

Plaintiff's Name: Anthony Villareal
CDC No: BD4894
Address: Salinas Valley State Prison
P.O. Box 1050/AS-285L, Soledad, CA 93960

FILED

OCT 26 2022

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA

CLERK U.S. DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA
BY al

ANTHONY VILLAREAL)
)
Plaintiff,)
)
vs.)
D. B. Hernandez, et al.)
Defendant(s).)

APPLICATION TO PROCEED
IN FORMA PAUPERIS
BY A PRISONER

CASE NUMBER:
1:22-cv-01376-BAM (PC)

I, Anthony Villareal, 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)

If "yes" state the place of your incarceration. Salinas Valley State Prison

Have the institution fill out the Certificate portion of this application and attach a certified copy of your prison trust account statement showing transactions for the past six months.

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

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: Yes No

If the answer to any of the above is "yes," describe by that item each source of money. Also state the amount received and what you expect you will continue to receive. Please attach an additional sheet if necessary. *Money from family and friends approx. \$100.00 a month for canteen purchases. I expect to continue to receive about the same amount.*

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. *NONE*

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. section 1915(b)(2).

** 10-5-22*

DATE

x Anthony Villarreal

SIGNATURE OF APPLICANT

CERTIFICATE

(To be completed by the institution of incarceration)

I certify that the applicant named herein has the sum of \$ _____ on account to his/her credit at _____ (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 of monthly deposits to the applicant's account was \$ _____.

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

DATE

SIGNATURE OF AUTHORIZED OFFICER

(Form Last Revised 09/18/03)

I AM REQUESTING A 6-MONTH
"CERTIFICATION OF FUNDS"

FOR APPLYING FOR IN FORMA
PAUPERIS STATUS.

BD4894

SVSPACCT. DEPT
OCT 18 2022
RECEIVED

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Case Number: _____

CERTIFICATE OF FUNDS
IN
PRISONER'S ACCOUNT

I certify that attached hereto is a true and correct copy of the prisoner's trust account statement showing transactions of Anthony Villareal for the last six months at SALINAS VALLEY STATE PRISON [prisoner name] BD 4894 ACCOUNTING DEPARTMENT P.O. BOX 1020 SOLEDAD, CA 93960-1020 where (s)he is confined.

[name of institution]

I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$ 71.00 and the average balance in the prisoner's account each month for the most recent 6-month period was \$ 136.94.

Dated: 10/21/22

H. Rivera

[Authorized officer of the institution]

SALINAS VALLEY STATE PRISON
ACCOUNTING DEPARTMENT
P.O. BOX 1020
SOLEDAD, CA 93960-1020



THE WITHIN INSTRUMENT IS A CORRECT COPY OF THE TRUST ACCOUNT MAINTAINED BY THIS OFFICE.
ATTEST: 10/21/22 H. Rivera
CALIFORNIA DEPARTMENT OF CORRECTIONS
BY [Signature] ALS
TRUST OFFICE

Institution: SVSP

Inmate Statement Report

CDCR#	Inmate/Group Name	Institution	Unit	Cell/Bed
BD4894	VILLAREAL, ANTHONY	SVSP	A 005 2	215001

Current Available Balance: \$0.22

Transaction List

Transaction Date	Institution	Transaction Type	Source Doc#	Receipt#/Check#	Amount	Account Balance
04/01/2022	RJD	BEGINNING BALANCE				\$229.32
04/21/2022	RJD	SALES	2		(\$58.45)	\$170.87
05/04/2022	RJD	TRACS TRANSFER OUT	TX05042022		(\$170.87)	\$0.00
05/04/2022	KVSP	TRACS TRANSFER IN	TX05042022		\$170.87	\$170.87
05/05/2022	KVSP	TRACS TRANSFER OUT	TX05052022		(\$170.87)	\$0.00
05/05/2022	CMC	TRACS TRANSFER IN	TX05052022		\$170.87	\$170.87
05/10/2022	CMC	SALES	41		(\$40.35)	\$130.52
06/10/2022	CMC	WUNK TRANSFER OUT			(\$130.52)	\$0.00
06/13/2022	SVSP	WUNK TRANSFER IN	WUNK		\$130.52	\$130.52
06/23/2022	SVSP	SALES	27		(\$88.75)	\$41.77
07/25/2022	SVSP	SALES	13		(\$41.65)	\$0.12
08/16/2022	SVSP	JPAY	0000000146580168		\$49.00	\$49.12
08/23/2022	SVSP	SALES	39		(\$49.10)	\$0.02
09/12/2022	SVSP	JPAY	0000000147530236		\$200.00	\$200.02
09/22/2022	SVSP	SALES	7		(\$198.80)	\$1.22
09/24/2022	SVSP	JPAY	0000000147923357		\$25.00	\$26.22
10/05/2022	SVSP	JPAY	0000000148370312		\$60.00	\$86.22
10/06/2022	SVSP	JPAY	0000000148370577		\$50.00	\$136.22
10/08/2022	SVSP	JPAY	0000000148446776		\$42.00	\$178.22
10/18/2022	SVSP	LEGAL COPY	LCOPY 10/18/22		(\$2.00)	\$176.22
10/19/2022	SVSP	SALES	26		(\$176.00)	\$0.22

Encumbrance List

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

Restitution List

Restitution	Court Case#	Status	Original Owed Balance	Interest Accrued	Sum of Tx for Date Range for Oblg	Current Balance
RESTITUTION FINE	LA082559	Fulfilled	\$300.00	\$0.00	\$0.00	\$0.00

SALINAS VALLEY STATE PRISON
 ACCOUNTING DEPARTMENT
 P.O. BOX 1020
 SOLEDAD, CA 93960-1020



THE WITHIN INSTRUMENT IS A CORRECT COPY OF THE TRUST ACCOUNT MAINTAINED BY THIS OFFICE.
 ATTEST: 10/21/22 M. Rivera
 CALIFORNIA DEPARTMENT OF CORRECTIONS
 BY: M. Rivera AIS
 TRUST OFFICE