| •                  | Case 1.17-0   | 24-01051-IAI22                            | Document 2 Filed 00/01/17 Page 1 01 2   |  |  |  |  |
|--------------------|---|---|---|--|--|--|--|
| Nam <del>ė</del> : | MV14 J. F   | eres                                      | FILED   |  |  |  |  |
| CDC N              | No: JIN @   | <u> 524 900</u>                           | AUG 0 1 2017  |  |  |  |  |
| Addre              | ss: P.M. BON  | x 872~                                    | CLERK, U.S. DISTRICT CONPT<br>EASTERN DISTRICT OF GALIFORNIA  |  |  |  |  |
| <u>- 4</u>         | Tiesho Ca   | 93712                                     | BY  |  |  |  |  |
| •                  |   |   | ATES DISTRICT COURT<br>ISTRICT OF CALIFORNIA  |  |  |  |  |
|                    | Plaintiff/Petitioner,   |   | CASE NUMBER: 17 CV 0 1 0 2 1 MJS PC   |  |  |  |  |
| v.                 |   |   | APPLICATION TO PROCEED<br>IN FORMA PAUPERIS<br>BY A PRISONER  |  |  |  |  |
| Coriz <u>or</u>    | 1 Hralth Defe   | endants/Responden                         | ounty Jail  |  |  |  |  |
| that I             |   | est to proceed with<br>fees for these pro | declare that I am the plaintiff in the above-entitled proceeding; nout prepayment of fees under 28 U.S.C. section 1915, I declare occedings or give security therefor and that I am entitled to the |  |  |  |  |
|                    | In support of this application, I answer the following questions under penalty of perjury:  1. Are you currently incarcerated? YesNo (If "no" DO NOT USE THIS FORM) |   |   |  |  |  |  |
| 1.                 |   |   |   |  |  |  |  |
|                    | State the place of your incarceration. Fresho County Juil   |   |   |  |  |  |  |
| 2.                 | Are you currently employed (includes prison employment)?YesNo   |   |   |  |  |  |  |
|                    | a. If the answe   | er is "yes" state the                     | e amount of your pay.   |  |  |  |  |
|                    | salary or wa  | iges and pay period                       | date of your last employment, the amount of your take-home d, and the name and address of your last employer.  MU do Not Will   |  |  |  |  |
| 3.                 | Have you received   | any money from th                         | he following sources over the last twelve months?   |  |  |  |  |
|                    | a. Business, pr   | rofession, or other                       | self-employment:YesNo   |  |  |  |  |
|                    | b. Rent payme   | ents, interest or div                     | vidends: Yes No   |  |  |  |  |

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|--------------------|--|--|---------------------|--|--|--|--|--|
|                    | 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   |  |  |  |  |
| amoun              | t receive  | nswer to any of the above is "yes," describe by ted, as well as what you expect you will continue  |                     | • •  |  |  |  |  |
| 4.                 | Do you have cash (includes balance of checking or savings accounts)? Yes Vo  |  |                     |  |  |  |  |  |
|                    | If "yes" state the total amount:   |  |                     |  |  |  |  |  |
| 5.                 | Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property? YesNo  |  |                     |  |  |  |  |  |
|                    | 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 ass  | et 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.    M.   A   |  |                     |  |  |  |  |  |
| _                  | 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).  DATE  SIGNATURE OF APPLICANT |  |                     |  |  |  |  |  |
| CERTIFICATE        |  |  |                     |  |  |  |  |  |
|                    |  | (To be completed by the instituti  | on of incarceration | n)   |  |  |  |  |
| applica<br>average | nt's aver<br>monthl  | e applicant named herein has the sum of \$ (name of institution). I further rage monthly balance was \$ I furty deposits to the applicants account was \$ certified copy of the applicant's trust account so | her certify that du | g the past six months the ring the past six months the |  |  |  |  |
|                    |  |  |                     |  |  |  |  |  |

SIGNATURE OF AUTHORIZED OFFICER

DATE