

AO 239 (Rev. 01/15) Application to Proceed in District Court Without Prepaying Fees or Costs (Long Form)

FILED

UNITED STATES DISTRICT COURT

JUN 04 2018

for the

EASTERN DISTRICT

CLERK, U.S. DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA
BY [Signature]
DEPUTY CLERK

United States

Plaintiff/Petitioner

California

Defendant/Respondent

Civil Action No. 18-AT-00264

2:18 - CV - 0490 JAM KJN

**APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS
(Long Form)**

Affidavit in Support of the Application

Instructions

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested. I declare under penalty of perjury that the information below is true and understand that a false statement may result in a dismissal of my claims.

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Signed:

[Signature]

Date: May 14, 2018

- For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly income amount during the past 12 months		Income amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ 0.00	\$ N/A	\$ 0.00	\$ N/A
Self-employment	\$ 0.00	\$ N/A	\$ 0.00	\$ N/A
Income from real property (such as rental income)	\$ 0.00	\$ N/A	\$ 0.00	\$ N/A
Interest and dividends	\$ 0.00	\$ N/A	\$ 0.00	\$ N/A
Gifts	\$ 800.00	\$ N/A	\$ 0.00	\$ N/A
Alimony	\$ 0.00	\$ N/A	\$ 0.00	\$ N/A
Child support	\$ 0.00	\$ N/A	\$ 0.00	\$ N/A

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Retirement (such as social security, pensions, annuities, insurance)	\$ 0.00	\$ N/A	\$ 0.00	\$ N/A
Disability (such as social security, insurance payments)	\$ State Plan	\$ N/A	\$ State Plan	\$ N/A
Unemployment payments	\$ 0.00	\$ N/A	\$ 0.00	\$ N/A
Public-assistance (such as welfare)	\$ State Plan	\$ N/A	\$ State Plan	\$ N/A
Other (specify):	\$ 0.00	\$ N/A	\$ 0.00	\$ N/A
Total monthly income:	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

2. List your employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
DSH-Atascadero	10333 El Camino Real	2017-2018	\$ 145.00
			\$

3. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
N/A			\$
			\$
			\$

4. How much cash do you and your spouse have? \$ N/A

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial institution	Type of account	Amount you have	Amount your spouse has
		\$	\$
		\$	\$
		\$	\$

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

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5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Assets owned by you or your spouse			
Home (Value)		\$ 0.00	
Other real estate (Value)		\$ 0.00	
Motor vehicle #1 (Value)		\$ 0.00	
Make and year:			
Model:			
Registration #:			
Motor vehicle #2 (Value)		\$0.00	
Make and year:			
Model:			
Registration #:			
Other assets (Value)		\$ 0.00	
Other assets (Value)		\$ 0.00	

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
N/A	\$	\$
	\$	\$
	\$	\$

7. State the persons who rely on you or your spouse for support.

Name (or, if under 18, initials only)	Relationship	Age
N/A		

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8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Your spouse
Rent or home-mortgage payment <i>(including lot rented for mobile home)</i> Are real estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ 0.00	\$ N/A
Utilities <i>(electricity, heating fuel, water, sewer, and telephone)</i>	\$ 0.00	\$ N/A
Home maintenance <i>(repairs and upkeep)</i>	\$ 0.00	\$ N/A
Food	\$ 145.00-160.00	\$ N/A
Clothing	\$ 0.00	\$ N/A
Laundry and dry-cleaning	\$ 0.00	\$ N/A
Medical and dental expenses	\$ 0.00	\$ N/A
Transportation <i>(not including motor vehicle payments)</i>	\$ 0.00	\$ N/A
Recreation, entertainment, newspapers, magazines, etc.	\$ 0.00	\$ N/A
Insurance <i>(not deducted from wages or included in mortgage payments)</i>		
Homeowner's or renter's:	\$ 0.00	\$ N/A
Life:	\$ 0.00	\$ N/A
Health:	\$ 0.00	\$ N/A
Motor vehicle:	\$ 0.00	\$ N/A
Other:	\$ 0.00	\$ N/A
Taxes <i>(not deducted from wages or included in mortgage payments) (specify):</i>	\$ 0.00	\$ N/A
Installment payments		
Motor vehicle:	\$ 0.00	\$ N/A
Credit card <i>(name):</i>	\$ 0.00	\$ N/A
Department store <i>(name):</i>	\$ 0.00	\$ N/A
Other:	\$ 0.00	\$ N/A
Alimony, maintenance, and support paid to others	\$ 0.00	\$ N/A

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Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0.00	\$ N/A
Other (specify):	\$ 0.00	\$ N/A
Total monthly expenses:	\$ 0.00	\$ 0.00

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

Yes No If yes, describe on an attached sheet.

10. Have you spent — or will you be spending — any money for expenses or attorney fees in conjunction with this lawsuit? Yes No

If yes, how much? \$ _____

11. Provide any other information that will help explain why you cannot pay the costs of these proceedings. Amicus Curiae applicant is not subject to the requirements of the Prison Litigation Reform Act ("PLRA"). Applicant is a civil detainee committed as Cal.P.Code§1026. Smith v. California 2014 WL 2180532, *1 (S.D. Cal. May 22, 2014)(Civil detainee in State Hospitals not required to comply with PLRA filing fees); Mullen v. Surtshi, 1240 (N.D. Cal. 2008)(NGI plaintiff need not comply with PLRA exhaustion requirement)

12. Identify the city and state of your legal residence.

Atascadero, California

Your daytime phone number: 805.468.3156

Your age: 45 Your years of schooling: 5 years (junior college + univesity)

PATIENT ACCOUNT STATEMENT

DSH - Atascadero
 04/03/2018 11:00
 ST 10 | OPR TLF

Hospital Number : 0527333
 Patient Name : MIESEGES, VADIM S
 Housing Unit : 29
 Statement Period : 01/01/2018 - 03/31/2018

STATEMENT SUMMARY

Beginning Balance :	\$367.59
2 Funds Received :	\$19.46
22 Payments :	\$298.26
Ending Balance :	\$88.79

Receipt #	Date	Time	Description	Payments	Funds Received	Balance
C6082	01/04/2018	08:37	Order	\$7.10		\$360.49
X4208	01/04/2018	09:13	Order	\$16.72		\$343.77
K3077	01/04/2018	09:23	Withdrawal	\$76.00		\$267.77
Y4154	01/05/2018	08:45	Order	\$7.86		\$259.91
Y4435	01/10/2018	09:20	Order	\$15.56		\$244.35
K3137	01/11/2018	15:47	Rec Payment	\$7.61		\$236.74
Y4606	01/12/2018	08:51	Order	\$16.88		\$219.86
K3145	01/12/2018	10:32	Withdrawal	\$1.70		\$218.16
X4654	01/19/2018	08:58	Order	\$14.76		\$203.40
X4655	01/19/2018	09:00	Order	\$2.00		\$201.40
Y5371	01/25/2018	13:43	Order	\$9.44		\$191.96
J12610	01/29/2018	08:35	Add		\$4.96	\$196.92
Y5948	02/02/2018	13:44	Order	\$10.16		\$186.76
Y6265	02/08/2018	13:48	Order	\$14.52		\$172.24
Y6266	02/08/2018	13:49	Order	\$2.00		\$170.24
Y6368	02/09/2018	13:58	Order	\$9.04		\$161.20
Y6595	02/14/2018	09:50	Order	\$24.74		\$136.46
Y7278	02/26/2018	12:40	Order	\$11.44		\$125.02
X6070	03/06/2018	09:12	Order	\$25.14		\$99.88
X6123	03/06/2018	14:21	Order	\$7.44		\$92.44
J14688	03/09/2018	07:04	Rec Payment	\$0.50		\$91.94
K3884	03/12/2018	14:43	Rec Payment	\$7.25		\$84.69
J15054	03/15/2018	07:45	Add		\$14.50	\$99.19
Y8219	03/19/2018	10:06	Order	\$10.40		\$88.79

PATIENT ACCOUNT STATEMENT

DSH - Atascadero
 01/02/2018 10:27
 ST 9 | OPR TLH

Hospital Number : 0527333
 Patient Name : MIESEGES, VADIM S
 Housing Unit : 29
 Statement Period : 10/01/2017 - 12/31/2017

STATEMENT SUMMARY

Beginning Balance :	\$54.03
2 Funds Received :	\$625.00
29 Payments :	\$311.44
Ending Balance :	\$367.59

Receipt #	Date	Time	Description	Payments	Funds Received	Balance
E6236	10/02/2017	10:32	Order	\$12.54		\$41.49
X674	10/13/2017	09:26	Order	\$41.00		\$0.49
J7318	10/17/2017	10:24	Withdrawal-Rev		\$225.00	\$225.49
Y717	10/25/2017	13:20	Order	\$21.26		\$204.23
X1469	10/27/2017	14:04	Order	\$8.80		\$195.43
X1641	11/01/2017	09:57	Order	\$12.96		\$182.47
X1715	11/02/2017	13:29	Order	\$2.40		\$180.07
X1716	11/02/2017	13:30	Order	\$3.00		\$177.07
X1762	11/03/2017	13:49	Order	\$5.84		\$171.23
X2038	11/09/2017	13:02	Order	\$28.52		\$142.71
K2313	11/13/2017	11:14	Withdrawal	\$1.60		\$141.11
C4089	11/14/2017	13:41	Order	\$1.25		\$139.86
Y1527	11/14/2017	14:03	Order	\$7.84		\$132.02
Y1867	11/21/2017	08:55	Order	\$24.93		\$107.09
C4413	11/22/2017	09:30	Order	\$5.85		\$101.24
Y2006	11/22/2017	13:42	Order	\$2.80		\$98.44
Y2262	11/29/2017	13:32	Order	\$12.88		\$85.56
Y2329	11/30/2017	13:22	Order	\$9.36		\$76.20
Y2393	12/01/2017	13:48	Order	\$3.84		\$72.36
X3006	12/01/2017	14:11	Order	\$2.60		\$69.76
X3217	12/07/2017	09:20	Order	\$4.20		\$65.56
Y2938	12/13/2017	10:37	Order	\$26.44		\$39.12
C5208	12/13/2017	13:15	Order	\$7.00		\$32.12
J10314	12/14/2017	08:42	Add		\$400.00	\$432.12
C5245	12/14/2017	09:26	Order	\$7.10		\$425.02
X3791	12/21/2017	09:43	Order	\$14.72		\$410.30
C5744	12/22/2017	08:59	Order	\$5.75		\$404.55
X3863	12/22/2017	13:51	Order	\$5.60		\$398.95
X3978	12/27/2017	13:53	Order	\$7.24		\$391.71

PATIENT ACCOUNT STATEMENT

DSH - Atascadero
 01/02/2018 10:27
 ST 9 | OPR TLH

Hospital Number : 0527333
 Patient Name : MIESEGES, VADIM S
 Housing Unit : 29
 Statement Period : 10/01/2017 - 12/31/2017

STATEMENT SUMMARY

Beginning Balance : \$54.03
 2 Funds Received : \$625.00
 29 Payments : \$311.44
 Ending Balance : \$367.59

Receipt #	Date	Time	Description	Payments	Funds Received	Balance
Y3804	12/28/2017	09:21	Order	\$3.84		\$387.87
Y3910	12/29/2017	10:29	Order	\$20.28		\$367.59

***** PATIENT COPY *****

Order

Receipt # Y5371

DSH - Atascadero
 01/25/2018 13:43:51
 ST 025 | OPR cmrap

**MIESEGES,
 VADIM S**

Hospital Number : 0527333
 Date of Birth : 09/21/1972
 Unit : 29

ITEM	QTY	DESCRIPTION	COST
2011	1	Freeze Dried Coffee Decaf Columbian	\$3.84
3547	2	Summer Sausage 5 Oz	\$5.60
Sub Total :			\$9.44
Tax :			\$0.00*
Order Total :			\$9.44

Patient Ledger : \$191.96
 Encumbrance Balance : \$0.00

DSH

PATIENT ACCOUNT STATEMENT

DSH - Atascadero
 10/05/2017 09:14
 ST 9 | OPR TLH

Hospital Number : 0527333
 Patient Name : MIESEGES, VADIM S
 Housing Unit : 29
 Statement Period : 07/01/2017 - 09/30/2017

STATEMENT SUMMARY

Beginning Balance : \$204.55
 4 Funds Received : \$936.50
 35 Payments : \$1,087.02
 Ending Balance : \$54.03

Receipt #	Date	Time	Description	Payments	Funds Received	Balance
E1497	07/03/2017	10:21	Order	\$4.00		\$200.55
E1957	07/11/2017	13:49	Order	\$23.57		\$176.98
E2034	07/12/2017	12:52	Order	\$11.00		\$165.98
P1289	07/13/2017	10:05	Order	\$3.84		\$162.14
C1109	07/14/2017	09:19	Order	\$4.10		\$158.04
E2145	07/14/2017	10:06	Order	\$2.69		\$155.35
J2466	07/17/2017	09:26	Add		\$130.50	\$285.85
P1794	07/26/2017	10:02	Order	\$17.88		\$267.97
E2943	07/26/2017	14:31	Order	\$4.00		\$263.97
E2953	07/27/2017	08:41	Order	\$5.40		\$258.57
J3204	07/28/2017	07:49	Add		\$400.00	\$658.57
J3205	07/28/2017	07:49	OPR Hold	\$400.00		\$258.57
E3098	07/28/2017	12:43	Order	\$1.62		\$256.95
K891	07/31/2017	09:55	Withdrawal	\$225.00		\$31.95
C1975	08/03/2017	12:59	Order	\$4.25		\$27.70
E3376	08/03/2017	13:21	Order	\$6.15		\$21.55
K941	08/04/2017	10:05	Withdrawal	\$0.20		\$21.35
E3408	08/04/2017	12:27	Order	\$7.12		\$14.23
A2250	08/07/2017	00:10	Release Hold		\$400.00	\$414.23
P2284	08/09/2017	13:09	Order	\$7.40		\$406.83
C2275	08/10/2017	13:32	Order	\$5.25		\$401.58
C2284	08/11/2017	08:29	Order	\$4.10		\$397.48
E3724	08/11/2017	08:49	Order	\$13.20		\$384.28
P2699	08/18/2017	13:06	Order	\$14.17		\$370.11
K1382	08/22/2017	08:21	Withdrawal	\$225.00		\$145.11
P2895	08/22/2017	13:55	Order	\$14.02		\$131.09
C2840	08/24/2017	12:59	Order	\$5.50		\$125.59
K1443	08/28/2017	08:43	Withdrawal	\$0.20		\$125.39
E4718	08/29/2017	14:04	Order	\$2.20		\$123.19

PATIENT ACCOUNT STATEMENT

DH - Atascadero
 10/05/2017 09:14
 ST 9 | OPR TLH

Hospital Number : 0527333
 Patient Name : MIESEGES, VADIM S
 Housing Unit : 29
 Statement Period : 07/01/2017 - 09/30/2017

STATEMENT SUMMARY

Beginning Balance : \$204.55
 4 Funds Received : \$936.50
 35 Payments : \$1,087.02
 Ending Balance : \$54.03

Receipt #	Date	Time	Description	Payments	Funds Received	Balance
33132	08/31/2017	10:10	Order	\$5.50		\$117.69
34871	09/01/2017	08:43	Order	\$10.46		\$107.23
33247	09/01/2017	13:23	Order	\$11.25		\$95.98
428	09/01/2017	13:27	Credit		\$6.00	\$101.98
34962	09/05/2017	10:01	Order	\$17.58		\$84.40
K1488	09/06/2017	08:54	Withdrawal	\$1.70		\$82.70
P3606	09/11/2017	10:09	Order	\$9.95		\$72.75
P3607	09/11/2017	10:11	Order	\$0.27		\$72.48
P3932	09/18/2017	10:20	Order	\$11.40		\$61.08
P4347	09/25/2017	11:20	Order	\$7.05		\$54.03

PATIENT ACCOUNT STATEMENT

DSH - Atascadero
 07/13/2017 13:58
 ST 10 | OPR TLF

Hospital Number : 0527333
 Patient Name : MIESEGES, VADIM S
 Housing Unit : 29
 Statement Period : 06/01/2017 - 07/13/2017

STATEMENT SUMMARY

Beginning Balance : \$118.34
 1 Funds Received : \$166.75
 8 Payments : \$122.95
 Ending Balance : \$162.14

Receipt #	Date	Time	Description	Payments	Funds Received	Balance
E136	06/08/2017	09:53	Order	\$29.68		\$88.66
E368	06/13/2017	08:50	Order	\$27.41		\$61.25
J760	06/19/2017	10:36	Add		\$166.75	\$228.00
J1138	06/21/2017	14:18	Transfer From	\$3.00		\$225.00
E1068	06/26/2017	09:16	Order	\$20.45		\$204.55
E1497	07/03/2017	10:21	Order	\$4.00		\$200.55
E1957	07/11/2017	13:49	Order	\$23.57		\$176.98
E2034	07/12/2017	12:52	Order	\$11.00		\$165.98
P1289	07/13/2017	10:05	Order	\$3.84		\$162.14