# Case 1:21-cv-01769-HBK Document 3 Filed 11/12/21 Page 1 of 6 UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA

| Aaron G. Davis  | CASE NUMBER 4:21-CV-8491 PSH   |  |  |  |  |  |
|---|--|--|--|--|--|--|
| Plaintiff,<br>v.  | PRISONER'S APPLICATION AND DECLARATION TO PROCEED IN FORMA PAUPERIS                              |  |  |  |  |  |
| DANA SIMAS, D. Hernándis<br>C. Sepádén M. Brávo, Willton<br>Defendant(s).   | NOV 12 2021  |  |  |  |  |  |
| I, (print your name) _ faron G Danis  | , declare under penalty of perjury titled to relief; and I am unable to pay the costs of this    |  |  |  |  |  |
| In support of this application, I provide true, correct   | t and complete answers to all of the following questions   |  |  |  |  |  |
| 1. Are you presently employed in prison? ☐ Yes  | M No   |  |  |  |  |  |
| The number of hours you work per week: $\sqrt{A}$   | The hourly rate of pay: _ None   |  |  |  |  |  |
|   | For the past twelve months, list the amount of money you have received from any of the following |  |  |  |  |  |
| a. Business, profession or self-employment  | \$   |  |  |  |  |  |
| b. Income from rent, interest or dividends  | \$   |  |  |  |  |  |
| c. Pensions, annuities or life insurance paymen   |  |  |  |  |  |  |
| d. Disability, Social Security or other governme  | ent source \$  |  |  |  |  |  |
| e. Gifts or inheritances  | \$   |  |  |  |  |  |
| f. Describe any other source of income: EXP   | 3 Stimulus \$ 1,400.00   |  |  |  |  |  |
| 3. List the amount for each of the following (include   | de prison account funds):  |  |  |  |  |  |
| Cash on hand \$ Checking account \$   | Savings saccount \$  |  |  |  |  |  |
| <ol> <li>Do you own or have any interest in any real esta<br/>or other valuable property (excluding ordinary h</li> </ol> | te, stocks, bonds, notes, retirement plans, automobiles, ousehold furnishings and clothing)?     |  |  |  |  |  |
| If Yes, describe the property and state its approx  | imate value:   |  |  |  |  |  |
| □ Yes   |  |  |  |  |  |  |
|   | \$   |  |  |  |  |  |
| M No  |  |  |  |  |  |  |

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### UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA

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|---|--|----|---|---|

NOV 1 2021

SUSAN Y. SOONG
CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA
OAKLAND

#### Dear Aaron Davis:

Your action has been filed as civil case number: 4:21-cv-8491 PJH

The fee for filing any civil action other than a petition for a writ of habeas corpus is \$402 (\$350 filing fee plus \$52 administrative fee), to be paid at the time of filing. If you are unable to pay the full fee at this time, you may petition the court to proceed *in forma pauperis* by signing and completing this court's Prisoner's Application and Declaration to Proceed In Forma Pauperis. Even if you are granted leave to proceed in forma pauperis, you must still pay the \$350 filing fee (not the \$52 administrative fee), but the filing fee will be taken out of your prisoner account in installments.

#### Your civil action is deficient because you did not pay the \$402 fee and:

| 1.  | ☑ You did not file an <i>in forma pauperis</i> application. |  |  |  |  |
|---|---|--|--|--|--|
| 2.   The in forma pauperis application you submitted is insufficient because: |   |  |  |  |  |
|   |   | You did not submit the proper form.  |  |  |  |
|   |   | You did not complete the form in its  See copy of your incomplete application (enclosed).  |  |  |  |
|   |   | You did not sign your application. A copy of your unsigned application is enclosed.  |  |  |  |
|   |   | You did not submit a Certificate of Funds in Prisoner's Account completed and signed by an authorized officer at your correctional facility. |  |  |  |
|   |   | You did not submit a copy of your <b>prisoner trust account statement</b> showing transactions for the last six months.                      |  |  |  |
|   |   | Other  |  |  |  |
|   |   |  |  |  |  |

#### Please correct the deficiency/deficiencies noted above.

- A blank Prisoner's Application and Declaration to Proceed In Forma Pauperis is enclosed.
- ☑ A postage-paid return envelope is enclosed.

#### WARNING: You Must Respond to this Notice.

If you do not respond within 28 DAYS from the filing date stamped above, your action will be DISMISSED, the file closed and the fee will become due immediately. Filing a Prisoner's Application and Declaration to Proceed In Forma Pauperis will allow the court to determine whether installment payment of the filing fee should be allowed.

Sincerely, KATHLEEN SHAMBAUGH, Acting Clerk,

By AEA - Pro Se\_, Deputy Clerk

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## INSTRUCTIONS FOR FILING AN APPLICATION TO PROCEED IN FORMA PAUPERIS BY A PRISONER UNDER 28 U.S.C. § 1915

You must submit to the court a completed Prisoner's Application to Proceed *In Forma Pauperis* if you are unable to pay the entire filing fee at the time you file your complaint or petition. The court will consider as part of your application the transactions in your prison trust account statement for the last six months. If you are housed at a California Department of Corrections and Rehabilitation (CDCR) facility, the court's application form includes your authorization for CDCR to provide a certified copy of your trust account statement directly to the court. But if you are housed at a non-CDCR facility (such as a local jail), you must have your institution complete the certification at the end of the application form and attach a certified copy of your trust account statement.

#### A. Civil Actions other than Habeas Actions

The fee for filing any civil action other than a petition for a writ of habeas corpus is \$402 (\$350 filing fee plus a \$52 administrative fee). If you are not granted leave to proceed *in forma pauperis*, you must pay the \$402 fee in one payment.

If you are granted leave to proceed *in forma pauperis*, you must still pay the \$350 filing fee (not the \$52 administrative fee), but the filing fee will be paid in several installments. You must pay an initial partial filing fee of 20 percent of the greater of (a) the average monthly deposits to your account for the 6-month period immediately before the complaint was filed or (b) the average monthly balance in your account for the six-month period immediately before the complaint was filed. The court will use the information provided on your trust account statement to determine the filing fee immediately due and will send instructions to you and the prison trust account office for payment.

After the initial partial filing fee is paid, your prison's trust account office will forward to the court each month 20 percent of the most recent month's income to your prison trust account, to the extent the account balance exceeds ten dollars (\$10). Monthly payments will be required until the full filing fee is paid. If you have no funds over ten dollars (\$10) in your account, you will not be required to pay part of the filing fee that month.

If your application to proceed in forma pauperis is granted, you will be liable for the full \$350 filing fee even if your civil action is dismissed. That means the court will continue to collect payments until the entire filing fee is paid.

#### B. Habeas Actions

The fee for filing a petition for a writ of habeas corpus is \$5 (\$5 filing fee plus \$0 administrative fee). If you are granted leave to proceed *in forma pauperis*, you will not be required to pay any portion of this fee. If you are not granted leave to proceed *in forma pauperis*, you must pay the fee in one payment and not in installments.

If you use a habeas form to file a civil action other than a habeas action, you will be required to pay the fee applicable to civil actions other than habeas actions.

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| 5. Do you have any other assets?                |                                       |                                |
|---|---------------------------------------|--------------------------------|
| If Yes, list the asset(s) and the approxi       | imate value:                          |                                |
| □ Yes   | initiatio variatio.                   |                                |
|   |                                       |                                |
|   |                                       | \$                             |
| ₿ No  |                                       |                                |
|   |                                       |                                |
| 6. Does anyone depend upon you for fina         | ancial support?                       |                                |
| If Yes, state their relationship to you, a      | and indicate how much you contri      | bute towards their support eac |
| month. Use initials (not names) to refe         | r to minor children.                  | and to wards afoir support cac |
| Yes   |                                       |                                |
|   |                                       | \$                             |
| No L  |                                       |                                |
| <u> </u>  |                                       |                                |
| This Course                                     |                                       |                                |
| This form must be dated and signed below        | v for the court to consider your a    | pplication.                    |
| I hereby authorize the institution ha           | aving custody of me to provide a      | certified copy of my trust     |
| account statement for activity covering the     | last six months to the court. Add     | itionally, once eligibility is |
| established, I further authorize the instituti  | on having custody of me to collect    | ct from my trust account and   |
| forward to the court payments in accordance     | ce with 28 U.S.C. § 1915(b)(2).       |                                |
| 1 (1)   | A a - a                               |                                |
| Harren Jan                                      | 405609                                | Nov 8,2021                     |
| Signature of Prisoner                           | Prisoner's CDCR Numb                  | er Date                        |
|   |                                       |                                |
|   |                                       |                                |
| CERTIFICATION                                   |                                       |                                |
| CERTIFICATION FO                                | R PRISONERS NOT IN CDCR               | CUSTODY                        |
|   | F FUNDS IN PRISONER'S ACC             | COUNT                          |
| (to be co                                       | ompleted by authorized officer)       |                                |
| I certify that attached hereto is a true and co | orrect copy of the prisoner's trust a | account statement showing the  |
| transactions of                                 | for                                   | r the last six months at       |
| PRISONER'S                                      | NAME                                  |                                |
| NAME OF NON-CDCR INSTITU                        | /, where                              | e (s)he is confined.           |
|   |                                       |                                |
|   |                                       |                                |
| Signature of Authorized Officer                 | Officer's Name (printed)              | Data                           |
| - G   | officer's realic (printed)            | Date                           |
| · · · · · · · · · · · · · · · · · · ·           |                                       |                                |

Prisoner IFP, rev. 12/2020



