CDC Addre	0.00	CLERK, U.S. DISTRICT COURT EASTERN DISTRICT OF CALIFORNIA
		ES DISTRICT COURT RICT OF CALIFORNIA
	Andrew Norris Plaintiff/Petitioner,	CASE NUMBER: 1: 1 8 CV 0 0 4 7 1 LJO SAB
v.	State of califor  Defendants/Respondent.	
that l	I am unable to pay the fees for these proceed f sought in the complaint.	lare that I am the plaintiff in the above-entitled proceeding; prepayment of fees under 28 U.S.C. section 1915, I declare dings or give security therefor and that I am entitled to the
that l	In support of this application, I answer the Are you currently incarcerated?	prepayment of fees under 28 U.S.C. section 1915, I declare dings or give security therefor and that I am entitled to the efollowing questions under penalty of perjury:  YesNo (If "no" DO NOT USE THIS FORM)
that l	In support of my request to proceed without I am unable to pay the fees for these proceed for sought in the complaint.  In support of this application, I answer the Are you currently incarcerated?  State the place of your incarceration.  Are you currently employed (includes prise	prepayment of fees under 28 U.S.C. section 1915, I declare dings or give security therefor and that I am entitled to the e following questions under penalty of perjury:  YesNo (If "no" DO NOT USE THIS FORM)  Tresno (OUNTY Jai)  son employment)?YesNo
that l relief	In support of my request to proceed without I am unable to pay the fees for these proceed for sought in the complaint.  In support of this application, I answer the Are you currently incarcerated?  State the place of your incarceration.  Are you currently employed (includes prist a. If the answer is "yes" state the ame b. If the answer is "no" state the date salary or wages and pay period, and	prepayment of fees under 28 U.S.C. section 1915, I declare dings or give security therefor and that I am entitled to the efollowing questions under penalty of perjury:  YesNo (If "no" DO NOT USE THIS FORM)  Fresh (OUNTY Jai)  son employment)?YesNo  nount of your pay  e of your last employment, the amount of your take-home and the name and address of your last employer.
that l relief	In support of my request to proceed without I am unable to pay the fees for these proceed for sought in the complaint.  In support of this application, I answer the Are you currently incarcerated?  State the place of your incarceration.  Are you currently employed (includes prisma. If the answer is "yes" state the ame b. If the answer is "no" state the date salary or wages and pay period, and	prepayment of fees under 28 U.S.C. section 1915. I declare dings or give security therefor and that I am entitled to the efollowing questions under penalty of perjury:  Yes No (If "no" DO NOT USE THIS FORM)  Fresno (OUNLY Jai)  son employment)? Yes No enount of your pay.  e of your last employment, the amount of your take-home and the name and address of your last employer.

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	c.	Pensions, annuities or life insurance paym		No			
	d.	Disability or workers compensation paym	ents: Yes	. <b>X</b> No			
	e.	Gifts or inheritances:	Yes	≯No ≯No			
	f.	Any other sources:	Yes	<b>X</b> No			
		e answer to any of the above is "yes," describ lived, as well as what you expect you will co	•	•			
4.	Do y	ou have cash (includes balance of checking	or savings accounts	Yes XNo			
	If "y	es" 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 "y	es" describe the property and state its value:		·			
6.	Do y	you have any other assets?	Yes XNo				
	If "y	ves," list the asset(s) and state the value of ear	ch asset listed:	the second second			
7.		all persons dependent on you for support, starmuch you contribute to their support.	-				
					· , · ·		
	This	s form must be dated and signed below					
		reby authorize the agency having custody of k of the United States District Court paymen			to the		
	3/	21/18 DATE	Andrew	NOM S E OF APPLICANT			
		CERTIF (To be completed by the in		ration)			
applic averag	ant's a ge mon se attac	the applicant named herein has the sum of \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	further certify that d  I further certify the	uring the past six months the at during the past six months	the		
2.1	1.12		1 X				

9.21.18 DATE SIGNATURE OF AUTHORIZED OFFICER

## CIPRESNO COUNTY SHERIFF'S DEPARTMENTE 3 OF OR CONTROLL PROPERTY OF THE PROPERT

## **Trust Accounting: Inmate Account Statement**

March 21, 2018

Begin Date:

09/21/2017

**End Date:** 

03/21/2018

Offender:

Housing:

NORRIS, ANDREW JAMES

ID:

7085079

FBI ID: 640389MD0 SSN:

SID:

32283128

FRESNO COUNTY JAIL, NJ, 03, 0E, 22

10/16/2017 2017101600311 DEPOSIT FROM TOUCHPA

21.55

21.55 28171722

10/16/2017 2017101600326 RELEASE

(21.55)

0.00

NORRIS, ANDREW

**JAMES** 

**Ending Balance** 

0.00