

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

**FILED**

**AUG 19 2016**

SUSAN Y. SOONG  
CLERK, U.S. DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA  
SAN JOSE

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

*RICARDO MARTINEZ*

Plaintiff,

vs.

*D. DAVEY et al WARDEN*

Defendant.

CASE NO. 16-3426 EJD

PRISONER'S  
APPLICATION TO PROCEED  
IN FORMA PAUPERIS

NK

I, RICARDO MARTINEZ, declare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

1. Are you presently employed? Yes \_\_\_ No X

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

Gross: \_\_\_\_\_ Net: \_\_\_\_\_

Employer: N/A

\_\_\_\_\_

1 If the answer is "no," state the date of last employment and the amount of the gross and net  
2 salary and wages per month which you received. (If you are imprisoned, specify the last  
3 place of employment prior to imprisonment.)

4 \_\_\_\_\_  
5 NA  
6 \_\_\_\_\_

7 2. Have you received, within the past twelve (12) months, any money from any of the  
8 following sources:

- 9 a. Business, Profession or Yes \_\_\_ No   
10 self employment
- 11 b. Income from stocks, bonds, Yes \_\_\_ No   
12 or royalties?
- 13 c. Rent payments? Yes \_\_\_ No
- 14 d. Pensions, annuities, or Yes \_\_\_ No   
15 life insurance payments?
- 16 e. Federal or State welfare payments, Yes \_\_\_ No   
17 Social Security or other govern-  
18 ment source?

19 If the answer is "yes" to any of the above, describe each source of money and state the amount  
20 received from each.

21 \_\_\_\_\_  
22 NA

23 3. Are you married? Yes \_\_\_ No

24 Spouse's Full Name: \_\_\_\_\_

25 Spouse's Place of Employment: \_\_\_\_\_

26 Spouse's Monthly Salary, Wages or Income:

27 Gross \$ \_\_\_\_\_ Net \$ NA

28 4. a. List amount you contribute to your spouse's support: \$ NA

1 b. List the persons other than your spouse who are dependent upon you for  
2 support and indicate how much you contribute toward their support. (NOTE:  
3 For minor children, list only their initials and ages. DO NOT INCLUDE  
4 THEIR NAMES.)

5 \_\_\_\_\_ N / A  
6 \_\_\_\_\_

7 5. Do you own or are you buying a home? Yes \_\_\_ No

8 Estimated Market Value: \$ \_\_\_\_\_ Amount of Mortgage: \$ \_\_\_\_\_

9 6. Do you own an automobile? Yes \_\_\_ No

10 Make \_\_\_\_\_ Year \_\_\_\_\_ Model \_\_\_\_\_

11 Is it financed? Yes \_\_\_ No \_\_\_ If so, Total due: \$ \_\_\_\_\_

12 Monthly Payment: \$ \_\_\_\_\_

13 7. Do you have a bank account? Yes \_\_\_ No  (Do not include account numbers.)

14 Name(s) and address(es) of bank: \_\_\_\_\_

15 \_\_\_\_\_

16 Present balance(s): \$ \_\_\_\_\_

17 Do you own any cash? Yes \_\_\_ No  Amount: \$ \_\_\_\_\_

18 Do you have any other assets? (If "yes," provide a description of each asset and its estimated  
19 market value.) Yes \_\_\_ No

20 \_\_\_\_\_

21 8. What are your monthly expenses?

22 Rent: \$ \_\_\_\_\_ Utilities: ~~\_\_\_\_\_~~

23 Food: \$ \_\_\_\_\_ Clothing: ~~\_\_\_\_\_~~

24 Charge Accounts:

25 Name of Account Monthly Payment Total Owed on This Acct.

26 \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

27 \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

28 \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

1 9. Do you have any other debts? (List current obligations, indicating amounts and to  
2 whom they are payable. Do not include account numbers.)

3 \_\_\_\_\_ N / A  
4 \_\_\_\_\_

5 10. Does the complaint which you are seeking to file raise claims that have been presented  
6 in other lawsuits? Yes \_\_\_ No

7 Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in  
8 which they were filed.

9 \_\_\_\_\_  
10 \_\_\_\_\_

11 I consent to prison officials withdrawing from my trust account and paying to the court  
12 the initial partial filing fee and all installment payments required by the court.

13 I declare under the penalty of perjury that the foregoing is true and correct and  
14 understand that a false statement herein may result in the dismissal of my claims.

15 \_\_\_\_\_  
16 8/1/16

17 DATE

15 \_\_\_\_\_  
16 RICARDO [Signature]

17 SIGNATURE OF APPLICANT

18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

Case Number: 16-3426 EJD

**CERTIFICATE OF FUNDS**  
**IN**  
**PRISONER'S ACCOUNT**

I certify that attached hereto is a true and correct copy of the prisoner's trust account statement showing transactions of Ricardo Martinez CSP-Corcoran for the last six months where he is confined.

I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$ 0 and the average balance in the prisoner's account each month for the most recent 6-month period was \$ 0.

Dated: 7-22, 2016      Print Name: Evelyn Rivera  
Signature: Evelyn Rivera, Accountant Trainee  
*Authorized Officer of the Institution*  
Institution: CSP - Corcoran

Institution: COR

## Inmate Statement Report

CDCR#	Inmate/Group Name	Institution	Unit	Cell/Bed
AM5256	MARTINEZ, RICARDO	COR	04AA1LA1	005001

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

ATTEST:

CALIFORNIA DEPARTMENT OF CORRECTIONS

BY E. R. [Signature] 7-22-16  
TRUST OFFICE

Current Available Balance: \$0.00

Transaction List

Transaction Date	Institution	Transaction Type	Source Doc#	Receipt#/Check#	Amount	Account Balance
**No information was found for the given criteria.**						

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
PLRA	1:16-CV-00084-BAM	\$350.00	\$0.00	\$350.00

Restitution List

Restitution	Court Case#	Status	Original Owed Balance	Interest Accrued	Sum of Tx for Date Range for Oblg	Current Balance
RESTITUTION FINE	FCR280797	Active	\$10,000.00	\$0.00	\$0.00	\$10,000.00
DIRECT ORDER	FCR280797	Active	\$21,054.77	\$0.00	\$0.00	\$21,039.25

### Inmate Statement Report

<b>Start Date:</b> 1/22/2016	<b>Revalidation Cycle:</b> All		<b>THE WITHIN INSTRUMENT IS A CORRECT COPY OF THE TRUST ACCOUNT MAINTAINED BY THIS OFFICE.</b>
<b>End Date:</b> 7/22/2016	<b>Housing Unit:</b> All		<b>ATTEST:</b>
<b>Inmate/Group#:</b> AM5256			<b>CALIFORNIA DEPARTMENT OF CORRECTIONS</b> <b>BY</b> <u>E. Guerra</u> <u>7-22-16</u> <b>TRUST OFFICE</b>