

Plaintiff's Name: DAVID NELSON PRYER

CDC No: K75989

Address: C.S.P. SAC

E.O.P. BAYARD 7 BLOCC CELL # 104

P.O. BOX 390066 REPRESA C.A. 956710066

UNITED STATES DISTRICT COURT

EASTERN DISTRICT OF CALIFORNIA

FILED

OCT 16 2009

APPLICATION TO PROCEED

IN FORMA PAUPERIS

BY A PRISONER

CLERK, U.S. DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA

BY ah DEPUTY CLERK

CASE NUMBER:

2:09CV2895 LKK EFB (PS)

ET AL. IN RESEMBLANCE OF CHARACTER
JUDY IN REPLACEMENT / LOOK ALIKES AND
TANG INS OF CHARACTER JUDY ON SHOW
TILL STANDING AND CHARACTER JUDY
MY 58 T.V. STATION SACRAMENTO
102.5 KISS FM RADIO SACRAMENTO
MUSICIAN TO SONG MOVE MOVE (NAMES UNKNOWN AT TIME WILL SUBMIT)

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.

(PS) Pryer v. Character of Judy et al

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. NONE

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 750.00

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]
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

Inmate Statement Report

CDCR#	Inmate/Group Name	Institution	Unit	Cell/Bed
K75989	PRYER, DAVID	SAC	FB7 1'000000	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
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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
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

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:

K75989

NUMBER

NAME (Signature please, DO NOT PRINT)

INMATE NAME:

CDC:

HOUSING:

DAVID PRYER

K75989

B7BLOCC E.O.P.