

UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA

Harold Stribling
E. Wilson

v.

PRISONER/PLAINTIFF,

DEFENDANT(S).

CASE NUMBER

CV 17-06865 CAS (JC)

REQUEST TO PROCEED WITHOUT
PREPAYMENT OF FILING FEES WITH
DECLARATION IN SUPPORT

I, Harold Stribling, declare under penalty of perjury, that the following is true and correct; that I am the prisoner-plaintiff in the above entitled case; that in support of my request to proceed without prepayment of fees under 28 U.S.C. Section 1915, I declare that because of my poverty I am unable to pay the full costs of said proceedings or to give security therefore and that I am entitled to redress.

I further declare under penalty of perjury that the responses which I have made to the questions and instructions below are true, correct and complete.

1. Are you presently employed in prison? Yes No

a. If the answer is yes, state the number of hours you work per week and the hourly rate of pay:

b. State the place of your incarceration Pelican Bay State Prison
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.

2. Have you received, *within the past twelve months*, any money from any of the following sources?

- a. Business, profession or form of self-employment? Yes No
- b. Rent payments, interest or dividends? Yes No
- c. Pensions, annuities or life insurance payments? Yes No
- d. Gifts or inheritances? Yes No
- e. Any other income (other than listed above)? Yes No
- f. Loans? Yes No

If the answer to any of the above is yes, describe such source of money and state the amount received from each source during the past twelve (12) months: _____

3. Do you own any cash, or do you have money in a checking or savings account? (Include any funds in prison accounts, if applicable.) Yes No

If the answer is yes, identify each account and separately state the amount of money held in each account for each of the *six (6) months prior* to the date of this declaration.

4. Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? Yes No

If the answer is yes, describe the property and state its approximate value: _____

5. In what year did you last file an Income Tax Return? _____
Approximately how much income did your last tax return reflect? _____

6. List the persons who are dependent upon you for support, state your relationship to those persons, and indicate how much you contribute toward their support:
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I understand that a false statement or answer to any question in this declaration will subject me to penalties for perjury. I further understand that perjury is punishable by a term of imprisonment of up to five (5) years and/or a fine of \$250,000 (18 U.S.C. Sections 1621, 3571).

California _____
State

Crescent City _____
County (or City)

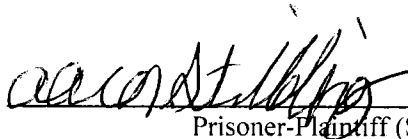
I, Harold Stibling _____, declare under penalty of perjury that the foregoing is true and correct.

7-10-17 _____
Date

Harold Stibling _____
Prisoner/Plaintiff (Signature)

PRISONER AUTHORIZATION

If my request to proceed without prepayment of filing fees is granted, I understand that I am required by statute to pay the full amount of the filing fees for this case, regardless of my forma pauperis status and the disposition of this case. I further authorize the prison officials at this institution to assess, collect and forward to the Court the full amount of these fees, in monthly payments based on the average of deposits to or balance in my prison trust account in accordance with 28 U.S.C. Section 1915.



Prisoner-Plaintiff (Signature)

CERTIFICATE OF AUTHORIZED OFFICER

I hereby certify that the Prisoner-Plaintiff herein has credit in the sum of \$_____ on account at the _____ institution where Prisoner-Plaintiff is confined.

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 of monthly deposits to the applicant's account was \$_____.

A certified copy of the prisoner-plaintiff's trust account statement for the last six (6) months is attached.

Date

Authorized Officer of Institution (Signature)

Institution: PBSP

Inmate Statement Report

CDCR#	Inmate/Group Name	Institution	Unit	Cell/Bed
G40745	STRIBLING, AARON	PBSP	Z 001 1	129001

Current Available Balance: \$0.00

Transaction List

Transaction Date	Institution	Transaction Type	Source Doc#	Receipt#/Check#	Amount	Account Balance
No information was found for the given criteria.						

Encumbrance List

Encumbrance Type	Transaction Date	Amount
No information was found for the given criteria.		

Obligation List

Obligation Type	Court Case#	Original Owed Balance	Sum of Tx for Date Range for Oblig	Current Balance
DAMAGES - STATE PROPERTY	CELL WINDOW	\$183.00	\$0.00	\$183.00
PLRA	4:15-CV-03336-YGR	\$350.00	\$0.00	\$330.00
PLRA	4:15-CV-03337-YGR	\$350.00	\$0.00	\$335.00
PLRA	4:15-CV-03199-YGR	\$350.00	\$0.00	\$350.00
PLRA	2:16-CV-00400-CKD	\$350.00	\$0.00	\$350.00
PLRA	2:16-CV00399-MCE-EFB	\$350.00	\$0.00	\$350.00
PLRA	2:16-CV-01438-EFB	\$350.00	\$0.00	\$350.00
COPY CHARGES	COPIES 7/17/16	\$0.40	\$0.00	\$0.40
PLRA	4:16-CV-01277-YGR	\$350.00	\$0.00	\$350.00
PLRA	APPEAL2: 16CV00400CKD	\$505.00	\$0.00	\$505.00
PLRA	APPEAL2: 16CV00399EFB	\$505.00	\$0.00	\$505.00
COPY CHARGES	COPIES 03/13/17	\$0.20	\$0.00	\$0.20
PLRA	APPEAL4: 15CV03199YGR	\$505.00	\$0.00	\$505.00
PLRA	APPEAL4: 15CV03336YGR	\$505.00	\$0.00	\$505.00
MEDICAL COPAY	8/9/17M 830233273	\$5.00	\$0.00	\$5.00

Restitution List

Restitution	Court Case#	Status	Original Owed Balance	Interest Accrued	Sum of Tx for Date Range for Oblig	Current Balance
RESTITUTION FINE	07F03385	Active	\$200.00	\$0.00	\$0.00	\$200.00
DIRECT ORDER	07F03385	Active	\$3,650.00	\$0.00	\$0.00	\$3,550.00
RESTITUTION FINE	08F00946	Active	\$200.00	\$0.00	\$0.00	\$200.00

ATTN: Clerk of the clerk it should be noted plaintiff attempted to get the declaration segment of this complaint filled out by a authorized officer, but when he sent it to the prison trust office the officer refused to sign and fill it out please see exhibit 1 in stead sending something else to the Shu Fal Law library so plaintiff isn't able to provide 3 copies of the declaration as required but he does have a copy of his trust account statement for the last 6 months that he is also attaching and please accept his apologies

Sincerely,
~~Yan~~ ~~At~~ ~~the~~ ~~big~~

Exhibit 1
TO Trust office
INMATE REQUEST FOR INTERVIEW

DATE <i>8-20-17</i>	TO <i>Trust account office</i>	FROM (LAST NAME) <i>Stribling</i>	CDCR NUMBER <i>G-4074/S</i>
HOUSING <i>Z-129</i>	BED NUMBER <i>Lower</i>	WORK ASSIGNMENT <i>N/A</i>	JOB NUMBER FROM TO
OTHER ASSIGNMENT (SCHOOL, THERAPY, ETC.)			ASSIGNMENT HOURS FROM TO

Clearly state your reason for requesting this interview.
You will be called in for interview in the near future if the matter cannot be handled by correspondence.

*Seeking to file a lawsuit in the central district of California who authorizes all plaintiffs to submit 3 copies of the filing fee declaration signed by a Authorized officer of the institution so im sending that form and a trust withdrawal for payment of the copies
Thank You*

Do NOT write below this line. If more space is required, write on back.

INTERVIEWED BY <i>Trust</i>	DATE <i>8-22-17</i>
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DISPOSITION

A computer-generated six month certification has been sent to the SHU Fax Law library today. (3 copies) You may attach these to the court papers you are sending out.