(ZX) Pro-per Case 1:17-cv-00184-DAD-BAM DOC EASTERN DISTRI	ument 2 File DISTRIC ICT OF CALI	ed 02/10/17 Page 1 FEB 1 0 2017
Plaintiff IN FORM OROVINE Police DEPARTMENT BY A PR OFFICE - V THAD	ATION TO P MA PAUPERI ISONER UMBER! H	
I, Dwyane L. Dillman, de proceeding; that, in support of my request to proceed w I declare that I am unable to pay the fees for these proceed the relief sought in the complaint.	ithout prepayn	ment of fees under 28 U.S.C. § 1915.
In support of this application, I answer the follow	wing questions	s under penalty of perjury:
1. Are you currently incarcerated: Yes	No (If "No" I	DO NOT USE THIS FORM)
If "Yes" state the place of your incarceration.	VI Sta	te prison
Have the institution fill out the Certificate por copy of your prison trust account statement s		
2. Are you currently employed?	No	
a. If the answer is "Yes" state the amount of your p	ay.	
b. If the answer is "No" state the date of your last en wages and pay period, and the name and address	-	- · · · · · · · · · · · · · · · · · · ·
3. In the past twelve months have you received any mor	ney from any o	of the following sources?
a. Business, profession or other self-employment	□ Yes	No
b. Rent payments, interest or dividends	□ Yes	Ø No
c. Pensions, annuities or life insurance payments	□ Yes	No
d. Disability or workers compensation payments	□ Yes	No
e. Gifts or inheritances	□ Yes	<sup>™</sup> No
f. Any other sources	□ Yes	ø No

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.

IFPFORM Revised 5/99

DATE