SHREEPRIMA GOPALQUODAPR 27 PM 3: 10 PLAINTIFF/PETITIONER/MOVANT'S NAME PRISON-NUMBER PLACE-OF-CONFINEMENT 2533 NORTHSIDEDR, 453/ SAN DIEGO CA 92108 United States District Court Southern District Of California AJB '09 CV 0 87 7 BEN SHREEPRIYA CLOPALA N. (TO BE FILLED IN BY U.S. DISTRICT COURT CLERK) Plaintiff/Petitioner/Movant MOTION AND DECLARATION UNDER AND BUSINELLER PENALTY OF PERJURY IN SUPPORT COMPANIES IN USA OF MOTION TO PROCEED IN FORMA Defendant/Respondent **PAUPERIS** declare that I am the Plaintiff/Petitioner/Movant in this case. In support of my request to proceed without prepayment of fees or security under 28 U.S.C. § 1915, I further declare I am unable to pay the fees of this

proceeding or give security because of my poverty, and that I believe I am entitled to redress.

In further support of this application, I answer the following question under penalty of perjury:

1. Are you currently incarcerated? Yes No (If "No" go to question 2)

If "Yes," state the place of your incarceration Are you employed at the institution?

INo . | Yes

Do you receive any payment from the institution?

Yes No

[Have the institution fill out the Certificate portion of this affidavit and attach a certified copy of the trust account statement from the institution of your incarceration showing at least the last six months transactions.]

a. If the answer is "Yes," state the amo and address of your employer.		sulary or	wages and p	ay period	and give the	name
b. If the answer is "No" state the date of pay period and the name and address of	f your last employ	ment, the amo	unt of your te	ke-home	colomia	
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In the past twelve months have you recei a. Business, profession or other self-emp	ived any money fi ployment - 🌭 Ye	om any of the	following so	urces?:		-(2
o. Keni payments, royalties interest and	, /*	s No s XNo				
c. Pensions, annuities or life insurance d. Disability or workers compensation	Ye					+ - v
e. Social Security, disability or other wel	Ye	s 🛴 No				
o. One of infernances		s No				
f. Spousal or child support	Ye Ye	- /			•	
g. Any other sources		No No				
If the answer to any of the above is "IV-"		,				
If the answer to any of the above is "Yes" expect you will continue to receive each m	describe each so	arce and state t	he amount re	ceived an	d what you	
expect you will continue to receive each m	nonth.	,	, ,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
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Do you have any checking account(s)?	X Yes No					
· Name(s) and address(es) of bank(s).	we	2 PARL		anc	C 1	
D. Present balance in account(s):	yon,	\mathcal{N}		HILL	24N D	<u>₹18</u> 01
O you have						
Do you have any savings/IRA/money mark Name(s) and address(es) of bank(s)	ket/CDS' separate	from checking	accounted)		Va.	
			accounts:	Yes	/No	
Present balance in account(s):						
					•	
Make: AURA Year	vehicle? ×Yes	No			•	· ::!
Wake: NORA	Model:	77				
Is it financed? XYes No	COC / Miodel:	~~ / .				

7. Do you own any re Yes No If "Yes" describe the	al estate, stocks, bonds, securities, o	ther financial instruments, c	r other valuable property?
- G describe a	e property and state its value.		
8. List the persons who	o are dependent on you for support,	State your relationship to so	
	o with support.		
. List any other debts	(current obligations, indicating amou	unts owed and to whom the	are payable):
	PERSONAL	DE B7 _	Januly
			J
10. List any other asset	s or items of value (specify real estate notes, jewelry, artwork, or any other	le cifte teneta intenta	
savings certificates,	notes, jewelry, artwork, or any other	r assets (include any items o	government bonds, stocks, of value held in someone
elde 8 fiditie]):		ne	
II. If you answered all	of the items in #3 "No," and have no	t indicated any other assets	Or sources of income
			(penses.
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tatement herein may re	esult in the dismissal of my claims.	won is true and correct ar	d understand that a false
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04/21/ DATE	2009	SIGNATURE OF APPLICANT	