

Name: ANTOINE W. HARRIS
CDC No: 1913004
Address: 911 E PARR BLVD
RENO, NV. 89512

FILED

OCT 07 2019

CLERK, U.S. DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA
BY ASJ
DEPUTY CLERK

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA

CASE NUMBER:

7:19 CV 01408 SAB PC

APPLICATION TO PROCEED
IN FORMA PAUPERIS
BY A PRISONER

ANTOINE W. HARRIS Plaintiff/Petitioner,
v.
DR. JHAMOU (NEUROLOGIST)
ET AL. Defendants/Respondent.

I, ANTOINE W. HARRIS, 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. _____

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

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 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

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EASTERN DISTRICT OF CALIFORNIA
BY _____ DEPUTY CLERK

- 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: FRIEND \$300.00 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 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).

9/19/2019
DATE

Victoria Jones
SIGNATURE OF APPLICANT

CERTIFICATE

(To be completed by the institution of incarceration)

I certify that the applicant named herein has the sum of \$ 70.36 on account to his/her credit at Washoe County Detention Facility (name of institution). I further certify that during the past six months the applicant's average monthly balance was \$ 11.72. I further certify that during the past six months the average monthly deposits to the applicants account was \$ 50.04.

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

09/19/19
DATE

J. Palmer
SIGNATURE OF AUTHORIZED OFFICER



Main Balance Trans Details

Transactions From 3/22/2019 12:00 AM to 9/19/2019 11:59 PM

P00157403 : HARRIS, ANTOINE W
WC H09 28 CPAN

Main Balance: \$70.36

Receipt	Date	Type	Comment	Adjust	Spend Balance
3445432	9/18/2019	BillPay	PAYMENT FOR TRANS 3445431	-\$44.64	\$70.36
3434910	9/11/2019	BillPay	PAYMENT FOR TRANS 3434909	-\$23.53	\$115.00
3423210	9/4/2019	BillPay	PAYMENT FOR TRANS 3423209	-\$74.79	\$138.53
3418490	9/1/2019	BillPay	PAYMENT FOR TRANS 3251982 TO Medical : 5/19/19 Medication Co-Pay : PAID IN FULL	-\$5.00	\$213.32
3418489	9/1/2019	BillPay	PAYMENT FOR TRANS 3068058 TO Medical : 1/27/19 Medication Co-Pay : PAID IN FULL	-\$5.00	\$218.32
3418488	9/1/2019	BillPay	PAYMENT FOR TRANS 2920633 TO Medical : 10/18/18 Medical & Medication Co-Pay : PAID IN FULL	-\$15.00	\$223.32
3418487	9/1/2019	BillPay	PAYMENT FOR TRANS 2897918 TO Medical : 10/07/18 MED FEE X2 : PAID IN FULL	-\$10.00	\$238.32
3418486	9/1/2019	BillPay	PAYMENT FOR TRANS 2859475 TO Medical : 9/1/18 Medication (2) Co-Pay : PAID IN FULL	-\$10.00	\$248.32
3418485	9/1/2019	BillPay	PAYMENT FOR TRANS 2717955 TO Medical : 6/12/18 Medical : PAID IN FULL	-\$10.00	\$258.32
3418484	9/1/2019	BillPay	PAYMENT FOR TRANS 2601469 TO Medical : 3/25/18 Meds x 1 : PAID IN FULL	-\$5.00	\$268.32

P00157403 : HARRIS, ANTOINE W
 W/C H09 28 CPAN

Main Balance: \$70.36

Receipt	Date	Type	Comment	Adjust	Spend Balance
3418483	9/1/2019	BillPay	PAYMENT FOR TRANS 2561087 TO Medical : 02/24/18 MED FEE : PAID IN FULL	-\$4.98	\$273.32
3418482	9/1/2019	BillPay	PAYMENT FOR TRANS 2510714 TO Medical : 1/21/18 Meds x 1 : PAID IN FULL	-\$4.96	\$278.30
3418481	9/1/2019	BillPay	PAYMENT FOR TRANS 2475867 TO Medical : 12/27/17 Meds x 1 : PAID IN FULL	-\$4.94	\$283.26
3418480	9/1/2019	BillPay	PAYMENT FOR TRANS 2424214 TO Medical : 11/19/17 Meds x 1 : PAID IN FULL	-\$4.86	\$288.20
3418479	9/1/2019	BillPay	PAYMENT FOR TRANS 2382959 TO Medical : 10/21/17 Meds x 1 : PAID IN FULL	-\$4.44	\$293.06
3418478	9/1/2019	BillPay	PAYMENT FOR TRANS 3418477	-\$2.50	\$297.50
3418476	9/1/2019	Add	ATM Deposit 141749 on 9/1/2019 12:53:52 PM by DELEANA SMITH Paid By: DELEANA SMITH	\$300.00	\$300.00
3403745	8/22/2019	Open	RESIDENT RE-OPEN	\$0.00	\$0.00
3273607	6/4/2019	Close	RESIDENT RELEASE	\$0.00	\$0.00
3273606	6/4/2019	Release	RESIDENT RE-OPEN	\$0.00	\$0.00
3273564	6/4/2019	Open	PAYMENT FOR TRANS 2382959 TO Medical : 10/21/17 Meds x 1	-\$0.29	\$0.00
3273563	6/4/2019	Close	RESIDENT RELEASE	\$0.00	\$0.00
3273562	6/4/2019	BillPay	PAYMENT FOR TRANS 2382959 TO Medical : 10/21/17 Meds x 1	-\$0.29	\$0.00
3273561	6/4/2019	Release	RESIDENT RELEASE tran usm	\$0.29	\$0.29

P00157403 : HARRIS, ANTOINE W
 WC H09 28 CPAN

Main Balance: \$70.36

Receipt	Date	Type	Comment	Adjust	Spend Balance
3273477	6/3/2019	Open	RESIDENT RE-OPEN	\$0.00	\$0.29
3273476	6/3/2019	Close			\$0.29
3273474	6/3/2019	CredPay	PAYMENT FOR TRANS 3273473	\$0.28	\$0.29
3273475	6/3/2019	Release	RESIDENT RELEASE		\$0.01