

UNITED STATES DISTRICT COURT  
CENTRAL DISTRICT OF CALIFORNIA

Kory Armes #G16060

CASE NUMBER

LA CV 16 08820-00W-FFM  
PRISONER/PLAINTIFF,

California Dept. of Corrections and Rehabilitation  
vs. Silva, John Doe #1, John Doe #2 and  
John Doe #3  
DEFENDANT(S).

REQUEST TO PROCEED WITHOUT  
PREPAYMENT OF FILING FEES WITH  
DECLARATION IN SUPPORT

I, Kory Armes, declare under penalty of perjury, that the following is true and correct; that I am the prisoner-plaintiff in the above entitled case; that in support of my request to proceed without prepayment of fees under 28 U.S.C. Section 1915, I declare that because of my poverty I am unable to pay the full costs of said proceedings or to give security therefore and that I am entitled to redress.

I further declare under penalty of perjury that the responses which I have made to the questions and instructions below are true, correct and complete.

1. Are you presently employed in prison?  Yes  No

a. If the answer is yes, state the number of hours you work per week and the hourly rate of pay:

b. State the place of your incarceration Wasco State Prison, D facility, bldg. 6- cell 211  
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. Have you received, within the past twelve months, any money from any of the following sources?

- a. Business, profession or form of self-employment?  Yes  No
- b. Rent payments, interest or dividends?  Yes  No
- c. Pensions, annuities or life insurance payments?  Yes  No
- d. Gifts or inheritances?  Yes  No
- e. Any other income (other than listed above)?  Yes  No
- f. Loans?  Yes  No

If the answer to any of the above is yes, describe such source of money and state the amount received from each source during the past twelve (12) months: INMATE PAY (FROM PREVIOUS IN PRISON EMPLOYMENT)  
3/16 \$1646, 4/16 \$1793, 5/16 \$1575 (INMATE NO LONGER EMPLOYED), I KEEPE DEPOSIT  
ON 9-15-16 \$5000, and I SPAY DEPOSIT 10-6-16 \$4000 Balance currently 0

3. Do you own any cash, or do you have money in a checking or savings account? (Include any funds in prison accounts, if applicable.)  Yes  No

If the answer is yes, identify each account and separately state the amount of money held in each account for each of the *six (6) months prior* to the date of this declaration.

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4. Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)?  Yes  No

If the answer is yes, describe the property and state its approximate value: \_\_\_\_\_

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5. In what year did you last file an Income Tax Return? \_\_\_\_\_

Approximately how much income did your last tax return reflect? \_\_\_\_\_

6. List the persons who are dependent upon you for support, state your relationship to those persons, and indicate how much you contribute toward their support:

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I understand that a false statement or answer to any question in this declaration will subject me to penalties for perjury. I further understand that perjury is punishable by a term of imprisonment of up to five (5) years and/or a fine of \$250,000 (18 U.S.C. Sections 1621, 3571).

CA

State

Wasco (Kern County)

County (or City)

I, Kory Armes, declare under penalty of perjury that the foregoing is true and correct.

11-3-16

Date

Kory Armes

Prisoner/Plaintiff (Signature)

**PRISONER AUTHORIZATION**

If my request to proceed without prepayment of filing fees is granted, I understand that I am required by statute to pay the full amount of the filing fees for this case, regardless of my forma pauperis status and the disposition of this case. I further authorize the prison officials at this institution to assess, collect and forward to the Court the full amount of these fees, in monthly payments based on the average of deposits to or balance in my prison trust account in accordance with 28 U.S.C. Section 1915.

Kory Ames  
Prisoner-Plaintiff (Signature)

**CERTIFICATE OF AUTHORIZED OFFICER**

I hereby certify that the Prisoner-Plaintiff herein has credit in the sum of \$ 0 on account at the Wasco State Prison - KC institution where Prisoner-Plaintiff is confined.

I further certify that during the past six months the applicant's average monthly balance was \$ 6.43. I further certify that during the past six months the average of monthly deposits to the applicant's account was \$ 17.46.

A certified copy of the prisoner-plaintiff's trust account statement for the last six (6) months is attached.

11/10/16  
Date

Angelita Hacobian A/spc  
Authorized Officer of Institution (Signature)

Institution: WSP

## Inmate Statement Report

CDCR#	Inmate/Group Name	Institution	Unit	Cell/Bed
G16060	ARMES, KORY	WSP	D 006 2	211001

Current Available Balance: \$0.00

**Transaction List**

Transaction Date	Institution	Transaction Type	Source Doc#	Receipt#/Check#	Amount	Account Balance
05/10/2016	WSP	BEGINNING BALANCE				\$0.01
06/02/2016	WSP	MEDICAL COPAY	#2346526 WSP051716		(\$0.01)	\$0.00
06/06/2016	WSP	I/M PAY - SUPPORT	MAY 2016, PG#59		\$15.75	\$15.75
06/06/2016	WSP	RESTITUTION FINE PAYMENT			(\$7.87)	\$7.88
06/06/2016	WSP	ADMINISTRATIVE FEE			(\$0.78)	\$7.10
06/06/2016	WSP	MEDICAL COPAY	#2346526 WSP051716		(\$4.99)	\$2.11
06/16/2016	WSP	SALES	90		(\$2.07)	\$0.04
07/07/2016	WSP	I/M PAY - SUPPORT	JUNE 2016, PG 65		\$0.22	\$0.26
07/07/2016	WSP	RESTITUTION FINE PAYMENT			(\$0.11)	\$0.15
07/07/2016	WSP	ADMINISTRATIVE FEE			(\$0.01)	\$0.14
09/15/2016	WSP	KEEFE	17548108		\$50.00	\$50.14
09/15/2016	WSP	RESTITUTION FINE PAYMENT			(\$25.00)	\$25.14
09/15/2016	WSP	ADMINISTRATIVE FEE			(\$2.50)	\$22.64
10/06/2016	WSP	JPAY	000000004043648		\$40.00	\$62.64
10/06/2016	WSP	RESTITUTION FINE PAYMENT			(\$20.00)	\$42.64
10/06/2016	WSP	ADMINISTRATIVE FEE			(\$2.00)	\$40.64
10/11/2016	WSP	SALES	12		(\$40.45)	\$0.19
10/19/2016	WSP	COPY CHARGES	STATEMENT WSP101616		(\$0.19)	\$0.00



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

**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
COPY CHARGES	STATEMENT WSP101616	\$0.20	(\$0.19)	\$0.01

**Restitution List**

Restitution	Court Case#	Status	Original Owed Balance	Interest Accrued	Sum of Tx for Date Range for Oblg	Current Balance
RESTITUTION FINE	07NF2357	Fulfilled	\$200.00	\$0.00	\$0.00	\$0.00

### Inmate Statement Report

Restitution	Court Case#	Status	Original Owed Balance	Interest Accrued	Sum of Tx for Date Range for Oblg	Current Balance
RESTITUTION FINE	07NF2634	Fulfilled	\$200.00	\$0.00	\$0.00	\$0.00
RESTITUTION FINE	07WF2377	Fulfilled	\$200.00	\$0.00	\$0.00	\$0.00
FINE PC 1202.45	07NF2357	Active	\$200.00	\$0.00	\$0.00	\$200.00
FINE PC 1202.45	07NF2634	Active	\$200.00	\$0.00	\$0.00	\$200.00
FINE PC 1202.45	07WF2377	Active	\$200.00	\$0.00	\$0.00	\$200.00
FINE PC 1202.45	BA32280501	Active	\$200.00	\$0.00	\$0.00	\$200.00
RESTITUTION FINE	BA32280501	Active	\$200.00	\$0.00	(\$52.98)	\$71.47
RESTITUTION FINE	13CF3675	Active	\$280.00	\$0.00	\$0.00	\$280.00
RESTITUTION FINE	13CF3587	Active	\$280.00	\$0.00	\$0.00	\$280.00
RESTITUTION FINE	13CF0981	Active	\$280.00	\$0.00	\$0.00	\$280.00


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