

Name: BULLETTE, SONYA  
CDC No: X-19057  
Address: CENTRAL CALIFORNIA WOMEN'S FACILITY  
P.O. Box 1501, Chowchilla CA 93610-1501

**FILED**

NOV 17 2021

NOV 17 2021

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

BULLETTE, S Plaintiff/Petitioner,  
v.  
STATE OF CA, ET AL Defendants/Respondent.

CASE NUMBER:  
1:21CV01519 HBR  
APPLICATION TO PROCEED  
IN FORMA PAUPERIS  
BY A PRISONER

I, BULLETTE, SONYA, 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:

- Are you currently incarcerated?  Yes  No (If "no" DO NOT USE THIS FORM)  
State the place of your incarceration. \_\_\_\_\_
- Are you currently employed (includes prison employment)?  Yes  No  
a. If the answer is "yes" state the amount of your pay. \_\_\_\_\_
- Have you received any money from the following sources over the last twelve months?

**RECEIVED**

NOV 17 2021

- |  |   |  |
|--|---|--|
| 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. Gifts or inheritances:                          | <input checked="" type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| f. Any other sources:                              | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |

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

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). "STIMULIS MONEY EXEMPT FROM COURT FEES"  
PETITIONER DID RECEIVE STIMULIS CHECKS IN THE AMOUNT OF (\$3,206.25). THE BALANCE REMAINS (\$591.54). HOWEVER, PETITIONER HAS NO OTHER INCOME AND THE FUNDS REMAINING HAVE BEEN DESIGNATED FOR CRIMINAL APPEALS AND BOARD ATTORNEYS. PETITIONER CANT AFFORD TO HAVE THESE FUNDS DISTURBED.

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 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).

10/23/21

DATE

*Sonyia Buletto*

SIGNATURE OF APPLICANT

Applicant's CDCR Number (Mandatory for CDCR Applicants): X19057

**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 \$ 611.29 on account to his/her credit at Central CA Women's Facility (name of institution). I further certify that during the past six months the applicant's average monthly balance was \$ 618.46. I further certify that during the past six months the average monthly deposits to the applicants account was \$ 465.49.

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

November 10, 2021

DATE

*[Signature]*

SIGNATURE OF AUTHORIZED OFFICER



THE WITHIN INSTRUMENT IS A CORRECT COPY OF THE TRUST ACCOUNT MAINTAINED BY THIS OFFICE.  
ATTEST:

CALIFORNIA DEPARTMENT OF CORRECTIONS

BY

*[Signature]*

Institution: CCWF

## Inmate Statement Report

CDCR#	Inmate/Group Name	Institution	Unit	Cell/Bed
X19057	BULLETTE, SONYA	CCWF	B 505 1	010003

Current Available Balance: \$611.29

Transaction List

Transaction Date	Institution	Transaction Type	Source Doc#	Receipt#/Check#	Amount	Account Balance
05/01/2021	CCWF	BEGINNING BALANCE				\$118.53
05/12/2021	CCWF	SALES	10		(\$87.75)	\$30.78
06/15/2021	CCWF	SALES	48		(\$29.35)	\$1.43
06/22/2021	CCWF	INMATE SPECIAL DEPOSIT - DO/CS ONLY	EIP 5933	17037	\$1,400.00	\$1,401.43
07/22/2021	CCWF	KIOSK REQUEST			(\$60.44)	\$1,340.99
07/24/2021	CCWF	KIOSK REQUEST			(\$15.00)	\$1,325.99
08/02/2021	CCWF	SALES	51		(\$219.65)	\$1,106.34
08/03/2021	CCWF	INMATE VOLUNTARY WITHDRAWAL	GIFT 7-26-21	1084068	(\$150.00)	\$956.34
08/08/2021	CCWF	KIOSK REQUEST			(\$25.00)	\$931.34
08/12/2021	CCWF	SALES	22		(\$102.95)	\$828.39
08/14/2021	CCWF	KIOSK REQUEST			(\$25.00)	\$803.39
08/17/2021	CCWF	INMATE VOLUNTARY WITHDRAWAL	CLN 8/5/21	1084640	(\$48.00)	\$755.39
08/19/2021	CCWF	INMATE VOLUNTARY WITHDRAWAL	GIFT 8/11/21	1084704	(\$150.00)	\$605.39
09/02/2021	CCWF	MISC. INCOME (EXEMPT)	EIP 0265	18472	\$606.25	\$1,211.64
09/05/2021	CCWF	KIOSK REQUEST			(\$30.00)	\$1,181.64
09/13/2021	CCWF	SALES	25		(\$211.10)	\$970.54
09/20/2021	CCWF	KIOSK REQUEST			(\$20.00)	\$950.54
09/21/2021	CCWF	KIOSK REQUEST			(\$18.00)	\$932.54
10/04/2021	CCWF	KIOSK REQUEST			(\$5.00)	\$927.54
10/11/2021	CCWF	SALES	58		(\$156.80)	\$770.74
10/20/2021	CCWF	KIOSK REQUEST			(\$30.00)	\$740.74
11/08/2021	CCWF	SALES	10		(\$129.45)	\$611.29

Encumbrance List

Encumbrance Type	Transaction Date	Amount
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\*\*No information was found for the given criteria.\*\*

Obligation List

Obligation Type	Court Case#	Original Owed Balance	Sum of Tx for Date Range for Oblg	Current Balance
PLRA	EDCV11-817JAK(RNB)	\$350.00	\$0.00	\$330.00

Restitution List

### Inmate Statement Report

Restitution	Court Case#	Status	Original Owed Balance	Interest Accrued	Sum of Tx for Date Range for Oblg	Current Balance
RESTITUTION FINE	RIF112496	Active	\$5,000.00	\$0.00	\$0.00	\$4,523.76



THE WITHIN INFORMATION IS A CURRENT  
COPY OF THE TRUST ACCOUNT MAINTAINED  
BY THIS OFFICE.

ATTEST:

CALIFORNIA DEPARTMENT OF CORRECTIONS

BY   
TRUST OFFICE