UNITED STATES DISTRICT COURT EASTERN DISTRICT OF CALIFORNIA



Tyrone Smith 1370076

APPLICATION TO PROCEED IN FORMA PAUPERIS County sheriffs DEPT
Torensie MEDICAL GROUP BY A PRISONER 1:17-CV-00847 - JLT **CASE NUMBER:** Defendant I, Tircue Smith , 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. § 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: ☐ No (If "No" DO NOT USE THIS FORM) M Yes 1. Are you currently incarcerated: If "Yes" state the place of your incarceration. Have the institution fill out the Certificate portion of this application and attach a certified copy of your prison trust account statement showing transactions for the past six months. ☐ Yes M No 2. Are you currently employed? 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. In the past twelve months have you received any money from any of the following sources? a. Business, profession or other self-employment □ Yes ■ No b. Rent payments, interest or dividends ☐ Yes ■ No □ Yes No c. Pensions, annuities or life insurance payments d. Disability or workers compensation payments □ Yes No e. Gifts or inheritances ☐ Yes ☑ No □ Yes M No f. Any other sources

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

4. Do you have cash or checking or savings accounts?
If "Yes" state the total amount:
5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other
valuable property?
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 the persons who are dependent on you for support, state your relationship to each person and indicate
how much you contribute to their support.
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).
I declare under penalty of perjury that the above information is true and correct.
(12:200 Smor Tyrow
DATE SIGNATURE OF APPLICANT
CERTIFICATE (To be considered by the institution of incorporation)
(To be completed by the institution of incarceration) $ \int_{C} dx $
I certify that the applicant named herein has the sum of \$ on account to his/her credit at
RASINC Saffey (Onter 1950) (name of institution). I further certify that during the past six months
the applicant's average monthly balance was \$_\(\sigma\varphi\). I further certify that during the past six months the
average of monthly deposits to the applicant's account was \$_26.00
(Please attach a certified copy of the applicant's trust account statement showing transactions for the past six months.)
5 6/18/17 BUILS 833
DATE SIGNATURE OF AUTHORIZED OFFICER

STANISLAUS COUNTY SHERIFF'S DEPARTMENT ADULT DETENTION DIVISION

INMATE REQUEST FORM

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Received By:	Date:
Routed To:	
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Answered By:	Date:

HF-5L

Pink: Kept by Inmate

Yellow: Reply to Inmate White: Inmate Pouch