Address		5 "M" Street / P.O. Box 8 esno, CA 93721		CLERK	U.S. DISTRICT COURT DISTRICT OF CALIFOR	NIA
		UNITED STATES D EASTERN DISTRICT				
Ber	†	Harris	CASE NUMBER:	:17-	CU-01750 A	WI
*		Plaintiff/Petitioner,  Mike Severson  by OF Fresno,	APPLICATION TO IN FORMA PAUPE BY A PRISONER		EED	
that I a	suppoint una	nert Harris, declare the proceed without preparable to pay the fees for these proceedings in the complaint.  The proceedings are the complaint.	yment of fees under 28 to or give security therefore	J.S.C. se r and tha	ection 1915, I declare t I am entitled to the	;
1.	Are y	you currently incarcerated? X Yes	No (If "no" DO N	OT USI	E THIS FORM)	
	State	the place of your incarceration. Fresno	County Sherif	F Det	ention Facil	ity
2.	Are y	ou currently employed (includes prison en	mployment)?	Yes	<b>X</b> No	-
	a.	If the answer is "yes" state the amount	of your pay.	·		
	b.	If the answer is "no" state the date of you salary or wages and pay period, and the	- ·		*	£
3.	Have	you received any money from the follow	ing sources over the last	twelve n		
	a.	Business, profession, or other self-emp	loyment: Yes	<b>X</b> 1	No	

\_\_\_ Yes

**\_X**No

Rent payments, interest or dividends:

b.

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	c.	Pensions, annuities or life insurance payment	s: Yes	X No			
	d.	Disability or workers compensation payments	s:Yes	XNo			
	e.	Gifts or inheritances:	Yes	XNo			
	f.	Any other sources:	Yes	X No			
		e answer to any of the above is "yes," describe beived, as well as what you expect you will continu	•	•			
4.	Do y	ou have cash (includes balance of checking or so	avings accounts)?	Yes <b>X</b> _No			
	If "y	es" state the total amount:					
5.	•	ou own any real estate, stocks, bonds, securities r valuable property?		etruments, automobiles or Yes X No			
	If "y	res" describe the property and state its value:					
6.	Do y	you have any other assets? Yes	X No				
	If "y	ves," list the asset(s) and state the value of each a	sset listed:				
7.	how	List all persons dependent on you for support, stating your relationship to each person listed and how much you contribute to their support.					
	This	s form must be dated and signed below for	the court to cons	ider your application.			
		reby authorize the agency having custody of me k of the United States District Court payments in					
	21:	DATE G	SIGNATURE'C	F APPLICANT			
		CERTIFICA  (To be completed by the institu		on)			
applic	ant's a	the applicant named herein has the sum of \$ (name of institution). I furthere age monthly balance was \$ I further the applicants account was \$	ner certify that duri urther certify that d	ng the past six months the			
	se attac	h a certified copy of the applicant's trust accoun		g transactions for the past six			
DATI	E		SIGNATURE OF	AUTHORIZED OFFICER			