

Name: Yartz, Norman Eugene
JFD: 7081505 BKG: 1713120
CDC No:
Address: P.O. Box 872 NJ Floor: 2 Pod: D Bed: 25
Fresno, California 93712

FILED

OCT 02 2017

CLERK, U.S. DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA

BY [Signature]
DEPUTY CLERK

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA

CASE NUMBER:

17 CV 01305 EPG PC

Yartz, Norman Eugene
Plaintiff/Petitioner,

v.

APPLICATION TO PROCEED
IN FORMA PAUPERIS
BY A PRISONER

Coalinga State Hospital
City of Fresno Defendants/Respondent,
Pete Koll P.t. James Petersen P.t.

I, Norman Eugene Yartz, 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.

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 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: _____

- 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: _____

- 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.

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).

9-27-17
DATE

Man E. [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