

Name: John Williams  
 CDC No: # V. 24099  
 Address: P.O. Box 8800  
Corcoran, Calif 93212

**FILED**  
 OCT 16 2017  
 CLERK, U.S. DISTRICT COURT  
 EASTERN DISTRICT OF CALIFORNIA  
 BY [Signature]  
 DEPUTY CLERK

UNITED STATES DISTRICT COURT  
 EASTERN DISTRICT OF CALIFORNIA  
 FRESNO DIVISION

John W. Williams,

CASE NUMBER: 17-cv-01310 MJS PL

Plaintiff/Petitioner,

vs.

APPLICATION TO PROCEED  
 IN FORMA PAUPERIS  
 BY A PRISONER

Sandra Alfaro, et al.,

Defendants/Respondent.

I, John Williams, 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.

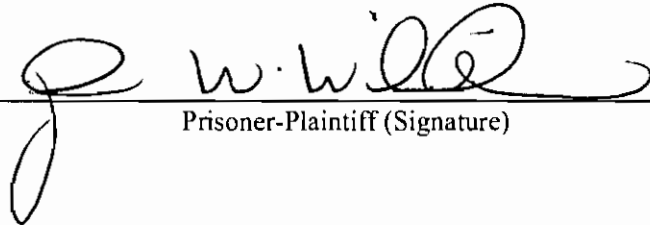
In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated?  Yes  No (If "no" DO NOT USE THIS FORM)  
 State the place of your incarceration: CALIFORNIA STATE PRISON CORCORAN
2. Are you currently employed (includes prison employment)?  Yes  No
  - a. If the answer is "yes" state the amount of your pay. [Signature]
  - 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.  
NONE
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



**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)

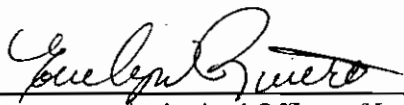
**CERTIFICATE OF AUTHORIZED OFFICER**

I hereby certify that the Prisoner-Plaintiff herein has credit in the sum of \$ 0 on account at the CSP-CORCORAN institution where Prisoner-Plaintiff is confined.

I further certify that during the past six months the applicant's average monthly balance was \$ 0. I further certify that during the past six months the average of monthly deposits to the applicant's account was \$ 0.

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

10-4-17  
Date

  
Authorized Officer of Institution (Signature)

# Memorandum

Date : 10/05/2017

To: IFP REQUESTOR

Subject : CERTIFIED ACCOUNT STATEMENT

YOUR CERTIFIED ACCOUNT STATEMENT HAS BEEN PROCESSED.

WE ARE RETURNING YOUR APPLICATION ALONG WITH ANY OTHER PAPER WORK YOU SENT TO TRUST.

YOUR CERTIFIED ACCOUNT STATEMENT IS AT THE LAW LIBRARY READY FOR MAILING TO THE COURTS OR GOVERNMENT CLAIMS BOARD.

**IT IS YOUR RESPONSIBILITY TO REQUEST AN APPOINTMENT WITH THE LAW LIBRARY WITHIN 30 DAYS SO THEY MAY DUCAT YOU TO THE LIBRARY FOR MAILING.**

THE LAW LIBRARY WILL HOLD YOUR CERTIFIED STATEMENT FOR 30 DAYS FROM TODAY. IF LAW LIBRARY RECEIVES NO REQUEST WITHIN THIS TIME FRAME, THEN IT WILL BE RETURNED AND YOU WILL NEED TO START THE PROCESS OVER.

**INMATES WILL NO LONGER RECEIVE A COPY OF THEIR CERTIFIED ACCOUNT STATEMENT STAMPED INMATE COPY**

## Inmate Statement Report



THE WITHIN INSTRUMENT IS A CORRECT  
COPY OF THE TRUST ACCOUNT MAINTAINED  
BY THIS OFFICE.

ATTEST:

CALIFORNIA DEPARTMENT OF CORRECTIONS

BY *La Rivera* Accountant/Truster  
TRUST OFFICE

9-25-17

CDCR#	Inmate/Group Name	Institution	Unit	Cell/Bed
V34099	WILLIAMS, JOHN	COR	03C005 1	126001

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 Oblg	Current Balance
PLRA	CV05-03085 DT (AWJ)	\$250.00	\$0.00	\$172.50
PLRA	CV06-01535AWI DLBP	\$350.00	\$0.00	\$289.00
PLRA	CIV505-0496 GEB DADP	\$250.00	\$0.00	\$183.53
PLRA	CIV506-1373 MCE PAN	\$350.00	\$0.00	\$298.00
PLRA	CV09-460 UA	\$350.00	\$0.00	\$311.45
PLRA	CV09-1232 U A (FFM)	\$350.00	\$0.00	\$350.00
PLRA	VC-09-01823-GSA	\$455.00	\$0.00	\$452.56
INTIAL PLRA	VC-09-01823-GSA	\$2.44	\$0.00	\$2.29
PLRA	CV-12-3583 YGR (PR)	\$350.00	\$0.00	\$350.00
PLRA	CV-13-522 CENT DIST	\$350.00	\$0.00	\$350.00
PLRA	2:16-CV01550-TLN-KJN	\$350.00	\$0.00	\$350.00
PLRA	1:16-CV-01584-SAB	\$350.00	\$0.00	\$350.00
PLRA	2:16-CV-3002-JAM-CMK	\$350.00	\$0.00	\$350.00

**Restitution List**

Restitution	Court Case#	Status	Original Owed Balance	Interest Accrued	Sum of Tx for Date Range for Oblg	Current Balance
RESTITUTION FINE	VA070560	Fulfilled	\$200.00	\$0.00	\$0.00	\$0.00
RESTITUTION FINE	BA245618	Fulfilled	\$200.00	\$0.00	\$0.00	\$0.00

Institution: COR

### Inmate Statement Report

<b>Start Date:</b>	3/25/2017	<b>Revalidation Cycle:</b>	All
<b>End Date:</b>	9/25/2017	<b>Housing Unit:</b>	All
<b>Inmate/Group#:</b>	V34099		



THE WITHIN INSTRUMENT IS A CORRECT  
 COPY OF THE TRUST ACCOUNT MAINTAINED  
 BY THIS OFFICE.

ATTEST:  
 CALIFORNIA DEPARTMENT OF CORRECTIONS  
 BY *E. B. [Signature]*, Accountant Trainee  
 TRUST OFFICE *9-25-17*