

Name: GONZALEZ H, MICHAEL
CDC No: AT *071087-1 | AM-3392
Address: P.O. BOX 7001
ATASCADERO, CA 93423 -7001

FILED

OCT 31 2019

CLERK, U.S. DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA
BY [Signature]
DEPUTY CLERK

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA

CASE NUMBER: 1:19-CV-01447-JLT
(PC)

Plaintiff/Petitioner,
v. MICHAEL H. GONZALEZ

APPLICATION TO PROCEED
IN FORMA PAUPERIS
BY A PRISONER

Defendants/Respondent.
R. PEREZ, ET AL.,

I, MICHAEL H GONZALEZ, 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. ATASCADERO STATE HOSPITAL

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

a. If the answer is "yes" state the amount of your pay. 0

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: 0

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.

 NONE

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).

 10-24-19
DATE

 Michael H. Douglas
SIGNATURE OF APPLICANT
AT # 071087-1

Applicant's CDCR Number (Mandatory for CDCR Applicants): Am-3392

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 on account to his/her credit at Alachua State Jail (name of institution). I further certify that during the past six months the applicant's average monthly balance was \$. I further certify that during the past six months the average monthly deposits to the applicants account was \$.

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

 10/28/19
DATE

 [Signature]
SIGNATURE OF AUTHORIZED OFFICER

Hospital Number: 0710871
 Patient Name: GONZALES, MICHAEL HERNANDEZ

First Date in System: 09/17/2019
 Status: Active
 Release Date:



Commissary	Secure Packs	Encumbrances	Vending	Holds	Properties	Aliases	Notes	Amount	Balance
View								\$0.00	\$0.00
View								\$150.00	\$150.00
View								\$150.00	\$0.00

Balances

Patient	\$0.00
Encumbrance	\$0.00
Save	\$0.00
Hold	\$0.00

Units
 UNIT 21

Miscellaneous
 Last Open 09/17/2019
 DOB 06/11/1960

Penal Codes
 PC 1370

Patient Copy

Exit