

Name: Alexis Ortiz

CDC No: AK6202

Address: G-3-9-camp po Box 5244
Corcoran Ca 93212

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA

Alexis Ortiz

CASE NUMBER:

Plaintiff/Petitioner,

v.

APPLICATION TO PROCEED
IN FORMA PAUPERIS
BY A PRISONER

Nancy A. Berryhill, Commissioner of Social Security
Defendants/Respondent.

_____ /

I, Alexis Ortiz, 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. C/SATF and STATE PRISON in Corcoran Ca.

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

a. If the answer is "yes" state the amount of your pay. 0.08/hr.

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

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.

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 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).

01-26-18
DATE

Alexis City
SIGNATURE OF APPLICANT

Applicant's CDCR Number (Mandatory for CDCR Applicants): AK6202

**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 \$ 0.15 on account to his/her credit at CSATE/SP (name of institution). I further certify that during the past six months the applicant's average monthly balance was \$ 2.29. I further certify that during the past six months the average monthly deposits to the applicants account was \$ 3.38.

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

1-26-2018
DATE

[Signature]
SIGNATURE OF AUTHORIZED OFFICER

Date\Time: 1/23/2018 11:09:32 AM

CDCR

Verified: _____

Institution: SATF

Inmate Statement Report

Start Date:	7/23/2017	Revalidation Cycle:	All
End Date:	1/23/2018	Housing Unit:	All
Inmate/Group#:	AK6202		



THE WITHIN INSTRUMENT IS A CORRECT
COPY OF THE TRUST ACCOUNT MAINTAINED
BY THIS OFFICE.
ATTEST: **JAN 23 2018**
CALIFORNIA DEPARTMENT OF CORRECTIONS
BY: [Signature]
TRUST OFFICE

Date\Time: 1/23/2018,11:09:32 AM

CDCR

Verified: _____

Institution: SATF

Inmate Statement Report

CDCR#	Inmate/Group Name	Institution	Unit	Cell/Bed
AK6202	ORTIZ, ALEXIS	SATF	G 003 1	009002

Current Available Balance: \$0.15

Transaction List

Transaction Date	Institution	Transaction Type	Source Doc#	Receipt#/Check#	Amount	Account Balance
07/23/2017	SVSP	BEGINNING BALANCE				\$0.01
08/17/2017	SVSP	MEDICAL COPAY	M 8/17/17 5619943		(\$0.01)	\$0.00
12/07/2017	SATF	I/M PAY - SUPPORT	11/17 FAC G DINING		\$1.00	\$1.00
12/07/2017	SATF	RESTITUTION FINE PAYMENT			(\$0.50)	\$0.50
12/07/2017	SATF	ADMINISTRATIVE FEE			(\$0.05)	\$0.45
12/07/2017	SATF	COPY CHARGES	PROPERTY CARD		(\$0.10)	\$0.35
12/07/2017	SATF	I/M PAY - SUPPORT	11/17 FAC G DINING		\$0.52	\$0.87
12/07/2017	SATF	RESTITUTION FINE PAYMENT			(\$0.26)	\$0.61
12/07/2017	SATF	ADMINISTRATIVE FEE			(\$0.02)	\$0.59
01/08/2018	SATF	I/M PAY - SUPPORT	12/17 FAC G DINING		\$6.12	\$6.71
01/08/2018	SATF	RESTITUTION FINE PAYMENT			(\$3.06)	\$3.65
01/08/2018	SATF	ADMINISTRATIVE FEE			(\$0.30)	\$3.35
01/08/2018	SATF	I/M PAY - SUPPORT	12/17 FAC G DINING		\$5.88	\$9.23
01/08/2018	SATF	RESTITUTION FINE PAYMENT			(\$2.94)	\$6.29
01/08/2018	SATF	ADMINISTRATIVE FEE			(\$0.29)	\$6.00
01/12/2018	SATF	SALES	112		(\$5.85)	\$0.15

Encumbrance List

Encumbrance Type	Transaction Date	Amount
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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
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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
RESTITUTION FINE	F11905983	Fulfilled	\$400.00	\$0.00	\$0.00	\$0.00
FINE PC 1202.45	F11905983	Active	\$400.00	\$0.00	\$0.00	\$400.00



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

Date\Time: 1/23/2018,11:09:32 AM

CDCR

Verified: _____

Institution: SATF

Inmate Statement Report

Restitution	Court Case#	Status	Original Owed Balance	Interest Accrued	Sum of Tx for Date Range for Oblg	Current Balance
RESTITUTION FINE	F16901867	Active	\$2,400.00	\$0.00	(\$6.76)	\$2,360.33



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ATTEST: **JAN 23 2018**
CALIFORNIA DEPARTMENT OF CORRECTIONS
BY *[Signature]*
TRUST OFFICE