

Name: Felipe Mendez Jr.
CDC No: #07213-030
Address: FCI Pekin, P.O. Box 5000
Pekin, IL 61555

FILED

MAY 15 2017

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

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA

CASE NUMBER: 1:17-cv-00555-MJS(PC)

Felipe Mendez Jr.
Plaintiff/Petitioner,

v.

APPLICATION TO PROCEED
IN FORMA PAUPERIS
BY A PRISONER

United States of America, et al.
Defendants/Respondent.

I, Felipe Mendez Jr., 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. FCI Pekin IL.

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.

12/07/16 \$9.40

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

If the answer to any of the above is "yes," describe by that item each source of money, state the amount received, as well as what you expect you will continue to receive (attach an additional sheet if necessary). NO PARTICULAR MONEY ASPECTED.

4. Do you have cash (includes balance of checking or savings accounts)? Yes 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 No
 If "yes" describe the property and state its value: _____

6. Do you have any other assets? Yes 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.
None

This form must be dated and signed below 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. § 1915(b)(2).

May 6, 2017
 DATE


 SIGNATURE OF APPLICANT

CERTIFICATE
 (To be completed by the institution of incarceration)
See Attachment

I certify that the applicant named herein has the sum of \$_____ on account to his/her credit at _____ (name of institution). I further certify that during the past six months the applicant's average monthly balance was \$_____. I further certify that during the past six months the average monthly deposits to the applicants account was \$_____.
 (Please attach a certified copy of the applicant's trust account statement showing transactions for the past six months.)

 DATE

 SIGNATURE OF AUTHORIZED OFFICER

ATTACHMENT

Inmate Inquiry



Inmate Reg #: 07213030 **Current Institution:** Pekin FCI
Inmate Name: MENDEZ, FELIPE **Housing Unit:** PEK-D-B
Report Date: 05/03/2017 **Living Quarters:** D16-001L
Report Time: 12:48:01 PM

[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: 6584
PAC #: 560491443
Revalidation Date: 10th
FRP Participation Status: Refused
Arrived From: OKL
Transferred To:
Account Creation Date: 2/6/2006
Local Account Activation Date: 7/19/2016 3:12:53 AM
Sort Codes:
Last Account Update: 4/27/2017 11:40:03 AM
Account Status: Active
Phone Balance: \$9.86

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
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Account Balances

Account Balance: \$8.63
Pre-Release Balance: \$0.00
Debt Encumbrance: \$0.00
SPO Encumbrance: \$0.00
Other Encumbrances: \$0.00
Outstanding Negotiable Instruments: \$0.00

Administrative Hold Balance: \$0.00
 Available Balance: \$8.63
 National 6 Months Deposits: \$880.20
 National 6 Months Withdrawals: \$881.85
 Available Funds to be considered for IFRP Payments: \$430.20
 National 6 Months Avg Daily Balance: \$45.14
 Local Max. Balance - Prev. 30 Days: \$109.28
 Average Balance - Prev. 30 Days: \$33.93

Commissary History

Purchases

Validation Period Purchases: \$71.80
 YTD Purchases: \$696.45
 Last Sales Date: 4/27/2017 11:40:03 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: \$25.00
 Expended Spending Limit: \$24.60
 Remaining Spending Limit: \$0.40

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:

Felipe Mendez, Jr.
Reg. No. 07213-030
Federal Correctional Institution
Post Office Box 5000
Pekin, Illinois 61555-5000

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA

Plaintiff-Movant / Pro Se

FELIPE MENDEZ, JR.

v.

Case Number: 1:17-cv-00555-MJS (PC)

UNITED STATES OF AMERICA, et al.,

PROOF OF SERVICE

I hereby certify that on May 8, 2017, I served a copy

of the attached Motion Seeking leave to file an Amended Complaint.

by placing a copy in a postage paid envelope addressed to the person(s) hereinafter

listed, by depositing said envelope in the United States Mail at

FCI Pekin IL.

(List Name and Address of Each
Defendant or Attorney Served)

Robert E. Coyle
United States Attorney's Office
2500 Tulare ST Suite 4401
Fresno, CA. 93721

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


(Signature of Person Completing Service)