

ORIGINAL

FILED
08 MAY 27 PM 2:38
MICHAEL J. HENKING
CLERK U.S. DISTRICT COURT
SOUTHERN DISTRICT OF CALIFORNIA

LEONARD Turner

Plaintiff,

v. Rodgers C/SGT
Individually and in
his official Capacity
Defendant.

08

CASE NO.

PRISONER'S
IN FORMA PAUPERIS
APPLICATION

MMC

(PR)

I, LEONARD TURNER, declare under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

1. Are you presently employed? Yes _____ No

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

Gross: NO Net: NO

Employer: NONE

If the answer is "no," state the date of last employment and the amount of the gross and net salary and wages per month which you received. (If you are imprisoned, specify the last place of employment prior to imprisonment.)

N/A

2. Have you received, within the past twelve (12) months, any money from any of the following sources:

- a. Business, Profession or self employment Yes _____ No
- b. Income from stocks, bonds, or royalties? Yes _____ No
- c. Rent payments? Yes _____ No
- d. Pensions, annuities, or life insurance payments? Yes _____ No
- e. Federal or State welfare payments, Social Security or other government source? Yes _____ No

If the answer is "yes" to any of the above, describe each source of money and state the amount received from each.

_____ N/A _____

3. Are you married? Yes _____ No

Spouse's Full Name: _____ NO

Spouse's Place of Employment: _____ NO

Spouse's Monthly Salary, Wages or Income:

Gross \$ _____ NONE Net \$ _____ NONE

4. a. List amount you contribute to your spouse's support:

\$ _____ NONE

b. List the persons other than your spouse who are dependent upon you for support and indicate how much you contribute toward their support:

_____ NONE _____

5. Do you own or are you buying a home? Yes _____ No

Estimated Market Value: \$ _____ NO Amount of Mortgage: \$ _____

6. Do you own an automobile? Yes _____ No

Make _____ N/A Year _____ Model _____

Is it financed? Yes _____ No If so, Total due: \$ _____ NO

Monthly Payment: \$ _____ NONE

7. Do you have a bank account? (If you are a prisoner, include funds in your prison account, and provide the certificate attached, signed by an officer of the prison.)

Yes _____ No

Name(s) and address(es) of bank: N/A

Present balance(s): \$ NONE

Do you own any cash? Yes _____ No Amount: \$ _____

Do you have any other assets? (If "yes," provide a description of each asset and its estimated market value.) Yes _____ No

8. What are your monthly expenses?

Rent: \$ _____ Utilities: _____

Food: \$ NONE Clothing: NONE

Charge Accounts:

<u>Name of Account</u>	<u>Monthly Payment</u>	<u>Total Owed On This Account</u>
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

9. Do you have any other debts? (List current obligations, indicating amounts and to whom they are payable.)

Restitution

I consent to prison officials withdrawing from my trust account and paying to the court the initial partial filing fee and all installment payments required by the court.

I declare under the penalty of perjury that the foregoing is true and correct and understand that a false statement herein may result in the dismissal of my claims.

4-29-08
DATE

Leonard Turner
SIGNATURE OF APPLICANT

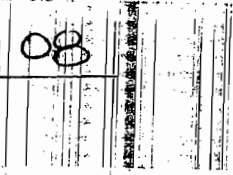
Case Number: _____

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 Turner, Leonard for the last six months at [prisoner name]

CSP- Solano 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 \$ 0.00 and the average balance in the prisoner's account each month for the most recent 6-month period was \$ 0.00

Dated: 5/3/08 

Barbara Patton
Authorized officer of the institution

REPORT ID: TS3030 .701 REPORT DATE: 05/08/08 PAGE NO: 1

CALIFORNIA DEPARTMENT OF CORRECTIONS
 CALIFORNIA STATE PRISON SOLANO
 INMATE TRUST ACCOUNTING SYSTEM
 INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: NOV. 01, 2007 THRU MAY 08, 2008

ACCOUNT NUMBER : T70330 BED/CELL NUMBER: S2HD00000000164L
 ACCOUNT NAME : TURNER, LEONARD ACCOUNT TYPE: I
 PRIVILEGE GROUP: A


TRUST ACCOUNT ACTIVITY

<< NO ACCOUNT ACTIVITY FOR THIS PERIOD >>

CURRENT HOLDS IN EFFECT			
DATE PLACED	HOLD CODE	DESCRIPTION	HOLD AMOUNT
05/05/2008	H118	LEGAL COPIES HOLD	3.30
05/05/2008	H118	LEGAL COPIES HOLD	2.40
		COMMENT	
		4041-L/CPY	
		4041-L/CPY	

TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
0.00	0.00	0.00	0.00	5.70	0.00

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

 BY *Barbara Patton*
 CALIFORNIA DEPARTMENT OF CORRECTIONS
 TRUST OFFICE

CURRENT AVAILABLE BALANCE 5.70-

STATE OF CALIFORNIA
CDC - 193 (1/88)

DEPARTMENT OF CORRECTIONS

TRUST ACCOUNT WITHDRAWAL ORDER

To: Warden Approved *Le Bail* Date May 7 20 08

I hereby request that my Trust Account be charged \$ 3.00 for the purpose stated below and authorize the withdrawal of that sum from my account:

T-70330 NUMBER *Le Bail* NAME (Signature please, DO NOT PRINT)

State below the PURPOSE for which withdrawal is requested (do not use this form for Canteen or Hobby purchase). PRINT PLAINLY BELOW name and address of person to whom check is to be mailed.

PURPOSE Account statement NAME CSA Solano
ADDRESS

LEONARD TURNER
PRINT YOUR FULL NAME HERE