

	1025206	SEP 05 2019 CLERK, U.S. DISTRICT CONTRACTOR OF CASTERN DISTRICT OF CASTERN				
Addres	o: 103)200 s:Pa Box 1699 Handford, Ca. 93230					
	UNITED STATES DISTRICT COURT EASTERN DISTRICT OF CALIFORNIA	A				
e Ro	CASE NUMBER: Plaintiff/Petitioner,	CASE NUMBER: 1: 1904 01273 DAO BANY				
v. P.(APPLICATION T IN FORMA PAUP BY A PRISONER	•				
that I	Defendants/Respondent. I, Jose , declare that I am the plaintiff in a support of my request to proceed without prepayment of fees under 28 am unable to pay the fees for these proceedings or give security theref sought in the complaint.	U.S.C. section 1915, I declare				
	In support of this application, I answer the following questions under	penalty of perjury:				
1.	Are you currently incarcerated? Yes _ No (If "no" DO State the place of your incarceration.	NOT USE THIS FORM)				
2.	Are you currently employed (includes prison employment)? a. If the answer is "yes" state the amount of your pay. b. If the answer is "no" state the date of your last employment, the salary or wages and pay period, and the name and address of your last employment.					
3.	Have you received any money from the following sources over the last	at twelve months?				
	a. Business, profession, or other self-employment: Yes	No				
	b. Rent payments, interest or dividends:Yes	<u></u> √No				

	c.	Pensions, annuities or life insurance payme	ents:	Yes	c/No		
	d.	Disability or workers compensation payme	ents:	Yes	<u> </u>		
	e.	Gifts or inheritances:		Yes	1/No		
	f.	Any other sources:		Yes	1/No		
amou neces	nt recei	answer to any of the above is "yes," describe ved, as well as what you expect you will con	-		_		
4.		ou have cash (includes balance of checking o	r savings —	s accounts)?	Yes(∠No	
5.	-	ou own any real estate, stocks, bonds, securitivaluable property?	ies, other			piobiles or No	
	If "ye	s" describe the property and state its value:		V(9)		_	
6.	Do yo	ou have any other assets?	?es	<u></u> √No	, , ,		
	If "yes," list the asset(s) and state the value of each asset listed:						
7.		Il persons dependent on you for support, stat much you contribute to their support.	ing your	relationship to	o each person	listed and	
	This	This form must be dated and signed below for the court to consider your application.					
		by authorize the agency having custody of most of the United States District Court payments					
8	-2°	<u>1-19</u> DATE	() o	SNATURE OF	F APPLICANT	Γ	
		CERTIFICATE					
		(To be completed by the inst		of incarceration	n)		
applica averag	ant's avo e month e attach	ne applicant named herein has the sum of \$ (name of institution). I furerage monthly balance was \$ Inly deposits to the applicants account was \$ a certified copy of the applicant's trust account.	I further	certify that du -	ring the past s	ix months the	
8-2	9-19	<u> </u>		gt-S.A	70547		
DATE			SIGN	ATURE OF A	LUTHORIZEI	OFFICER	

DATE

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August 29, 2019

I certify that Jose Leal DOB: 3/05/1970 has a zero balance in his account at the Kings County Jail. He was booked into custody on 8/15/19 with \$0.71 and has not received any deposits as of today's date.

Sgt. S. Long, 5117 Kings County Sheriff's Office – Jail Division 1570 Kings County Drive Hanford, CA 93230