

Name: Jared Richardson
 CDC No: 7071107 / 1524993
 Address: Fresno County Jail
P.O. Box 872 Fresno CA 93712

FILED
 JUN 05 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-00684-BAM(PC)

Plaintiff/Petitioner,

v.

APPLICATION TO PROCEED
 IN FORMA PAUPERIS
 BY A PRISONER

Defendants/Respondent.

Corizon Health Care, Et AL, /

I, Jared Richardson, 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. Fresno County Jail

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.

I was last employed at First Student, part time, my last check was not cashed as I was incarcerated. The one before that was about \$400.00. 5/18/15.

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, 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 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.

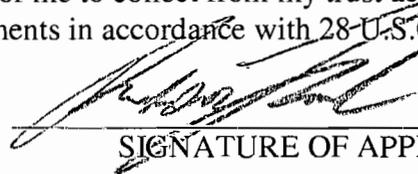
none

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 26, 2017

DATE



SIGNATURE OF APPLICANT

CERTIFICATE

(To be completed by the institution of incarceration)

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

FRESNO COUNTY SHERIFF'S DEPARTMENT

Trust Accounting: Inmate Account Statement

May 26, 2017

Begin Date: 11/26/2016
End Date: 05/26/2017

Offender: RICHARDSON, JARED
ID: 7071107 **FBI ID:**
SID: A33512139 **SSN:**
Housing: FRESNO COUNTY JAIL, NJ, 04, 0C, 43

110 CASH

TransDate	Transaction #	Transaction	Amount	Balance	Check No	Payee	Comments
11/26/2016		STARTING BALANCE		1.57			
12/28/2016	2016122800257	CANTEEN PURCHASE	(1.12)	0.45			CANTEEN PURCHASE
12/28/2016	2016122800885	DEPOSIT FROM TOUCHPA'	17.05	17.50	21956099		
01/04/2017	2017010400298	CANTEEN PURCHASE	(17.49)	0.01			CANTEEN PURCHASE
02/11/2017	2017021100082	DEPOSIT FROM TOUCHPA'	17.05	17.06	22432149		
02/13/2017	2017021300047	MEDICAL CO-PAY FROM 02/04/17	(3.00)	14.06			
02/15/2017	2017021500297	CANTEEN PURCHASE	(13.29)	0.77			CANTEEN PURCHASE
03/11/2017	2017031100154	DEPOSIT FROM TOUCHPA'	17.05	17.82	22810179		
03/15/2017	2017031500298	CANTEEN PURCHASE	(16.87)	0.95			CANTEEN PURCHASE
04/09/2017	2017040900173	DEPOSIT FROM TOUCHPA'	17.05	18.00	23226684		
04/12/2017	2017041200292	CANTEEN PURCHASE	(16.44)	1.56			CANTEEN PURCHASE
04/27/2017	2017042700137	DEPOSIT FROM TOUCHPA'	8.05	9.61	23439598		
05/10/2017	2017051000310	CANTEEN PURCHASE	(7.23)	2.38			CANTEEN PURCHASE
05/24/2017	2017052400265	CANTEEN PURCHASE	(1.80)	0.58			CANTEEN PURCHASE
05/25/2017	2017052500097	COURT	1.80	2.38			
		Ending Balance		2.38			