Southern District of California

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1	Plaintiff/Petitioner
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	Defendant/Respondent (

Civil Action No. '18CV0325 GPC MDD

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

Affidavit in Support of the Application

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.

Instructions

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:

Date:

For both you and your spouse estimate the average amount of money received from each of the following 1. 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	amount de	nonthly income Iring the past 1 nonths		Income amount expected next month			
	 You	Spouse	You	Spouse			
Employment	\$ 0	\$ N/A	\$ 🔿	s N/K			
Self-employment	\$ 0	\$ NA	\$ 6	SNA			
Income from real property (such as rental income)	\$ 0	\$ UA	\$ 0	SNA			
Interest and dividends	\$ 0	s NK	\$ 0	SNA			
Gifts	\$ 0	8 NA	\$ 0	SNA			
Alimony	\$ 0	s NA	s O	s NIA			
Child support	\$ 0	s N/X	\$ 0	SNIK			

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Retirement (such as social security, pensions, amuities, insurance)	\$ O	\$ N	/A	\$ ಲ	\$ MA
Disability (such as social security, insurance payments)	\$ O	\$ 7	K	\$ 0	\$ NIA
Unemployment payments	\$ O	\$ N	A	\$ ٥	\$ MA
Public-assistance (such as welfare)	\$ 192.00	\$ N	A	\$ 192.00	\$ NA
Other (specify): Recycled Malerial Processing	\$ 600,00	\$ N	/A	\$ 600,00	\$ NA
Total monthly income	\$ 792.00	\$ N	A	\$ 792 co i	\$ NA

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
none	NA	NA	s 🔿
none	NK	NA	s ()

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	k	NX	NA	SNA
KI	A	NY	NA	s NA
N	\ k	NA	NA	s N/A

4. How much cash do you and your spouse have? \$ 47.00

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
none.	NOVE	\$ 0	s NA
none	none	\$ O	s UA
none	none	\$ 0	s NA

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.

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)	s-N/K			
Other real estate (Value)	\$ 400,000.00			
Motor vehicle #1 (Value)	\$ 1,400,00			
Make and year: Ford 2001				
Model: Truck				
Registration #: FTNW24F83EB14517				
Motor vehicle #2 (Value)	8 N/A			
Make and year: 以人				
Model: りん				
Registration #: NA				
Other assets (Value)	s NA			
Other assets (Value)	s NA			

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 owe	Amount owed to your spouse					
NA	\$	NA		\$	N	A		
NA	\$	NA		\$	N	A		
NA	\$	N	<	s	N	K		

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

Name (or, if under 18, initials only)	Relationship	Age		
NA	MA	MA		
NA	MA	MA		
NX	NA	NX		

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 (including lot rented for mobile home) Are real estate taxes included?	\$ 2,200.00	5 N/A
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 400.00	SNA
Home maintenance (repairs and upkeep)	s O	s NA
Food	\$ 250,00	8 NA
Clothing	s 15,00	s NK
Laundry and dry-cleaning	\$ 10.00	8 N/A
Medical and dental expenses	s O	8 NA
Transportation (not including motor vehicle payments)	\$ 60,00	s NA
Recreation, entertainment, newspapers, magazines, etc.	s O	* NA
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's:	s MA	s NA
Life:	s MA	s NIX
Health:	s UA	s NK
Motor vehicle:	s NA	s NA
Other:	s NA	s N/t
Taxes (not deducted from wages or included in mortgage payments) (specify):	s NK	s NA
Installment payments		
Motor vehicle:	s NA	s NA
Credit card (name):	s NA	s N/*
Department store (name):	s NA	s NA
Other:	s NK	s MA
Alimony, maintenance, and support paid to others	s NK	s N/A

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Regu statem	lar expenses for operation of business, profession, or farm (attach detaile ent)	s	N	A	\$	NA
Other (specify):				A	\$	NIX
	Total monthly expen	ses: \$	2,	35.00	\$	2,935.00
9.						
	☐ Yes No If yes, describe on an attached sheet.					
10.	Have you spent — or will you be spending — any money for expendawsuit? X Yes I No If yes, how much? \$ COUNTY FORT	ses or a	ttorne	y fees in co	njun	action with this

Provide any other information that will help explain why you cannot pay the costs of these proceedings.

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

San Diego, CA

Your daytime phone number:

619-954-4447

Your age:

ALL

11.

Your years of schooling:

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