

Plaintiff's Name: DAVID NELSON PRYER  
 CDC No: K15989  
 Address: C.S.P. SAC.

E.O.P. YARD 1 BLOCK CELL # 104

P O BOX 090066 REPREVA C.A. 95671006

UNITED STATES DISTRICT COURT  
 EASTERN DISTRICT OF CALIFORNIA

**FILED**

DAVID NELSON PRYER

OCT 16 2009

APPLICATION TO PROCEED

IN FORMA PAUPERIS

CLERK, U.S. DISTRICT COURT  
 EASTERN DISTRICT OF CALIFORNIA  
 BY ak DEPUTY CLERK

CASE NUMBER:

2:09-cv-2895 LKK EFB (PS)

ET AL, in RESEMBLANCE OF CHARACTER  
 JUDY IN REPLACEMENT LOOK ALIKES AND  
 TAND IN'S OF CHARACTER JUDY ON SHOW  
 TILL STANDING AND CHARACTER <sup>standards</sup> JUDY  
 MY 68 T.V. STATION SACRAMENTO  
 103.5 KIIS FM RADIO SACRAMENTO  
 MUSICIAN TO SONG MOVE MOVE (NAME UNKNOWN AT TIME WILL UNKNOWN)  
 I, DAVID PRYER, 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.

C.S.P. SAC

Doc. 4 Att. 1

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.

**GIFTS \$50.00 ✓**

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:

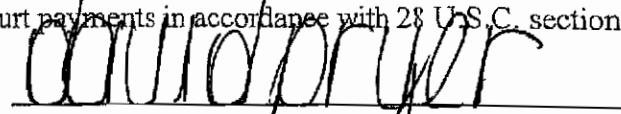
7. List all persons dependent on you for support, stating your relationship to each person listed and how much you contribute to their support.

**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).

**OCT 4 2009**

DATE



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

(Revised 6/01/04)

CDCR#	Inmate/Group Name	Institution	Unit	Cell/Bed
K75989	PRYER, DAVID	SAC	FB7 1000000	00004L

Current Available Balance: \$0.00

**Transaction List**

Transaction Date	Institution	Transaction Type	Source Doc#	Receipt#/Check#	Amount	Account Balance
01/01/2009	SAC	BEGINNING BALANCE				\$7.45
05/26/2009	SAC	LEGAL COPY	LEG COPY		(\$0.40)	\$7.05
06/23/2009	SAC	LEGAL COPY	LEG COPY		(\$3.60)	\$3.45
06/23/2009	SAC	LEGAL COPY	LEG COPY		(\$3.00)	\$0.45
07/15/2009	SAC	LEGAL COPY	LEG COPY		(\$0.45)	\$0.00

**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
COPY CHARGES	LEG COPY	\$1.20	\$0.00	\$1.20

**Restitution List**

Restitution	Court Case#	Original Owed Balance	Interest Accrued	Sum of Tx for Date Range for Oblg	Current Balance
RESTITUTION FINE	LA028233	\$200.00	\$0.00	\$0.00	\$0.00
RESTITUTION FINE	LA040106	\$200.00	\$0.00	\$0.00	\$0.00
DIRECT ORDER	LA040106	\$3,575.00	\$0.00	\$0.00	\$3,475.00

STATE OF CALIFORNIA  
CDC-193 (1/88)

DEPARTMENT OF CORRECTIONS

## TRUST ACCOUNT WITHDRAWAL ORDER

Date: SEPT 7 9, 2006

To: Warden

Approved \_\_\_\_\_

I hereby request that my Trust Account be charged \$ 2.00 for the purpose stated below and authorize the withdrawal of that sum for my account:

<u>K75989</u>	NUMBER	<u>SAVIA PRYER</u>	NAME (Signature please, DO NOT PRINT)
INMATE NAME: <u>K75989</u>	CDC: <u>B1</u>	HOUSING: <u>B1 BLOCC E.O.P.</u>	