UNITED STATES DISTRICT COURT

NORTHERN DISTRICT OF CALIFORNIA

Latu Kamisese Lavaki

Plaintiff,

v.

Pamela Bondi, ICE, DHS, NWIPC Warden et al.

Defendant(s).

CASE NUMBER 2:25-cv-01133-BHS-MLP

PRISONER'S APPLICATION AND DECLARATION TO PROCEED *IN FORMA PAUPERIS*

FILED LODGED
RECEIVED
JUN 16 2025
CLERK U.S. DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON AT TACOMA
BY DEPUTY

I, (print your name) Latu Kamisese Lavaki, declare under penalty of perjury that I am the plaintiff in this case; I believe I am entitled to relief; and I am unable to pay the costs of this proceeding or give security thereof.

In support of this application, I provide true, correct and complete answers to all of the following questions:

1. Are you presently employed in prison? ☐ Yes ☑ No

   The number of hours you work per week: none The hourly rate of pay: none

2. For the past twelve months, list the amount of money you have received from any of the following sources.

   a. Business, profession or self-employment $ _____
   b. Income from rent, interest or dividends $ _____
   c. Pensions, annuities or life insurance payments $ _____
   d. Disability, Social Security or other government source $ _____
   e. Gifts or inheritances $ _____
   f. Describe any other source of income: _____ $ _____

3. List the amount for each of the following (include prison account funds):

   Cash on hand $ [ ] Checking account $ [ ] Savings account $ [ ]

4. Do you own or have any interest in any real estate, stocks, bonds, notes, retirement plans, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)?

   If Yes, describe the property and state its approximate value:

   ☐ Yes [ ] $ [ ]

   ☑ No

5. Do you have any other assets?

If Yes, list the asset(s) and the approximate value:

☐ Yes

☒ No

$

6. Does anyone depend upon you for financial support?

If Yes, state their relationship to you, and indicate how much you contribute towards their support each month. Use initials (not names) to refer to minor children.

☐ Yes

☒ No

$

This form must be dated and signed below for the court to consider your application.

I hereby authorize the institution having custody of me to provide a certified copy of my trust account statement for activity covering the last six months to the court. Additionally, once eligibility is established, I further authorize the institution having custody of me to collect from my trust account and forward to the court payments in accordance with 28 U.S.C. § 1915(b)(2).

Signature of Prisoner

Prisoner's CDCR Number

6-12-2025

Date

CERTIFICATION FOR PRISONERS *NOT* IN CDCR CUSTODY

CERTIFICATE OF FUNDS IN PRISONER'S ACCOUNT
(to be completed by authorized officer)

I certify that attached hereto is a true and correct copy of the prisoner's trust account statement showing the transactions of _____ for the last six months at
PRISONER'S NAME

_____, where (s)he is confined.
NAME OF NON-CDCR INSTITUTION

Signature of Authorized Officer

Officer's Name (printed)

Date