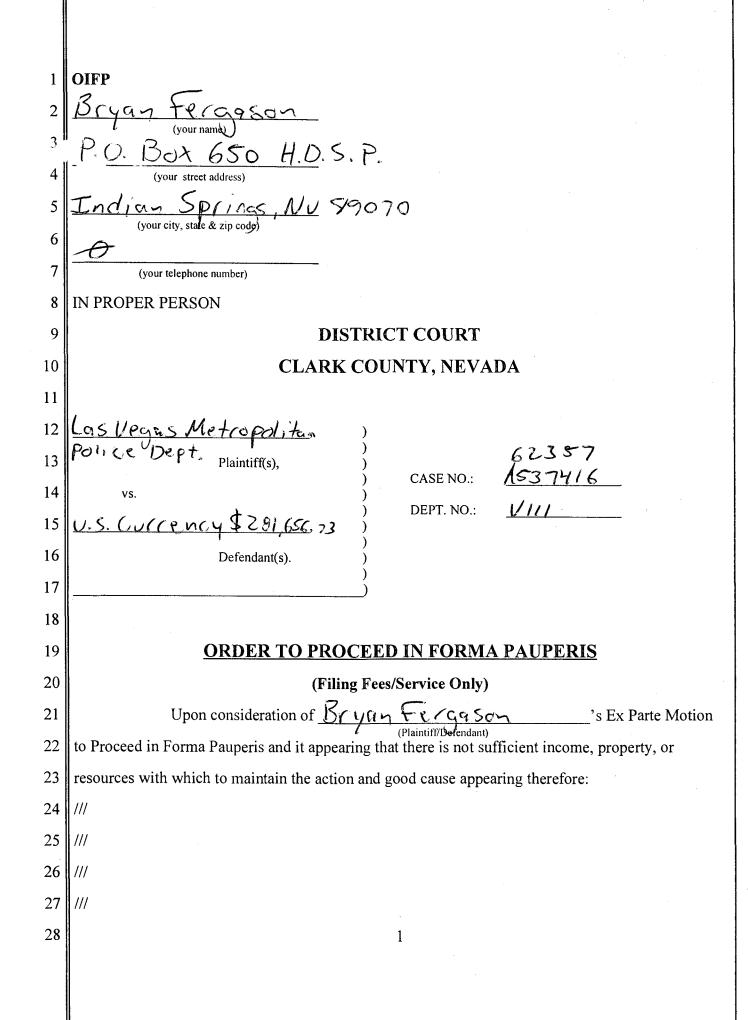


| 1  | AFFIDAVIT   |                                   |                     |  |  |  |  |  |  |  |  |
|----|---|-----------------------------------|---------------------|--|--|--|--|--|--|--|--|
| 2  | STATE OF NEVADA )   |                                   |                     |  |  |  |  |  |  |  |  |
| 3  | COUNTY OF CLARK ) ss:   |                                   |                     |  |  |  |  |  |  |  |  |
| 4  | I, Bryan Fragson, af  | fter being duly sworn, depose and | d state as follows: |  |  |  |  |  |  |  |  |
| 5  | I wish to file with this Court the concurrently submitted pleading. I cannot pay the costs of           |                                   |                     |  |  |  |  |  |  |  |  |
| 6  | filing because I lack sufficient income, assets or other resources. Including myself, there are <u></u> |                                   |                     |  |  |  |  |  |  |  |  |
| 7  | adults and <u>f</u> children in my household.   | Their age(s) is/are,              | _,,,,               |  |  |  |  |  |  |  |  |
| 8  | and   |                                   |                     |  |  |  |  |  |  |  |  |
| 9  | My total monthly income before taxes is:  |                                   | · · · · · · · · ·   |  |  |  |  |  |  |  |  |
| 10 | From all sources including  |                                   | -                   |  |  |  |  |  |  |  |  |
| 11 | employment, self-employment, social security, child support, etc:                                       |                                   | <u>\$</u>           |  |  |  |  |  |  |  |  |
| 12 | Any other household income from another member of the household:  |                                   | \$ 0                |  |  |  |  |  |  |  |  |
| 13 | List where you work and   |                                   |                     |  |  |  |  |  |  |  |  |
| 14 | your job title:   |                                   | s                   |  |  |  |  |  |  |  |  |
| 15 | The following represents a list of my assets  | and their value                   | Loan                |  |  |  |  |  |  |  |  |
| 16 | Automobile  | Value                             | Balance             |  |  |  |  |  |  |  |  |
| 17 | (year and type of car)  | \$                                | \$                  |  |  |  |  |  |  |  |  |
| 18 | Mobile Home, House or Other Real Estate   |                                   |                     |  |  |  |  |  |  |  |  |
| 19 | (size, type and/or year of account)   | \$                                | \$                  |  |  |  |  |  |  |  |  |
| 20 | Bank Accounts   |                                   |                     |  |  |  |  |  |  |  |  |
| 21 | (name of bank and type of account)  | \$                                | \$                  |  |  |  |  |  |  |  |  |
| 22 | Other   |                                   |                     |  |  |  |  |  |  |  |  |
| 23 | <u>_</u>  | \$                                | \$                  |  |  |  |  |  |  |  |  |
| 24 |   | \$                                | \$                  |  |  |  |  |  |  |  |  |
| 25 | ///   |                                   |                     |  |  |  |  |  |  |  |  |
| 26 | ///   |                                   |                     |  |  |  |  |  |  |  |  |
| 27 | ///   | 1                                 |                     |  |  |  |  |  |  |  |  |
| 28 |   | 2                                 |                     |  |  |  |  |  |  |  |  |
|    |   |                                   |                     |  |  |  |  |  |  |  |  |

| 1  | My total monthly expenses are:  |    |
|--|---|----|
|  | Re-   |    |
| 2  | Rent or Mortgage  | -  |
| 3  | Phone, Gas, Electricity, and Other Utilities  |    |
| 4  | Food  |    |
| 5  | Child Care  | ,  |
| 6  | Insurance   | _  |
| 7  | Medical \$  |    |
| 8  | Transportation  |    |
| 9  | Other   |    |
| 10   | <u>\$</u>   |    |
| 11   | (List other expenses)   |    |
| 12   | TOTAL MONTHLY EXPENSES  |    |
|  | (Total nom above mile   | 5) |
| 13   |   | 1  |
|  | I request the Court hold a hearing on this Application if the Court is inclined to deny same,   | so |
| 13   | I request the Court hold a hearing on this Application if the Court is inclined to deny same,<br>that I may testify as to my indigent status. | so |
| 13<br>14   |   | SO |
| 13<br>14<br>15   | that I may testify as to my indigent status.  | so |
| 13<br>14<br>15<br>16   |   | so |
| 13<br>14<br>15<br>16<br>17   | that I may testify as to my indigent status.  | so |
| 13<br>14<br>15<br>16<br>17<br>18<br>19   | that I may testify as to my indigent status.  | so |
| 13<br>14<br>15<br>16<br>17<br>18<br>19   | that I may testify as to my indigent status.  | so |
| <ol> <li>13</li> <li>14</li> <li>15</li> <li>16</li> <li>17</li> <li>18</li> <li>19</li> <li>20</li> </ol>   | that I may testify as to my indigent status.<br>Affiant (your signature)<br>SUBSCRIBED and SWORN to before me<br>this [10] day of,3           | so |
| <ol> <li>13</li> <li>14</li> <li>15</li> <li>16</li> <li>17</li> <li>18</li> <li>19</li> <li>20</li> <li>21</li> </ol>   | that I may testify as to my indigent status.  | so |
| <ol> <li>13</li> <li>14</li> <li>15</li> <li>16</li> <li>17</li> <li>18</li> <li>19</li> <li>20</li> <li>21</li> <li>22</li> </ol>   | that I may testify as to my indigent status.<br>SUBSCRIBED and SWORN to before me<br>this $[0]$ day of $,3$ .<br>Notary Public                | so |
| <ol> <li>13</li> <li>14</li> <li>15</li> <li>16</li> <li>17</li> <li>18</li> <li>19</li> <li>20</li> <li>21</li> <li>22</li> <li>23</li> </ol>   | that I may testify as to my indigent status.<br>SUBSCRIBED and SWORN to before me<br>this [ $\mathbf{O}$ day of,3<br>Notary Public            | so |
| <ol> <li>13</li> <li>14</li> <li>15</li> <li>16</li> <li>17</li> <li>18</li> <li>19</li> <li>20</li> <li>21</li> <li>22</li> <li>23</li> <li>24</li> <li>25</li> </ol>                         | that I may testify as to my indigent status.  | so |
| <ol> <li>13</li> <li>14</li> <li>15</li> <li>16</li> <li>17</li> <li>18</li> <li>19</li> <li>20</li> <li>21</li> <li>22</li> <li>23</li> <li>24</li> <li>25</li> </ol>                         | that I may testify as to my indigent status.<br>SUBSCRIBED and SWORN to before me<br>this [ ] day of,3<br>Notary Public<br>///<br>///         | so |
| <ol> <li>13</li> <li>14</li> <li>15</li> <li>16</li> <li>17</li> <li>18</li> <li>19</li> <li>20</li> <li>21</li> <li>22</li> <li>23</li> <li>24</li> <li>25</li> <li>26</li> <li>27</li> </ol> | that I may testify as to my indigent status.  | so |
| <ol> <li>13</li> <li>14</li> <li>15</li> <li>16</li> <li>17</li> <li>18</li> <li>19</li> <li>20</li> <li>21</li> <li>22</li> <li>23</li> <li>24</li> <li>25</li> <li>26</li> </ol>             | that I may testify as to my indigent status.  | so |

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Defendant IT IS HEREBY ORDERED that UC Y CA 5 1 (Plaintiff/Defendant)  $\frac{2}{\sqrt{2}}$ , shall be permitted to proceed in Forma Pauperis with this 2 (your name) Defendant 3 action as permitted by NRS 12.015. IT IS FURTHER ORDERED that BCVC 1 ag Som shall 4 (Plaintiff/Defenda 5 proceed without the prepayment of costs or fees or the necessity of giving security, and the Clerk of the Court may file or issue any necessary writ, process, pleading or paper without charge. 6 7 IT IS FURTHER ORDERED that the Sheriff or other appropriate officer within this State shall make personal service of any necessary writ, pleading or paper without charge. 8 IT IS FURTHER ORDERED that if the Detenda 9 (Plaintiff/Defendant) eragson, prevails in this action, the Court shall enter an order pursuant 10 (Your name) to NRS 12.015 requiring the opposing party to pay into the Court, within five (5) days, the costs 11 which would have been incurred by the prevailing party, and those costs must then be paid as 12 13 provided by law. 14 DATED this 10 day of 1. 13 15 16 17 DISTRICT COURT JUDGE 18 19 Respectfully submitted: 20 21 22 (Your signature) (Your name) #96803 rauson 23 (Address) 89070 (Telephone) 24 (Circle one) Plaintiff/Defendant In Proper Person 25 26 /// /// 27 28 2

12/31/2012 22:14:22

## NEVADA DEPARTMENT OF CORRECTIONS

1.2.

HDSP:High Desert State Prison

Nevada Inmate Bank System

## INMATE ACCOUNT STATEMENT 12/01/2012 - 12/31/2012

## 96803 FERGUSON, BRYAN M Unit-Wing: 12-E

Cell-Bed: 6-B

|                                    |  |   |   |  | 1  |   | · · · ·  |  |  |
|------------------------------------|--|---|---|--|--|---|--|--|--|
| 96803 FERGUSON, BRYAN M            |  | est for   | · .   |  | • •  |   | · · · · · ·  |  |  |
| escription                         | Comment  | Reference   | Sry Date  | Case No  | Doc No   | Pay   | Offset   | Tran Amt   | Balance  |
|                                    | 1. A.  | C. Star   | 7   |  |  |   |  | *  |  |
| ч                                  | Opening Balance  |   |   |  |  |   |  |  | 214.17   |
| SP INMATE STORE PURCHASE           | Store Sale - 000730247   | 000730247   |   |  |  |   |  |  | 188.43   |
| SP INMATE STORE PURCHASE           | Store Sale - 000734436   | 000734436   | in the second   |  |  |   |  |  | 172.31   |
| SP INMATE STORE PURCHASE           | Store Sale - 000735947   | 000735947   |   |  | 10000121033  |   |  |  | 160.31   |
| DEP DEPOSIT OTHER THAN PAYROLL     | LOCKBOX 12/14/2012   | 2016 FERGA  |   |  | 000LB121412  | LKBX  |  |  | 210.31   |
| DEP DEPOSIT OTHER THAN PAYROLL     | LOCKBOX 12/14/2012   | 2016 FERGA  |   | 54 - S   |  | LKBX  |  |  | 205.31   |
| LP LEGAL POSTAGE                   | LEGAL POSTAGE  | 1850286   | 12/17/2012  |  | 10000120127  |   | 3763   | 1.70-  | 203.61   |
|                                    | Closing Balance  |   |   |  |  |   |  |  | 203.61   |
|                                    |  |   |   |  |  |   |  | · · · · · · · · · · · · · · · · · · ·  |  |
| FUND 96803 FERGUSON, BRYAN M       |  |   |   |  |  |   |  |  |  |
| Description                        | Comment  | Reference   | Srv Date  | Case No  | Doc No   | Pay   | Offset   | Tran Amt   | Balance  |
|                                    | Closing Balance  |   |   |  |  |   |  |  | .00  |
| ARGES FUND 96803 FERGUSON, BRYAN M |  |   |   |  |  |   |  |  |  |
| Description                        | Comment  | Reference   | Srv Date  | Case No  | Doc No   | Pay   | Offset   | Tran Amt   | Balance  |
|                                    | Closing Balance  |   |   |  |  |   |  |  | .00  |
| 96803 FERGUSON, BRYAN M            |  |   |   |  |  |   |  |  |  |
| Description                        | Comment  | Reference   | Srv Date  | Case No  | Doc No   | Pay   | Offset   | Tran Amt   | Balance  |
|                                    | Opening Balance  |   |   |  |  |   |  |  | 176.92   |
| DEP DEPOSIT OTHER THAN PAYROLL     | 1 2  | 2016 FERGA  |   |  | 000LB121412  | LKBX  | TRUST  | 5.00   | 181.92   |
|                                    | Closing Balance  |   |   |  |  |   |  |  | 181.92   |
|                                    | P INMATE STORE PURCHASE<br>P INMATE STORE PURCHASE<br>P INMATE STORE PURCHASE<br>P DEPOSIT OTHER THAN PAYROLL<br>EP DEPOSIT OTHER THAN PAYROLL<br>P LEGAL POSTAGE<br>UND 96803 FERGUSON, BRYAN M<br>D e s c r i p t i o n<br>96803 FERGUSON, BRYAN M<br>96803 FERGUSON, BRYAN M<br>P e s c r i p t i o n | esscription       Comment         PP       INMATE STORE PURCHASE       Store Sale - 000730247         Store Sale - 000730247       Store Sale - 00073436         PP       INMATE STORE PURCHASE       Store Sale - 000734436         Store Sale Deposito OTHER THAN PAYROLL       LOCKBOX 12/14/2012         LEP       LEGAL POSTAGE       LEGAL POSTAGE         UND       96803 FERGUSON, BRYAN M       Comment         0 escription       Closing Balance         URGES FUND       96803 FERGUSON, BRYAN M       Comment         0 escription       Comment         0 pening Balance <td>escriptionCommentReferencePP INMATE STORE PURCHASEStore Sale - 000730247000730247PP INMATE STORE PURCHASEStore Sale - 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