

Name: DAVID HERNANDEZ
CDC No: BKG#1413859
Address: STANISLAUS COUNTY JAIL
1115 "H" ST. MODESTO, CAL. 95354

FILED

AUG 10 2017

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

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA

MR. DAVID HERNANDEZ
Plaintiff/Petitioner,
v.
MR. MAULDIN
MR. CARRANZA, J
MR. R. MULLEN
Defendants/Respondent.

CASE NUMBER:

1:17CV1071 SKO (PL)

APPLICATION TO PROCEED
IN FORMA PAUPERIS
BY A PRISONER

RECEIVED

AUG 10 2017

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

I, DAVID HERNANDEZ, 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. STANISLAUS COUNTY JAIL - 1115 "H" ST. MODESTO, CA. 95354

2. Are you currently employed (includes prison employment)? Yes No (IN JAIL)
a. If the answer is "yes" state the amount of your pay. CURRENCY? ... NONE

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.

MOTIVATOR, I'VE BEEN WORKING AS A CUSTODIAN (KEEPING ACCESSIBLE AREAS AS CLEAN & SANITIZED), AS A BARBER, TRANSLATOR, AND WHATEVER IM ABLE TO WHEN I SEE ASSISTANCE NEEDED.

3. Have you received any money from the following sources over the last twelve months? CURRENCY? ... NO
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: APPRX. \$58,40

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: SELF MADE TATTOO GEAR

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.

PEOPLE IN GENERAL. REASONABLENESS AS TO MEET NEEDS.

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).

08/01/2017
DATE

[Signature]
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

08/07/2017

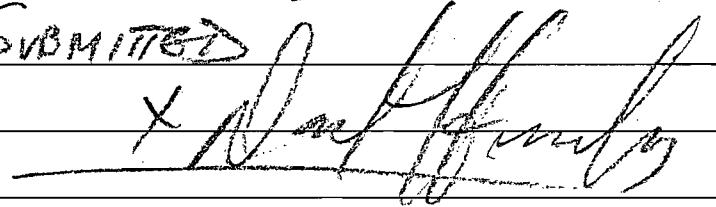
COURT CLERK

THIS NOTE IS TO ADVISE THE COURT
OF A CHANGE OF ADDRESS.

I AM PRESENTLY IN CUSTODY
BUT MAY BE PEROLING SOON. HOWEVER,
I WOULD ANYWAY LIKE ME RETURN ADD
TO BE "DAVID HERNANDEZ"
336 DARTMOUTH RD.
SANTA PAULA, CA. 93060

DAVID HERNANDEZ

RESPECTFULLY SUBMITTED

X 

Account Receipt

Jul 28, 2017
12:01 AM

Stanislaus County Sheriff's Department
Facility: CJ Shift: 2
Booking No: 1413859

Page: 1 of 1

HERNANDEZ, DAVID

ID Number 287172

Date	Transaction Shift	Type	Amount	Receipt Number	Tran Description
05/30/2017	2	BOOKED	\$ 0.00	3532159	
06/04/2017	2	DEPOSIT	\$ 25.00	3533891	COM\$ED\$25524936
06/07/2017	1	COMMSAL	\$20.55-	3535525	COMMISSARY SALE
06/10/2017	2	DEPOSIT	\$ 20.00	3536898	COM\$ED\$25608385
06/14/2017	1	COMMSAL	\$11.75-	3538775	COMMISSARY SALE
06/28/2017	1	COMMSAL	\$6.60-	3545025	COMMISSARY SALE
07/02/2017	2	DEPOSIT	\$ 20.00	3546602	COM\$ED\$25897855
07/05/2017	1	COMMSAL	\$19.45-	3547882	COMMISSARY SALE
07/12/2017	1	COMMSAL	\$6.50-	3551040	COMMISSARY SALE
07/12/2017	2	DEPOSIT	\$ 185.00	3551141	COM\$ED\$26026767
07/26/2017	1	PHONCRD	\$5.00-	3557153	PHONE CARD
07/26/2017	1	COMMSAL	\$84.95-	3557154	COMMISSARY SALE
Balance =			\$ 95.20		

I have reviewed the above transactions and acknowledge that they are correct

Signature _____

[Handwritten signature]

Account Receipt

Jul 25, 2017
10:04 AM

Stanislaus County Sheriff's Department
Facility: CJ Shift: 1
Booking No: 1413859

Page: 1 of 1

HERNANDEZ, DAVID

ID Number 287172

Date	Shift	Type	Amount	Receipt Number	Tran Description
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07/05/2017	1	COMMSAL	\$19.45-	3547882	COMMISSARY SALE
07/12/2017	1	COMMSAL	\$6.50-	3551040	COMMISSARY SALE
07/12/2017	2	DEPOSIT	\$ 185.00	3551141	COM\$ED\$26026767
Balance =			\$ 185.15		

I have reviewed the above transactions and acknowledge that they are correct

Signature _____