

Name: DARRON DANIELS

CDC No: BC8576

Address: P.O. BOX 5242

CORCORAN, CALIFORNIA 93212

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF CALIFORNIA

CASE NUMBER: 1:17-cv-01510 AWI BAM

DARRON DANIELS,  
Plaintiff/Petitioner,

v.

CALIFORNIA DEPARTMENT  
OF CORRECTIONS AND REHABILITATIONS  
ET AL,

Defendants/Respondent.

APPLICATION TO PROCEED  
IN FORMA PAUPERIS  
BY A PRISONER

I, DARRON DANIELS, 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 SUBSTANCE ABUSE TREATMENT FACILITY

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

a. If the answer is "yes" state the amount of your pay. N/A

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

KV/le

- 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:       N/A      

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:       N/A      

6. Do you have any other assets?     Yes     No

If "yes," list the asset(s) and state the value of each asset listed:       N/A      

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

      N/A      

**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).

10-25-17  
DATE

D. Daniels  
SIGNATURE OF APPLICANT

**CERTIFICATE**

(To be completed by the institution of incarceration)

I certify that the applicant named herein has the sum of \$ 0.00 on account to his/her credit at CSATF (name of institution). I further certify that during the past six months the applicant's average monthly balance was \$ 22.94. I further certify that during the past six months the average monthly deposits to the applicants account was \$ 22.02.

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

11/1/17  
DATE

(Signature)  
SIGNATURE OF AUTHORIZED OFFICER

Institution: SATF

### Inmate Statement Report

CDCR#	Inmate/Group Name	Institution	Unit	Cell/Bed
BC8576	DANIELS, DARRON	SATF	D 001 1	121001

Current Available Balance: \$0.00

#### Transaction List

Transaction Date	Institution	Transaction Type	Source Doc#	Receipt#/Check#	Amount	Account Balance
05/01/2017	NKSP	BEGINNING BALANCE				\$0.00
05/08/2017	NKSP	INMATE DEPOSIT	042017/SBD 432656	8919	\$77.14	\$77.14
05/16/2017	NKSP	SALES	50		(\$75.65)	\$1.49
06/20/2017	NKSP	SALES	21		(\$1.25)	\$0.24
07/17/2017	NKSP	MEDICAL COPAY	71517 MD		(\$0.24)	\$0.00
08/25/2017	SATF	JPAY	0000000075682553		\$15.00	\$15.00
08/25/2017	SATF	DIRECT ORDER PAYMENT			(\$7.50)	\$7.50
08/25/2017	SATF	ADMINISTRATIVE FEE			(\$0.75)	\$6.75
08/27/2017	SATF	JPAY	0000000075726322		\$15.00	\$21.75
08/27/2017	SATF	DIRECT ORDER PAYMENT			(\$7.50)	\$14.25
08/27/2017	SATF	ADMINISTRATIVE FEE			(\$0.75)	\$13.50
09/08/2017	SATF	JPAY	0000000076156657		\$25.00	\$38.50
09/08/2017	SATF	DIRECT ORDER PAYMENT			(\$12.50)	\$26.00
09/08/2017	SATF	ADMINISTRATIVE FEE			(\$1.25)	\$24.75
09/18/2017	SATF	SALES	21		(\$24.55)	\$0.20
09/25/2017	SATF	MEDICAL COPAY	69824		(\$0.20)	\$0.00

#### 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
**No information was found for the given criteria.**				

#### Restitution List

Restitution	Court Case#	Status	Original Owed Balance	Interest Accrued	Sum of Tx for Date Range for Oblg	Current Balance
DIRECT ORDER	FSB1502628	Active	\$5,000.00	\$0.00	(\$27.50)	\$4,972.50
RESTITUTION FINE	FSB1502628	Active	\$5,000.00	\$0.00	\$0.00	\$5,000.00



THE FOREGOING INSTRUMENT IS A CORRECT COPY OF THE TRUST ACCOUNT MAINTAINED BY THIS OFFICE.  
 ATTEST:  
 NOV 01 2017  
 CALIFORNIA DEPARTMENT OF CORRECTIONS  
 BY EA  
 TRUST OFFICE

Institution: SATF

### Inmate Statement Report

<b>Start Date:</b> 5/1/2017	<b>Revalidation Cycle:</b> All
<b>End Date:</b> 11/1/2017	<b>Housing Unit:</b> All
<b>Inmate/Group#:</b> BC8576	