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Name: John W. Williams
 CDC No: V-34099
 Address: LSP-COCLORAN
P.O. BOX 8800
COCLORAN, CALIF 93212

UNITED STATES DISTRICT COURT
 EASTERN DISTRICT OF CALIFORNIA
 FRESNO DIVISION

John W. Williams
 Plaintiff/Petitioner,

CASE NUMBER:
 1:16-cv-01584-SAB(PC)

vs.

APPLICATION TO PROCEED
 IN FORMA PAUPERIS
 BY A PRISONER

CDLR, ET AL.
 Defendants/Respondent.

I, John Williams, 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. CALIFORNIA STATE PRISON
COCLORAN

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

a. If the answer is "yes" state the amount of your pay. ~~0~~

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

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).

4. Do you have cash (includes balance of checking or savings accounts)? Yes No
 If "yes" state the total amount: N/A

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: N/A

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

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

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).

9/21/2016
 DATE

[Handwritten Signature]
 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.

(Revised 01/2008)

If you are a prisoner you must have an officer from your institution provide this official certificate as to the amount of money in your prison account. There are no exceptions to this requirement.

PRISON CERTIFICATE
(Incarcerated applicants only)
(To be completed by the institution of incarceration)

I certify that the applicant John Williams
(NAME OF INMATE)

V34099
(INMATE'S CDC NUMBER)

has the sum of \$ 0 on account to his/her credit at
Corcoran State Prison
(NAME OF INSTITUTION)

I further certify that the applicant has the following securities 0
to his/her credit according to the records of the aforementioned institution. I further certify that during
the past six months the applicant's *average monthly balance* was \$ 1.50
and the *average monthly deposits* to the applicant's account was \$ 0

ALL PRISONERS **MUST** ATTACH A CERTIFIED COPY OF THEIR TRUST ACCOUNT
STATEMENT SHOWING TRANSACTIONS FOR THE SIX-MONTH PERIOD
IMMEDIATELY PRECEDING THE FILING OF THE COMPLAINT PER 28 U.S.C. § 1915(a)(2).

9-23-16
DATE

Evelyn Rivera
SIGNATURE OF AUTHORIZED OFFICER OF INSTITUTION

Evelyn Rivera
OFFICER'S FULL NAME (PRINTED)

Accountant Trainee
OFFICER'S TITLE/RANK