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United States District Court

IN THE SUPERIOR COURT OF For The Northern District, STATE OF GEORGIA

FILED IN CLERK'S OFFICE U.S.D.C. - Atlanta

APR 1 0 2024

| James Crotes | | |
|---|--|--|
| Plaintiff | Civil Action No. | By: WEIMER, C |
| Inmate Number Federal Bureau of vs. | Nature of Action: | 1:24-CV-15 |
| Investigation (F.B.I.) . | 5 U.S.C. 552 (| a)(4)(B) |
| Director, F.B.L. Defendant(s) | | |
| REQUEST TO PROCEE | D IN FORMA PAUPE | RIS |
| <u>James Coates</u> , dependences, <u>James Coates</u> , <u>dependences</u> , <u>dependences, <u>dependences, <u>dependences, <u>dependences, <u>dependences, <u>dependences, dependences</u>, <u>dependences, <u>dependences, <u>dependences, <u>dependences, <u>dependences, dependences, dependences, dependences, dependences, <u>dependences, <u>dependences, dependences, dependences, dependences, dependences, <u>dependences, dependences, dependences, dependences, dependences, <u>dependences, dependences, dependences, dependences, <u>dependences, dependences, dependences, dependences, dependences, dependences, dependences, dependences, dependences, <u>dependences, dependences, dep</u></u></u></u></u></u></u></u></u></u></u></u></u></u></u></u></u></u></u> | ut being required to prepay unable to pay the costs of ress. e to questions and instructi | fees, costs, or give security said proceeding or to give ons below are true. |
| 2. Are you presently employed? If the answer is "Yes," state the amoname and address of your employer | ount of your salary or wag | |
| If the answer is "No," state the date wages per month which you receive | | |
| Have you received within the past 12 month Business, profession, or form of self Pensions, annuities, or life insurance | f-employment? Yes | the following sources? |

Pensions, annuities, or life insurance payments?

Ves

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| | Rent payments, interest, | or dividends? | □ Yes | M No |
|---------|---|---------------------|--|----------------------|
| | Gifts or inheritances? | | □ Yes | M No |
| | Any other sources? | | □ Yes | V No |
| | If the answer to any of the amount received from ea | | | |
| | ı own any cash, or do you | | 1 | ccount? (Include any |
| funds i | n prison accounts): | □ Yes | I No | |
| | If the answer is "Yes," s | tate the total valu | e of the items owned: | |
| Do you | ı own any real estate, stoc | ks, bonds, notes, | automobiles, or other | valuable property |
| (exclue | ding ordinary household fi | urnishings and cl | othing)? | No |
| | If the answer is "Yes," d | escribe the prope | erty and state its approx | kimate value: |
| List th | e persons who are depende | | financial support, state their support: | |

for perjury and that state law provides as follows:

- a. A person to whom a lawful oath or affirmation has been administered commits the offense of perjury when, in a judicial proceeding, he or she knowingly and willfully makes a false statement material to the issue on point in question.
- b. A person convicted of the offense of perjury shall be punished by a fine of not more than \$1,000 or by imprisonment for not less than one nor more than ten years, or both. O.C.G.A. § 16-10-70.

Comesty. Coales

03/18/2024 Date

VERIFICATION

I, <u>Varue</u>, do swear and affirm under penalty of law that the statements contained in this affidavit are true. I further attest that this application for in forma pauperis status is not presented to harass or to cause unnecessary delay or needless increase in the costs of litigation.

I am the plaintiff in this action and know the content of the above request to proceed in forma pauperis. I verify that the answers I have given are true of my own knowledge, except as to those matters that are stated in it on my information and belief, and as to those matters, I believe them to be true. I have read the perjury statute set out above and am aware of the penalties for giving any false information on this form.

<u>3/12/2074</u> Date gnature of Affiant Plaintiff 8/18/2 day of re me this Notary Public of Other erson Authorized to Administer Oaths Please note that under O.C.G.A. § 42-12-5, service of an affidavit in forma pauperis, including all attachments, shall be made upon the court and all named defendants. Failure by the prisoner to comply with this Code section shall result in dismissal without prejudice of the prisoner's action.

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United States District Court For The Northern District of Georgia

THIS FORM IS TO BE COMPLETED ONLY BY AN AUTHORIZED INDIVIDUAL AT THE INSTITUTION WHERE THE INMATE PLAINTIFF IS PRESENTLY INCARCERATED, OR **HIS/HER DESIGNEE.**

CERTIFICATION

| I hereby certify | that the Plaintiff herein, Ja | nies Cout | es, 466843 | |
|-------------------------|---------------------------------|---------------------------------------|----------------------|-------------------|
| | balance for the last twelve (12 | | | on account at |
| the Fulton Cours | ty Jail, Arlanta | Georgia | (Exhibit | 1) |
| | | \vee | ned. (If not confine | |
| twelve (12) months, spe | ecify the number of months con | nfined. Then com | pute the average n | nonthly balance |
| on that number of month | hs.) | | | |
| I further certify | that Plaintiff likewise has the | following securiti | ies according to the | e records of said |
| institution: | NA | | | |
| | , | | | |
| | | · · · · · · · · · · · · · · · · · · · | | |
| | | | | |

HNO Day

<u>3/7/2024</u> Date

Authorized Officer of Institution

NOTE: Please attach a copy of the prisoner's inmate account of the last 12 months, or the period of incarceration (whichever is less).

Return to: James Coates 7N405

Administrative Office of the Courts (Revised 02-10-09)

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RESIDENT TRANSACTION REPORT

Fulton County Sheriff's Office 03/07/2024 12:11 ST 186 OPR IIw

| JID | : | 466843 |
|---------------|---|-------------------------|
| Resident Name | : | COATES, JAMES MICHAEL |
| Time Frame | : | 02/01/2023 - 03/07/2024 |

| Date | Time | Transaction Type Comment | ST | OPR | Receipt # | Amount |
|------------|-------|-----------------------------|-----|-------|-----------|--------|
| 02/11/2023 | 13:05 | Order | 89 | cobra | CK30098 | \$0.00 |
| 02/25/2023 | 02:26 | Order | 89 | cobra | CK30340 | \$0.00 |
| 03/11/2023 | 01:57 | Order | 89 | cobra | CK30613 | \$0.00 |
| 03/25/2023 | 10:30 | Order | 89 | cobra | CK30866 | \$0.00 |
| 04/08/2023 | 16:00 | Order | 89 | cobra | CK31127 | \$0.00 |
| 04/22/2023 | 05:27 | Order | 89 | cobra | CK31333 | \$0.00 |
| 05/09/2023 | 18:40 | Order | 89 | cobra | CK31598 | \$0.00 |
| 05/24/2023 | 13:28 | Order | 89 | cobra | CK31824 | \$0.00 |
| 06/12/2023 | 17:14 | Order | 89 | cobra | CK31986 | \$0.00 |
| 06/26/2023 | 01:08 | Order | 89 | cobra | CK32126 | \$0.00 |
| 07/10/2023 | 23:24 | Order | 91 | cobra | CM3070 | \$0.00 |
| 07/24/2023 | 21:31 | Order | 91 | cobra | CM3143 | \$0.00 |
| 08/02/2023 | 00:11 | Order | 89 | cobra | CK32146 | \$0.00 |
| 08/21/2023 | 00:23 | Order | 89 | cobra | CK32251 | \$0.00 |
| 09/04/2023 | 00:15 | Order | 89 | cobra | CK32400 | \$0.00 |
| 09/18/2023 | 13:21 | Order | 87 | cobra | CI35624 | \$0.00 |
| 10/02/2023 | 08:38 | Order | 8 9 | cobra | CK32617 | \$0.00 |
| 10/16/2023 | 00:14 | Order | 89 | cobra | CK32730 | \$0.00 |
| 10/30/2023 | 00:30 | Order | 89 | cobra | CK32879 | \$0.00 |

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RESIDENT TRANSACTION REPORT

Fulton County Sheriff's Office 03/07/2024 12:11 ST 186 OPR IIw

JID : 466843 Resident Name : COATES, JAMES MICHAEL Time Frame : 02/01/2023 - 03/07/2024

| Date | Time | Transaction Type Comment | ST | OPR | Receipt # | Amount |
|------------|-------|-----------------------------|----|-------|-----------|--------|
| 11/13/2023 | 08:05 | Order | 89 | cobra | CK33019 | \$0.00 |
| 11/27/2023 | 00:03 | Order | 89 | cobra | CK33163 | \$0.00 |
| 12/11/2023 | 00:01 | Order | 89 | cobra | CK33289 | \$0.00 |
| 12/25/2023 | 00:02 | Order | 89 | cobra | CK33396 | \$0.00 |
| 01/08/2024 | 00:19 | Order | 89 | cobra | CK33520 | \$0.00 |
| 01/22/2024 | 07:10 | Order | 89 | cobra | CK33666 | \$0.00 |
| 02/05/2024 | 00:01 | Order | 89 | cobra | CK33810 | \$0.00 |
| 02/19/2024 | 00:05 | Order | 89 | cobra | CK33963 | \$0.00 |
| 03/04/2024 | 00:01 | Order | 89 | cobra | CK34137 | \$0.00 |

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