)

X [Signature]
(DECLARANT'S SIGNATURE)

Institution: COR

Inmate Statement Report

| | | | |
|-----------------------|------------|----------------------------|-----|
| Start Date: | 6/27/2016 | Revalidation Cycle: | All |
| End Date: | 12/27/2016 | Housing Unit: | All |
| Inmate/Group#: | K82438 | | |



THE WITHIN INSTRUMENT IS A CORRECT
 COPY OF THE TRUST ACCOUNT MAINTAINED
 BY THIS OFFICE.

ATTEST:
 CALIFORNIA DEPARTMENT OF CORRECTIONS

BY *E. [Signature]*, Accountant Trainee

12-27-16

Inmate Statement Report



THE WITHIN INSTRUMENT IS A CORRECT COPY OF THE TRUST ACCOUNT MAINTAINED BY THIS OFFICE.

ATTEST:

CALIFORNIA DEPARTMENT OF CORRECTIONS

BY *E. Alvarez, Accountant*
TRUST OFFICE 12-27-16

| CDCR# | Inmate/Group Name | Institution | Unit | Cell/Bed |
|--------|-------------------|-------------|----------|----------|
| K82438 | SILVA, ANTHONY | COR | 04AA2RC1 | 048001 |

Current Available Balance: \$35.56

Transaction List

| Transaction Date | Institution | Transaction Type | Source Doc# | Receipt#/Check# | Amount | Account Balance |
|------------------|-------------|--------------------------|---------------------|-----------------|-----------|-----------------|
| 06/27/2016 | COR | BEGINNING BALANCE | | | | \$0.00 |
| 09/07/2016 | COR | I/M PAY - SUPPORT | #3267 3A/BLD AUGUST | | \$1.84 | \$1.84 |
| 09/07/2016 | COR | RESTITUTION FINE PAYMENT | | | (\$0.92) | \$0.92 |
| 09/07/2016 | COR | ADMINISTRATIVE FEE | | | (\$0.09) | \$0.83 |
| 09/13/2016 | COR | SALES | 23 | | (\$0.82) | \$0.01 |
| 10/06/2016 | COR | I/M PAY - SUPPORT | #3298 3A/BLD SEPT | | \$12.00 | \$12.01 |
| 10/06/2016 | COR | RESTITUTION FINE PAYMENT | | | (\$6.00) | \$6.01 |
| 10/06/2016 | COR | ADMINISTRATIVE FEE | | | (\$0.60) | \$5.41 |
| 10/12/2016 | COR | LEGAL COPY | #3306 SUPPLIES | | (\$0.10) | \$5.31 |
| 10/12/2016 | COR | LEGAL MAIL | #3306 | | (\$0.47) | \$4.84 |
| 11/07/2016 | COR | I/M PAY - SUPPORT | #3344 3A/BLD OCT. | | \$2.56 | \$7.40 |
| 11/07/2016 | COR | RESTITUTION FINE PAYMENT | | | (\$1.28) | \$6.12 |
| 11/07/2016 | COR | ADMINISTRATIVE FEE | | | (\$0.12) | \$6.00 |
| 11/09/2016 | COR | SALES | 18 | | (\$5.99) | \$0.01 |
| 12/06/2016 | COR | I/M PAY - SUPPORT | #28 3A/RCYC NOV. | | \$78.98 | \$78.99 |
| 12/06/2016 | COR | RESTITUTION FINE PAYMENT | | | (\$39.49) | \$39.50 |
| 12/06/2016 | COR | ADMINISTRATIVE FEE | | | (\$3.94) | \$35.56 |

Encumbrance List

| Encumbrance Type | Transaction Date | Amount |
|--|------------------|--------|
| **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 |
|--|-------------|-----------------------|-----------------------------------|-----------------|
| **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 |
|------------------|-------------|--------|-----------------------|------------------|-----------------------------------|-----------------|
| RESTITUTION FINE | 5963822 | Active | \$6,000.00 | \$0.00 | (\$47.69) | \$5,712.09 |

SECTION A: INMATE/PAROLEE REQUEST

| | | | |
|------------------------------------|--------------------------------|--------------------------|---|
| NAME (Print): (LAST NAME) Silva | (FIRST NAME) Antonio | CDC NUMBER: K-82438 | SIGNATURE: <i>[Signature]</i> |
| HOUSING/BED NUMBER: 3A 21 JIR | ASSIGNMENT: 3A 21 AM Center | HOURS FROM: Am Center | TOPIC (I.E. MAIL, CONDITION OF CONFINEMENT/PAROLE, ETC.): E-mail Complaint |

CLEARLY STATE THE SERVICE OR ITEM REQUESTED OR REASON FOR INTERVIEW:

I have submitted two E-mail Civil Rights Complaint to
 C.S.P. Correctional Librarian office on August 1, 2016 to
 be processed.

Thank You!

METHOD OF DELIVERY (CHECK APPROPRIATE BOX) ****NO RECEIPT WILL BE PROVIDED IF REQUEST IS MAILED****

SENT THROUGH MAIL: ADDRESSED TO: Litigation Office DATE MAILED: 08 10 2016
 DELIVERED TO STAFF (STAFF TO COMPLETE BOX BELOW AND GIVE GOLDENROD COPY TO INMATE/PAROLEE):

| | | | |
|---|---|--|--|
| RECEIVED BY: PRINT STAFF NAME: <i>V. V. V.</i> | DATE: 08/10/2016 | SIGNATURE: <i>[Signature]</i> | FORWARDED TO ANOTHER STAFF? (CIRCLE ONE) YES NO |
| IF FORWARDED - TO WHOM: <u>Litigation Office</u> | DATE DELIVERED/MAILED: <u>August 1, 2016</u> | METHOD OF DELIVERY: (CIRCLE ONE) IN PERSON BY US MAIL | |

SECTION B: STAFF RESPONSE

| | | | |
|--|-------|------------|----------------|
| RESPONDING STAFF NAME: <i>[Signature]</i> | DATE: | SIGNATURE: | DATE RETURNED: |
|--|-------|------------|----------------|

16 0
 E-FILED 8-23-16
 RETURN 8-4-16

SECTION C: REQUEST FOR SUPERVISOR REVIEW

PROVIDE REASON WHY YOU DISAGREE WITH STAFF RESPONSE AND FORWARD TO RESPONDENT'S SUPERVISOR IN PERSON OR BY US MAIL. KEEP FINAL CANARY COPY.

| | |
|------------|-----------------|
| SIGNATURE: | DATE SUBMITTED: |
|------------|-----------------|

SECTION D: SUPERVISOR'S REVIEW

| | | | |
|--------------------------------|-------|------------|----------------|
| RECEIVED BY SUPERVISOR (NAME): | DATE: | SIGNATURE: | DATE RETURNED: |
|--------------------------------|-------|------------|----------------|