

Name: MOSES FLORES
 CDC No: 1173209
 Address: P.O. BOX 7007
CARSON CITY, NV 89702

FILED

MAY 15 2017

CLERK, U.S. DISTRICT COURT
 EASTERN DISTRICT OF CALIFORNIA
 BY _____ DEPUTY CLERK

UNITED STATES DISTRICT COURT
 EASTERN DISTRICT OF CALIFORNIA

MOSES FLORES
 Plaintiff/Petitioner,

CASE NUMBER:
1:17-cv-00595-DAD-SAB

v.

APPLICATION TO PROCEED
 IN FORMA PAUPERIS
 BY A PRISONER

Defendants/Respondent.
RED ROBIN

I, MOSES FLORES, 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. WARM SPRINGS CORRECTION CENTER

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 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).

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.

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).

5-11-17
DATE

Moses Flores
SIGNATURE OF APPLICANT

CERTIFICATE

(To be completed by the institution of incarceration)

I certify that the applicant named herein has the sum of \$10,35 on account to his/her credit at W.S.C.C (name of institution). I further certify that during the past six months the applicant's average monthly balance was \$15,20. I further certify that during the past six months the average monthly deposits to the applicants account was \$0.

(Please attach a certified copy of the applicant's trust account statement showing transactions for the past six months.)

5-11-17
DATE

D. Taylor # 09261
SIGNATURE OF AUTHORIZED OFFICER

Daily Transaction Summary: April 01, 2017 - April 30, 2017

Offender Information

Offender Number: 1173209
 Offender Name: FLORES, MOSES
 Account Status: Open

Institution: WSCC
 Housing Facility: U4

Living Unit: B
 Cell: 1
 Bed: B

Primary Trust Transactions

Date	Transaction Type	Payer / Paid To	Reference Number	Deposit# / Check#	Amount	Balance	Loc Code
04/01/2017						\$40.09	
04/21/2017 08:34:12 AM	Commissary		6209101223495		(\$197.74)	\$20.35	HDSP
04/30/2017						\$20.35	

Trust2

Date	Reference Number	Amount	Balance	Loc Code
04/01/2017			\$0.00	
No Activity			\$0.00	
04/30/2017			\$0.00	

Trust3

Date	Reference Number	Amount	Balance	Loc Code
04/01/2017			\$0.00	
No Activity			\$0.00	
04/30/2017			\$0.00	

Savings

Date	Reference Number	Amount	Balance	Loc Code
04/01/2017			\$4.46	
No Activity			\$4.46	
04/30/2017			\$4.46	

Holds - Current as of Date and Time of Report

Date Held	Hold Type	Notes	Amount
No Activity			

Department Change 1

DOC Sanction Type	Reference Number	Document Number	V Document Number	DOC Sanction Date	Paid To	Department Opening Balance:	Amount
Postage	1703658	10000180867		2/21/2017	Inmate Welfare Fund	\$88.40	

Daily Transaction Summary (1173209 - MOSES FLORES cont.): April 01, 2017 - April 30, 2017

Department Charge 1		Description		Amount	Balance
Date	Description	Check Document Number	Amount	Balance	
04/01/2017	No Activity		Opening Balance:	\$88.40	
04/30/2017			Closing Balance:	\$88.40	
			Department Closing Balance:	\$88.40	

Remaining Obligations - Current as of Date and Time of Report

Description	Paid To	Period To	Max Per	Ordered	Initial	Paid To Curr	Outside	Total Paid	Total
		Curr	Period		Payment		Source		Remaining
No Remaining Obligations									\$0.00
									Total:
									\$0.00