

Case 1:17-cv-01474-DAD-BAM Document 6 Filed 11/13/17 Page 1 of 7

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Name: GUILLERMO TRUJILLO CRUZCDC No: AAA-2974Address: PELICAN BAY STATE PRISON20. BOX. 7500 CRESCEANT CITY, CAL 95428
CLERK, U.S. DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA
BY DEPUTY CLERKCLERK, U.S. DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA
BY DEPUTY CLERKUNITED STATES DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA"NEW"
CASE NUMBER:

17-CV-01474-BAM

APPLICATION TO PROCEED
IN FORMA PAUPERIS
BY A PRISONER

v.

c/o S. SAVIOE

Defendants/Respondent.

I, GUILLERMO TRUJILLO CRUZ, 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. PELICAN BAY STATE PRISON

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

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

3. Have you received any money from the following sources over the last twelve months?

a. Business, profession, or other self-employment:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b. Rent payments, interest or dividends:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c. Pensions, annuities or life insurance payments:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d. Disability or workers compensation payments:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
e. Re Gifts or inheritances:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
f. Any other sources:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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: 0

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: none

6. Do you have any other assets? Yes No

If "yes," list the asset(s) and state the value of each asset listed: none

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

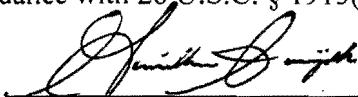
none

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).

10-29-2017

DATE



SIGNATURE OF APPLICANT

Applicant's CDCR Number (Mandatory for CDCR Applicants): #44-2974

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 \$ _____ 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

CERTIFICATE OF FUNDS IN PRISONER'S ACCOUNT

I certify that attached hereto is a true and correct copy the prisoner's trust account statement showing transactions of:

Truillo AA2974 for the last six months at

KERN VALLEY STATE PRISON where he is confined.

Balance: \$0.00

I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$ 0.00, and the average balance in the prisoner's account each for the most recent 6-month period was \$ 0.00.

11-7-17

Date

Mike Truillo
Authorized Officer of the Institution

THE WITHIN INSTRUMENT IS A
CORRECT COPY OF THE TRUST
ACCOUNT MAINTAINED BY THIS OFFICE.
ATTEST: 11-7-17



Mike Truillo
CALIFORNIA DEPARTMENT OF
CORRECTIONS AND REHABILITATION

BY *Mike Truillo*
TRUST OFFICE

CDCR#	Inmate/Group Name	Institution	Unit	Cell/Bed		
AA2974	TRUILLO, GUILLERMO	PBSP	B 002 1	117001		
Current Available Balance:		\$0.00				
Transaction List						
Transaction Date	Institution	Transaction Type	Source Doc#	Receipt#/Check#		
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		
REGULAR MAIL	POST2/9/14EN2/10/14	\$0.48	\$0.00	\$0.48		
REGULAR MAIL	POST2/9/14EN2/13/14	\$0.48	\$0.00	\$0.48		
REGULAR MAIL	MAIL 2/9/14ENT2/21	\$0.48	\$0.00	\$0.48		
PLRA	CV-00975-GSA	\$350.00	\$0.00	\$350.00		
PLRA	CV-00976-DLB	\$350.00	\$0.00	\$350.00		
PLRA	CV-01215-GSA	\$350.00	\$0.00	\$350.00		
COPY CHARGES	COPY 5/22/14E8/7/14	\$1.76	\$0.00	\$1.76		
PLRA	CV-01371-DLB	\$350.00	\$0.00	\$350.00		
PLRA	CV-00584-AC	\$350.00	\$0.00	\$350.00		
PLRA	CV-01370-DLB	\$350.00	\$0.00	\$350.00		
PLRA	1:14-CV-01401-BAM	\$350.00	\$0.00	\$350.00		
COPY CHARGES	COPY11/21/14ENT12/12	\$0.70	\$0.00	\$0.70		
PLRA	1:14-CV-01797-DLB	\$350.00	THE WITHIN INSTRUMENT IS A \$0.00	\$350.00		
PLRA	APPEAL1: 14CV01401BAM	\$505.00	CORRECT COPY OF THE TRUST \$0.00	\$505.00		
PLRA	1:15-00859-GSA-PC	\$350.00	ACCOUNT MAINTAINED BY THIS OFFICE \$0.00	\$350.00		
REGULAR MAIL	POST8/16/15-8/24/15	\$2.52	ATTEST: 11-7-17	\$2.52		
COPY CHARGES	COPY8/12/15-8/24/15	\$1.60		\$1.60		
COPY CHARGES	COPY9/1/15-9/11/15	\$2.00	BY <u>Mike Frane</u> \$0.00	\$2.00		
REGULAR MAIL	101615MAIL1020	\$0.49	TRUST OFFICE \$0.00	\$0.49		
PLRA	15SM0192	\$30.00	\$0.00	\$30.00		
REGULAR MAIL	MAIL 2/11/16E21816	\$0.49	\$0.00	\$0.49		
PLRA	3:15-CV-2826-JLS-PCL	\$350.00	\$0.00	\$350.00		
PLRA	APPEAL1: 14CV00975SAB	\$505.00	\$0.00	\$505.00		
REGULAR MAIL	POST3/27/16-4/20/16	\$3.40	\$0.00	\$3.40		

Obligation Type	Court Case#	Original Owed Balance	Sum of Tx for Date Range for Oblig	Current Balance
REGULAR MAIL	052516MAIL0609	\$0.47	\$0.00	\$0.47
REGULAR MAIL	052516MAIL0609	\$0.47	\$0.00	\$0.47
REGULAR MAIL	052516MAIL0609	\$0.68	\$0.00	\$0.68
REGULAR MAIL	061316MAIL0615	\$0.47	\$0.00	\$0.47
REGULAR MAIL	061316MAIL0615	\$0.47	\$0.00	\$0.47
REGULAR MAIL	061316MAIL0615	\$2.41	\$0.00	\$2.41
REGULAR MAIL	062016MAIL0621	\$0.47	\$0.00	\$0.47
REGULAR MAIL	062016MAIL0621	\$0.68	\$0.00	\$0.68
REGULAR MAIL	062016MAIL0621	\$0.47	\$0.00	\$0.47
REGULAR MAIL	062216MAIL0623	\$1.99	\$0.00	\$1.99
REGULAR MAIL	062216MAIL0623	\$3.04	\$0.00	\$3.04
REGULAR MAIL	072216MAIL0725	\$0.47	\$0.00	\$0.47
REGULAR MAIL	072216MAIL0725	\$0.47	\$0.00	\$0.47
REGULAR MAIL	072216MAIL0725	\$0.47	\$0.00	\$0.47
PLRA	APPEAL1: 14CV00976DLB	\$505.00	\$0.00	\$505.00
PLRA	APPEAL1: 14CV01215SAB	\$505.00	\$0.00	\$505.00
REGULAR MAIL	12/15/16	\$0.47	\$0.00	\$0.47
PLRA	APPEAL1: 14CV01797DLB	\$505.00	\$0.00	\$505.00
REGULAR MAIL	POST/E040517	\$0.29	\$0.00	\$0.29
REGULAR MAIL	POST/E040717	\$0.67	\$0.00	\$0.67
COPY CHARGES	5/14/17	\$0.30	\$0.00	\$0.30
PLRA	APPEAL1: 15CV00859EPG	\$505.00	\$0.00	\$505.00
PLRA	APPEAL1: 14CV01371EPG	\$505.00	\$0.00	\$505.00
PLRA	1:17-CV-00789-GSA	\$350.00	\$0.00	\$350.00
REGULAR MAIL	101117MAIL1012	\$0.69	\$0.00	\$0.69
REGULAR MAIL	101117MAIL1012	\$0.90	\$0.00	\$0.90
REGULAR MAIL	101117MAIL1012	\$0.69	\$0.00	\$0.69
REGULAR MAIL	101117MAIL1012	\$0.49	\$0.00	\$0.49
REGULAR MAIL	101117MAIL1012	\$1.61	\$0.00	\$1.61
REGULAR MAIL	101117MAIL1012	\$3.29	\$0.00	\$3.29
REGULAR MAIL	101117MAIL1012	\$3.29	\$0.00	\$3.29
REGULAR MAIL	101317MAIL1013	\$0.49	\$0.00	\$0.49

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

ATTEST: 11-7-17 \$0.00

Mike Frantovich
CALIFORNIA DEPARTMENT OF
CORRECTIONS AND REHABILITATION

BY *Mike Frantovich* \$0.00

TRUST OFFICE

Restitution List

Restitution	Court Case#	Status	Original Owed Balance	Interest Accrued	Sum of Tx for Date Range for Oblig	Current Balance
RESTITUTION FINE	SCD219793	Active	\$200.00	\$0.00	\$0.00	\$92.05

GUILLERMO TRUJILLO CRUZ

Petitioner

cl. o s. SAVOIE ET. AL.

Respondent(s) /

DECLARATION IN SUPPORT
OF REQUEST
TO PROCEED
IN FORMA PAUPERIS

I, GUILLERMO TRUJILLO CRUZ, declare that I am the petitioner in the above entitled case; that in support of my motion to proceed without being required to prepay fees, costs or give security therefor, I state that because of my poverty I am unable to pay the costs of said proceeding or to give security therefor; that I believe I am entitled to relief.

1. Are you presently employed? Yes No

a. If the answer is yes, state the amount of your salary or wages per month, and give the name and address of your employer. 0

0

b. If the answer is no, state the date of last employment and the amount of the salary and wages per month which you received. 0

0

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 sources? Yes No

If the answer to any of the above is yes, describe each source of money and state the amount received from each during the past twelve months: 0

0

3. Do you own any cash, or do you have money in a checking or savings account? (Include any funds in prison accounts)

Yes No

If the answer is yes, state the total value of the items owned: 0

0

4. Do you own or have any cash, bonds, notes, securities, or other valuable property (Excluding ordinary household furnishings and clothing) Yes No

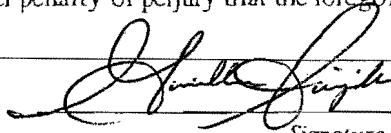
If the answer is yes, describe the property and state its approximate value: 0

5. 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: 0

0
0
0

I, declare (or certify, verify or state) under penalty of perjury that the foregoing is true and correct.

Executed on _____
Date


Signature of Petitioner

CERTIFICATE

I hereby certify that the Petitioner herein has the sum of \$ _____ on account to his credit at the _____ institution where he is confined. I further certify that Petitioner likewise has the following securities to his credit according to the records of said institution: _____

Date

Authorized Officer of Institution/Title of Officer