UNITED STATES DISTRICT COURT

EASTERN DISTRICT OF CALIFORNIA

Keenan Wilkins

APPLICATION TO PROCEED IN FORMA PAUPERIS CLERK, U.S. DISTRICT COURT EASTERN DISTRICT OF CALIFORNIA BY A PRISONER

JAN 05 2017

Stanislaus County etal Respondent(s)

CASE NUMBER: 1-16-CV-01858-DAD-BAM

I. Keenan Wilkins, declare that I am the petitioner 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 petition.

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)

If "Yes" state the place of your incarceration. RJ Donovan Correctional Facility

Have the institution fill out the Certificate portion of this application.

- 2. Are you currently employed?
- ☐ Yes
- If the answer is "Yes" state the amount of your pay.
- 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. 2007 -

Incarcerated 10 yrs - Self Employed Promotor

- 3. In the past twelve months have you received any money from any of the following sources?
 - a. Business, profession or other self-employment

□ Yes

b. Rent payments, interest or dividends

☐ Yes

c. Pensions, annuities or life insurance payments

□ Yes

d. Disability or workers compensation payments

☐ Yes

e. Gifts or inheritances

□ Yes

f. Any other sources

☐ Yes

If the answer to any of the above is "Yes" describe by that item each source of money and state the amount received and what you expect you will continue to receive. Please attach an additional sheet if necessary.

4. Do you have cash or checking or sa	avings accounts?	□ Yes	K No
If "Yes" state the total amount:	NA	_	
5. Do you own any real estate, stocks, valuable property?	. □ Y	es 💆	
If "Yes" describe the property and s	tate its value.	N/A	
6. Do you have any other assets?	:	□ Yes	√Q No
If "Yes" list the asset(s) and state the	e value of each asso	et listed.	
	,)/A	!
	:		•
7. List the persons who are dependent how much you contribute to their support			lationship to each person and indicate
	,		
Clerk of the United States District Cour	t payments in acco	ordance with 2	
12 2 11			11.
12-20-16 <u>//</u> DATE	<u>lenon</u> SIGNAT	URE OF APF	PLICANT
(To be con	CERTIFIC mpleted by the inst	CATE itution of inca	* See Attached
	_ (name of instituti	on). I furthe	certify that during the past six months
ne applicant's average monthly balance	was \$. I further ce	rtify that during the past six months the
verage of monthly deposits to the applic	cant's account was	\$	
	·		
DATE	SIGNATURF	OF AUTHOR	RIZED OFFICER

of money in your prison account.	m your institution provide this official certificate as to the amount
	PRISON CERTIFICATE
(In	ncarcerated applicants only)
	eted by the institution of incarceration)
I certify that the applicant	
(NAME OF INM	'
	AN2387 (INMATE'S CDC NUMBER)
`	(INVINITE S ESS NOMSEN)
Has the sum of \$ on acco	ount to his/her credit at
RICHARD	J. DONOVAN CORRECTIONAL FACILITY
	(NAME OF INSTITUTION)
further certify that the applicant has the foll	lowing securities N/A
to his/her credit according to the records of t	the aforementioned institution. I further certify that during
	monthly balance was \$,
and the average monthly deposits to the app	olicant's account was \$
ALL PRISONERS MUST ATTA	CH A CERTIFIED COPY OF THEIR TRUST ACCOUNT
STATEMENT SHOWING ²	TRANSACTIONS FOR THE SIX-MONTH PERIOD
	FILING OF THE COMPLAINT PER 28 U.S.C. § 1915(A)(2).
INIMICULATELY PRECEDING THE T	TEING OF THE COMPEANOT FER 28 0.3.C. § 1913(A)(2).
12/20/2016	STIMPS A
12/20/2016 DATE	SIGNATURE OF AUTHORIZED OFFICER OF INSTITUTION
	E. D. EMORY
	OFFICER'S FULL NAME (PRINTED)
	ACCOUNTING OFFICER SPECIALIST (A)
•	OFFICER'S TITLE/RANK

Date\Time: 12/20/2016 2:35:16 PM

Institution: RJD

CDCR

Verified: ___

Inmate Statement Report

Start Date:

6/20/2016

Revalidation Cycle:

All

End Date:

12/20/2016

Housing Unit:

ΑII

Inmate/Group#: AN2387

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EALIFORMA DEPARTMENT OF COMPROTIONS by EENOLY 12/20116

Date\Time: 12/20/2016 2:35:16 PM

Institution: RJD

CDCR

Verified: _____

Inmate Statement Report

CDCR# Inmate/Group Name

Institution

UnitA 002 1

Cell/Bed

AN2387 BROWN, NERRAH

N, NERRAH RJD

115001

Current Available Balance:

\$0.00

Trai	nsaction	List

Transaction Date	Institution	Transaction Type	Source Doc#	Receipt#/Check#	Amount	Account Balance
06/20/2016	SAC	BEGINNING BALANCE				\$5.80
06/25/2016	SAC	TRACS TRANSFER OUT	TX06252016		(\$5.80)	\$0.00
06/25/2016	RJD	TRACS TRANSFER IN	TX06252016		\$5.80	\$5.80
07/07/2016	SAC	I/M PAY - SUPPORT	JUNE 2016		\$35.36	\$35.36
07/07/2016	SAC	TRACS TRANSFER OUT	TX07072016		(\$35.36)	\$0.00
07/07/2016	RJD	TRACS TRANSFER IN	TX07072016		\$35.36	\$41.16
07/08/2016	RJD	LEGAL COPY	062216/070816		(\$1.60)	\$39.56
07/13/2016	RJD	SALES	13		(\$39.55)	\$0.01
07/20/2016	RJD	LEGAL MAIL	71816/72016		(\$0.01)	\$0.00

Encumbrance List

Encumbrance Type

Transaction Date

Amount

Obligation List

Obligation Type	Court Case#	Original Owed Balance	Sum of Tx for Date Range for Oblg	Current Balance
PLRA	2:16-CV00347-KJM- KJN	\$350.00	\$0.00	\$350.00
PLRA	2:16-CV00475-TLN- CMK	\$350.00	\$0.00	\$350.00
COPY CHARGES	81616/82416	\$1.00	\$0.00	\$1.00
COPY CHARGES	082216/090216	\$1.00	\$0.00	\$1.00
MEDICAL COPAY	D-113016/4525508	\$5.00	\$0.00	\$5.00

Restitution List

Restitution	Court Case#	Status	Ori	ginal Owed Balance	Interest Accrued	Sum of Tx for Date Range for Oblg	Current Balance
RESTITUTION FINE	H46293	Active		\$10,000.00	\$0.00	\$0.00	\$10,000.00
DIRECT ORDER	H46293	Active	4000	\$137,073.05 THE WITHIN INSTRUM	\$0.00 SENT IS A COMPLECT	\$0.00	\$136,358.27

COPY OF THE TRUST ACCOUNT MAINTAINED BY THIS OFFICE.
ATTEST:
CALIFORNIA DEPARTMENT OF CORRECTION

OALIFORMIA DEPARTMENT OF CORRECTIONS
BY FRUST OFFICE 12/201/6

^{**}No information was found for the given criteria.**