

Name: Christopher John Wilson
CDC No: 0009095
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Sanora CA. 95370

FILED
OCT 10 2017
CLERK, U.S. DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA
BY _____
DEPUTY CLERK

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA

Christopher John Wilson

CASE NUMBER: 1:17 CV 01354 GSA PC

Plaintiff/Petitioner,

APPLICATION TO PROCEED
IN FORMA PAUPERIS
BY A PRISONER

v.
Tuolumne County - City of Sanora
Tuolumne County Jail
Sherriff - James Mele
Commander - Tamara McCaig
Medical - Joni Ellis
officer (2) Defendants/Respondent.
officer (3)

I, Christopher John Wilson, 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. Tuolumne County Jail

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

a. If the answer is "yes" state the amount of your pay. 0

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.
Havent worked in About 4 years medical condition

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: \$ 755

- 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: 0

- 6. Do you have any other assets? Yes ___ No Chain saw & some Tools

If "yes," list the asset(s) and state the value of each asset listed: Chain Saw \$200⁰⁰ Tools \$300⁰⁰ worth

- 7. List all persons dependent on you for support, stating your relationship to each person listed and how much you contribute to their support.

None in jail at this time - cant 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).

10 - 4 - 2017
DATE

Christopher John Wilson
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

Being Denied an Account print out.