

FILED

Name: MARCO A GARCIA
CDC No: 1003072
Address: P.O. BOX 1699
HANFORD CA 93230

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:

MARCO ANTONIO GARCIA
Plaintiff/Petitioner,
V. RUBIN GARCIA - CORRECTIONS OFFICER
BLAKE BURSIGA - CLASSIFICATIONS DEPUTY
FOWLER - CLASSIFICATIONS DEPUTY
COLLIER - ISU - SARGENT
OLIVERA - SENIOR DEPUTY - APPEALS COORDINATOR
ZAI0 GERMIN CLASSIFICATIONS SARGENT
Defendants/Respondent.

1:17 CV 01313 BAM PC

APPLICATION TO PROCEED
IN FORMA PAUPERIS
BY A PRISONER

I, MARCO ANTONIO GARCIA, 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. § 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. KINGS COUNTY JAIL, 1570 KINGS COUNTY DR, HANFORD, CA 93230

2. Are you currently employed (includes prison employment)? Yes No

a. If the answer is "yes" state the amount of your pay. _____

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. Re Gifts or inheritances: Yes No
 - f. Any other sources: Yes No
- FAMILY DONATIONS
RANDOM AMOUNTS

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.

EZMEREC IXPOLME GARCIA MY 2 YEAR OLD DAUGHTER AS OF RIGHT NOW I DO NOT 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 provide a certified copy of my trust account statement for activity covering the last six months to the Court. Additionally, once eligibility is established, I further 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).

7.18.17
DATE


SIGNATURE OF APPLICANT

Applicant's CDCR Number (Mandatory for CDCR Applicants): _____

**CERTIFICATION BELOW IS TO BE COMPLETED BY
NON-CDCR INCARCERATED PRISONERS ONLY**

CERTIFICATE

(To be completed by the institution of incarceration)

I certify that the applicant named herein has the sum of \$ 0 on account to his/her credit at KINGS COUNTY JAIL (name of institution). I further certify that during the past six months the applicant's average monthly balance was \$ 26.74. I further certify that during the past six months the average monthly deposits to the applicants account was \$ 23.33.

(Please attach a certified copy of the applicant's trust account statement showing transactions for the past six months.)

7/18/17
DATE


SIGNATURE OF AUTHORIZED OFFICER



Kings County Sheriff's Office

Cash Accounts Transaction Summary, By Inmate

Name: GARCIA , MARCO ANTONIO -- Beginning Balance: \$0.00

<u>Date</u>	<u>Memo</u>	<u>Officer</u>	<u>Type</u>	<u>Check #</u>	<u>Amount</u>
05/05/15	BOOKING	J. Leoni	DEP		\$0.00
06/30/15	MO 206048044340	T. Day	DEP		\$30.00
06/30/15			CCRE		-\$23.12
07/21/15			CCRE		-\$5.75
07/28/15	WELFARE COMMISSARY	J. Leoni	WIT		-\$1.13
08/07/15	Money order	D. Tolbert	DEP		\$30.00
08/11/15			CCRE		-\$16.88
08/17/15	MO 17-225324773	D. Oliveira	DEP		\$30.00
08/20/15			CCRE		-\$12.95
08/25/15			CCRE		-\$29.74
09/09/15	WELFARE COMMISSARY	J. Leoni	WIT		-\$0.43
09/16/15	Money order	D. Tolbert	DEP		\$20.00
09/22/15			CCRE		-\$19.95
09/29/15	WELFARE COMMISSARY	J. Leoni	WIT		-\$0.05
11/23/15	MO #R205073682451	B. Chism	DEP		\$50.00
11/24/15			CCRE		-\$46.99
12/01/15			CCRE		-\$1.15
12/02/15	partial comm credit	Cantene	CCRE		\$1.15
12/08/15	COMMISSARY 12/8/15	J. Leoni	WIT		-\$3.00
12/17/15	WELFARE COMMISSARY	J. Leoni	WIT		-\$0.01
02/24/16	MO# 206189826645	R. Vasquez	DEP		\$50.00
03/01/16			CCRE		-\$48.90
03/08/16			CCRE		-\$1.00
03/15/16	WELFARE COMMISSARY	J. Leoni	WIT		-\$0.10
04/13/16	MO R206620145919	Daisy Rodriguez	DEP		\$20.00
04/19/16			CCRE		-\$20.00
06/07/16	KJ M G/#20662005036	J. Leoni	DEP		\$150.00
06/07/16	KJ COMMISSARY 6/7/16	J. Leoni	CDEB		-\$148.03
06/14/16			CCRE		-\$1.60
06/21/16	KJ 13856, ARMONA, CA 93202	J. Leoni	DEP		\$25.00
06/21/16			CCRE		-\$10.11
06/27/16	KJ MEDICAL COPAY - MEDICAL SICK R. Collier CALL NURSE 06/25/16		WIT		-\$3.00
06/28/16			CCRE		-\$8.25

<u>Date</u>	<u>Memo</u>	<u>Officer</u>	<u>Type</u>	<u>Check #</u>	<u>Amount</u>
07/05/16	KJ 915 11 1/2 AVE, HANFORD, CA 93230	J. Leoni	DEP		\$15.00
07/26/16			CCRE		-\$11.16
08/02/16			CCRE		-\$7.06
08/09/16	KJ WELFARE COMMISSARY	J. Leoni	WIT		-\$0.79
08/22/16	KJ BERTHA GARCIA/11 1/2 AVE, HANFORD, CA 93230	J. Leoni	DEP		\$30.00
08/23/16			CCRE		-\$29.46
09/07/16	KJ WELFARE COMMISSARY	J. Leoni	WIT		-\$0.54
11/18/16	KJ R MOLINA/#20696636490	J. Leoni	DEP		\$60.00
11/22/16			CCRE		-\$50.25
11/29/16			CCRE		-\$9.41
12/06/16	KJ WELFARE COMMISSARY	J. Leoni	WIT		-\$0.34
12/09/16	KJ #20696643534	J. Leoni	DEP		\$20.00
12/13/16			CCRE		-\$9.86
12/20/16			CCRE		-\$9.86
12/27/16	KJ WELFARE COMMISSARY	J. Leoni	WIT		-\$0.28
01/06/17	KJ RUTH MEDINE/#20696635652	J. Leoni	DEP		\$25.00
01/10/17			CCRE		-\$24.26
01/17/17			CCRE		-\$0.65
01/24/17	KJ WELFARE COMMISSARY	J. Leoni	WIT		-\$0.09
01/26/17	KJ BRETT OLTMA/#20696640887	J. Leoni	DEP		\$50.00
01/31/17			CCRE		-\$43.04
02/07/17			CCRE		-\$6.80
02/14/17	KJ WELFARE COMMISSARY	J. Leoni	WIT		-\$0.16
03/03/17	KJ RUTH N /20725808164	J. Leoni	DEP		\$20.00
03/07/17			CCRE		-\$15.74
03/14/17			CCRE		-\$4.10
03/21/17	KJ WELFARE COMMISSARY	J. Leoni	WIT		-\$0.16
03/27/17	KJ NATASHA GONZALEZ/1195 E HFD-ARM RD, #213, LEMOORE, CA 93245	J. Leoni	DEP		\$40.00
03/28/17			CCRE		-\$39.73
04/04/17	WELFARE COMMISSARY	J. Leoni	WIT		-\$0.27
04/05/17	11 1/2 AVE, HANFORD, CA 93230	J. Leoni	DEP		\$30.00
04/11/17			CCRE		-\$24.26
04/18/17	WELFARE COMMISSARY	J. Leoni	WIT		-\$3.75
04/25/17	WELFARE COMMISSARY	J. Leoni	WIT		-\$1.99

Net Activity: \$1,392.30

Receipts: \$696.15

Disbursements: \$696.15

Balance: \$0.00

➤ **Total Activity:** \$1,392.30

Receipts: \$696.15

Disbursements: \$696.15

Report Includes:

All entry dates matching `05/05/15`, All end entry dates matching `08/14/17`, All name numbers matching `H1003072`