

Name: Christopher John Wilson  
 CDC No: #0009095 E-1  
 Address: Dambachor Detention Center  
12915 Justice Center Dr.  
Sonora Calif. 95370

FILED

FEB 16 2021

UNITED STATES DISTRICT COURT  
 EASTERN DISTRICT OF CALIFORNIA

CLERK, U.S. DISTRICT COURT  
 EASTERN DISTRICT OF CALIFORNIA

DEPUTY CLERK

CASE NUMBER: 1:21-cv-196 SKO(PC)

Christopher, Plaintiff/Petitioner,  
 v. John Wilson

APPLICATION TO PROCEED  
 IN FORMA PAUPERIS  
 BY A PRISONER

Defendants/Respondent.

Tuolumne County et. all and others.

I, Christopher John Wilson, 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. Dambachor Detention Center  
Sonora CA. 95370

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: | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| b. Rent payments, interest or dividends:           | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance payments: | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation payments:    | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| e. Re Gifts or inheritances:                       | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| f. Any other sources:                              | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |

*we as inmates  
 have to buy our own  
 Hygiene materials*

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).

*per letter (f) once in a great while unknown source puts what they can on my account cause they know I need Hygiene items to keep up my Hygiene. Cause county Jail dont provide certain items through medical medical refused to provide proper care. I have the list as proof we have to provide Health and safety items for ourself. (I) ask the courts with respect to waive all fees (or) till court then take out of settlement.*

4. Do you have cash (includes balance of checking or savings accounts)? ☒ Yes ☐ No

If "yes" state the total amount: \$ 29<sup>40</sup> on Canteen Account,

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property? Car was Totaled ☐ Yes ☒ No

If "yes" describe the property and state its value: 0

6. Do you have any other assets? ☐ Yes ☒ No I'm poor-was on Food stamps

If "yes," list the asset(s) and state the value of each asset listed: 0

7. List all persons dependent on you for support, stating your relationship to each person listed and how much you contribute to their support.

my (Wife) Michelle Lynn Powell Wilson - she lives on The streets  
I tell her To keep the money sat her To survive out there send  
me Nothing (Homeless) I was raised To help others before you help  
This form must be dated and signed below for the court to consider your application. Yourself.

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).

2-9-21  
DATE

Christopher Andrew Wilson  
SIGNATURE OF APPLICANT

Applicant's CDCR Number (Mandatory for CDCR Applicants): #0009095

**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 \$ 29<sup>40</sup> on account to his/her credit at DDC (Tuloume County Jail) (name of institution). I further certify that during the past six months the applicant's average monthly balance was \$ 103.50. I further certify that during the past six months the average monthly deposits to the applicants account was \$ 191.50. Not Average monthly  
 (Please attach a certified copy of the applicant's trust account statement showing transactions for the past six months.)

2/9/21  
DATE

Ch. R.  
SIGNATURE OF AUTHORIZED OFFICER

\*Please note that the above numbers were  
calculated using the days Mr. Wilson was  
in our custody so he has not been here  
a full 6 months

Say Average is \$103.50 But then they say Average again is  
\$191.50 Look at statement monthly (circled)

From: 08/09/2020 To: 02/09/2021

Comment	Trx Date	Time	Batch /Inv #	Trx #	Trx Type Invoice	Deposit	Withdrawal	Balance Forward
ID 0009095	Name WILSON, CHRISTOPHER		Block E 1			Previous Balance		0.00
Kiosk dep. CHRISTOPH	08/15/2020	23:18	B#53877	125810	D	375.00		375.00
MISCELLANEOUS	08/15/2020	23:18	B#53877	125811	W		-75.00	300.00
Sales Transaction	08/19/2020	16:44	I#96336		I	6.00		294.00
Sales Transaction	08/20/2020	08:34	I#96346		I	6.00		288.00
Released 08/20/2020	08/20/2020	13:08	B#53962	125983	W		-288.00	0.00
Kiosk dep. CHRISTOPH	12/15/2020	05:10	B#55960	131180	D	290.00		290.00
MISCELLANEOUS	12/15/2020	05:10	B#55960	131181	W		-58.00	232.00
Sales Transaction	12/18/2020	15:28	I#101730		I	5.00		227.00
Sales Transaction	12/21/2020	15:22	I#101803		I	5.00		222.00
Sales Transaction	12/22/2020	04:53	I#101868		I	80.47	- Canteen	141.53
Sales Transaction	12/22/2020	11:36	I#101900		I	-3.94		145.47
Sales Transaction	12/22/2020	15:34	I#101929		I	8.00		137.47
Sales Transaction	12/25/2020	07:32	I#101969		I	10.00		127.47
Sales Transaction	12/28/2020	13:43	I#102021		I	8.00		119.47
Sales Transaction	12/29/2020	10:12	I#102156		I	8.00		111.47
Sales Transaction	12/30/2020	09:46	I#102189		I	9.49		101.98
Sales Transaction	12/30/2020	20:37	I#102217		I	5.00		96.98
Sales Transaction	01/06/2021	03:24	I#102309		I	49.91	- Canteen	47.07
Sales Transaction	01/06/2021	11:24	I#102394		I	-1.72		48.79
Sales Transaction	01/07/2021	13:02	I#102413		I	-0.11		48.90
Sales Transaction	01/13/2021	03:24	I#102544		I	18.80	- Canteen	30.10
Sales Transaction	01/13/2021	08:52	I#102615		I	-1.72		31.82
Sales Transaction	01/20/2021	07:28	I#102774		I	5.13	- Canteen	26.69
Sales Transaction	01/20/2021	11:15	I#102779		C	-1.72		28.41
Sales Transaction	01/23/2021	16:59	I#102837		I	6.00	- phone to call lawyer	22.41
Sales Transaction	01/27/2021	03:25	I#102921		I	10.23	- Canteen	12.18
Kiosk dep. MICHELLE	02/01/2021	04:27	B#56745	132790	D	101.00		113.18
MISCELLANEOUS	02/01/2021	04:27	B#56745	132791	W		-20.20	92.98
Sales Transaction	02/03/2021	03:25	I#103186		I	57.58	- Canteen	35.40
Sales Transaction	02/04/2021	08:55	I#103254		I	6.00		29.40

Deposits 3 For\$ 766.00

Withdraws 4 For\$ -441.20

Invoices 23 For\$ 295.40

Outstanding Debt \$ 132.60

Savings Balance \$ 0.00

Bond Balance \$ 0.00

For other case  
PC 1:19 cv-01132-BAM  
Left to pay - out of  
The \$350.00

Average monthly is not True, Cause on 12-14-20  
Arrested so Between 12-14-2020 (to) 2-9-2021 IS (2) Months  
I had \$290 when Arrested my wife's Car Insurance money.  
If you Read the Bottom of the statement Its not Every month  
Plus they say \$103.50 monthly and then they state \$99.50 monthly  
which is I#. And when I do have money I buy Hygein County Jail  
Don't Provide personal Hygein.