

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?

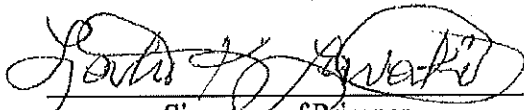
If Yes, state their relationship to you, and indicate how much you contribute towards their support each month. Use initials (not names) to refer to minor children.

☐ 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