

Name: Michael Alvarez Fykes

CDC No: 23916-013

Address: P.O. BOX 9
MENDOTA, CA 93640

FILED

MAR -9 2017

CLERK, U.S. DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA
BY [Signature]
DEPUTY CLERK

**UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA
FRESNO DIVISION**

MICHAEL ALVAREZ FYKES
Plaintiff/Petitioner,

vs.

**RAFAEL ZUNIGA, WARDEN
S. SCOTT, UNIT MANAGER
MARY M. MITCHELL, REGIONAL DIRECTOR**
Defendants/Respondent.

CASE NUMBER:

1:17-CV-00344-SAB-(PC)

APPLICATION TO PROCEED
IN FORMA PAUPERIS
BY A PRISONER

RECEIVED

MAR 09 2017

CLERK, U.S. DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA
BY [Signature]
DEPUTY CLERK

I, Michael Alvarez Fykes, 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. Mendota, Institution

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

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

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.

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 x No
- d. Disability or workers compensation payments: ___ Yes x No
- e.. Gifts or inheritances: ___ Yes x No
- f. Any other sources: ___ Yes x 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 x No

If "yes" state the total amount: _____

- 5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property? ___ Yes x No

If "yes" describe the property and state its value: _____

- 6. Do you have any other assets? ___ Yes x No

If "yes," list the asset(s) and state the value of each asset listed:

- 7. List all persons dependent on you for support, stating your relationship to each person listed and how much you contribute to their support.

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).

March 8, 2017.
DATE


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)

Inmate Inquiry

Inmate Reg #: 23916013 Current Institution: Mendota FCI
 Inmate Name: FYKES, MICHAEL Housing Unit: MEN-B-A
 Report Date: 03/03/2017 Living Quarters: B01-104LH
 Report Time: 8:54:55 AM

[General Information](#) | [Account Balances](#) | [Commissary History](#) | [Commissary Restrictions](#) | [Comments](#)

General Information

Administrative Hold Indicator: No
 No Power of Attorney: No
 Never Waive NSF Fee: No
 Max Allowed Deduction %: 100
 PIN: 1444
 PAC #: 470238511
 Revalidation Date: 19th
 FRP Participation Status: Participating
 Arrived From: VIM
 Transferred To:
 Account Creation Date: 12/9/2015
 Local Account Activation Date: 3/17/2016 3:13:07 AM
 Sort Codes:
 Last Account Update: 3/3/2017 8:27:55 AM
 Account Status: Active
 Phone Balance: \$0.06

Pre-Release Plan Information

Target Pre-Release Account Balance: \$0.00
 Pre-Release Deduction %: 0%
 Income Categories to Deduct From: Payroll Outside Source Funds

FRP Plan Information

FRP Plan Type	Expected Amount	Expected Rate
Quarterly	\$25.00	0%

Account Balances

Account Balance: \$0.01
 Pre-Release Balance: \$0.00
 Debt Encumbrance: \$0.01
 SPO Encumbrance: \$0.00
 Other Encumbrances: \$0.00

Outstanding Negotiable Instruments: \$0.00
 Administrative Hold Balance: \$0.00
 Available Balance: \$0.00
 National 6 Months Deposits: \$76.92
 National 6 Months Withdrawals: \$77.19
 Available Funds to be considered for IFRP Payments: (\$373.08)
 National 6 Months Avg Daily Balance: \$0.84
 Local Max. Balance - Prev. 30 Days: \$9.61
 Average Balance - Prev. 30 Days: \$0.31

Commissary History

Purchases

Validation Period Purchases: \$0.00
 YTD Purchases: \$61.65
 Last Sales Date: 2/9/2017 8:25:40 AM

SPO Information

SPO's this Month: 0
 SPO \$ this Quarter: \$0.00

Spending Limit Info

Spending Limit Override: No
 Weekly Revalidation: No
 Bi-Weekly Revalidation: No
 Spending Limit: \$360.00
 Expended Spending Limit: \$0.00
 Remaining Spending Limit: \$360.00

Commissary Restrictions

Spending Limit Restrictions

Restricted Spending Limit: \$0.00
 Restricted Expended Amount: \$0.00
 Restricted Remaining Spending Limit: \$0.00
 Restriction Start Date: N/A
 Restriction End Date: N/A

Item Restrictions

List Name	List Type	Start Date	End Date	Active
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Comments

Comments:
