

FILED
UNITED STATES DISTRICT COURT
DENVER, COLORADO

APR 11 2017

JEFFREY P. COLWELL
CLERK

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLORADO

Civil Action No. 17 - CV - 00884
(To be supplied by the court)

CHAYCE AARON ANDERSON, Plaintiff,

v.

CARA BOXBERGER (in their Professional Capacity, and
in their Individual Capacity.)

JASON SHUTTERS (in their Professional Capacity, and
in their Individual Capacity.)

Mark DeLano (in their Individual Capacity Only.)
Defendant(s).

(Professional Capacity also known as Official Capacity)

**PRISONER'S MOTION AND AFFIDAVIT
FOR LEAVE TO PROCEED PURSUANT TO 28 U.S.C. § 1915**

I request leave to commence this civil action without prepayment of fees or security

therefor pursuant to 28 U.S.C. § 1915. In support of my request, I declare that: *as grounds state that I am without funds, have no adequate funds available, and have a meritorious claim.*

1. I am unable to pay such fees or give security therefor. *Currently, an indigent inmate/prisoner respectively request "in forma pauperis" to be granted, a motion to proceed without prepayments of fees.*
2. I am entitled to redress. I should be deemed an "aggrieved" U.S. citizen, *having suffered extensive and catastrophic personal injuries, and respectively requesting to be heard.*
3. The nature of this action is: *a civil Federal lawsuit to challenge various violations of Constitutional Rights that were inherently violated with deliberate indifference, while the defendants were acting under color of state law. Please review the Prisoner Complaint for a more complete and accurate depiction of the nature of this action.*

4. My assets and their value are listed below: (attach an additional page if necessary)

(Assets may include income from employment, rent payments, interest or dividends, pensions, annuities, life insurance payments, Social Security, Veteran's Administration benefits, disability pensions, Worker's Compensation, unemployment benefits, gifts or inheritances, cash, funds in bank accounts, real estate, stocks, bonds, notes, automobiles or other valuable property (excluding ordinary household furnishings and clothing), or any other source of income.)

Negative \$29,500⁰⁰ Bellco Truck Loan (Truck seized and auctioned)

Negative \$30,000⁰⁰ University Loans. Current Inmate Acct. \$-10.00

→ otherwise, all assets and their value are zero, indigent, or negative.

5. Are you in imminent danger of serious physical injury?

Yes No (CHECK ONE). If you answered yes, briefly explain your answer:

However, I am currently on a "PC", or "Protective Custody" at Larimer County Jail after being physically assaulted in the Detention Facility.

6. I have attached to this motion a signed authorization directing my custodian to calculate and disburse funds from my inmate trust fund account or institutional equivalent to pay the required filing fee.

See Attached.

7. I have attached to this motion a certificate from the appropriate official at each penal institution in which I have been confined during the six-month period immediately preceding the filing of this action and a certified copy of my inmate trust fund account statement for the same six-month period.

See Attached.

DECLARATION UNDER PENALTY OF PERJURY

I declare under penalty of perjury that the information in this motion and affidavit is true and correct. See 28 U.S.C. § 1746; 18 U.S.C. § 1621.

Executed on March 31st, 2017
(Date)


(Prisoner's Original Signature) 03/31/17

LARIMER COUNTY SHERIFF'S OFFICE

Jail

Inmate Request

Inmate Anderson Chayce Aaron
(Last) (First) (Middle)
Date 03/21/17 Pod WCA Room #11

Request: I would like to request formally for my "Certified Copy of Prisoner's Trust Fund Statement" for the 6-month period immediately preceding this request, and a "Certificate Showing Current Balance in Jail Account." I need a copy of my account balanced/certified by a supervisor.

This copy is necessary, and urgently needed for a copy to be sent to the Federal Court house in Denver for legal reasons.

Thank you!

[Handwritten signature]

Received by (signature) Mazzella Date/time: 03/21/17
Printed Name Officer # L16006

Routed to: [] Programs [] Counseling [] Medical [] Administration [] ASU
[] Transportation [] Booking [X] Other Accounting
Answer: [X] Approved [] Denied (state reason below):

See documents included

Staff Signature and Title [Signature] Sheriff Services Tech
Printed Name [Signature] Officer # 94022
Date/time 03-22-17/3:25

CERTIFICATE OF PRISON OFFICIAL

I certify that the attached statement is an accurate copy of the inmate trust fund account statement or institutional equivalent for the past six months for the prisoner named below.

Prisoner's Name: Chayce Anderson

Signature of Authorized Prison Official: [Handwritten Signature]

Date: 03-22-17

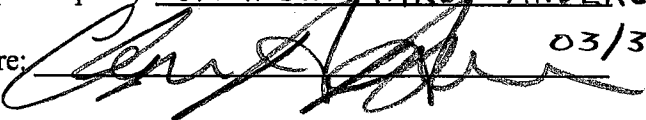
Date	Transaction Name	Account	Amount	Running Balance	Owed	Transaction ID	Media	Check #	Username	Drawer
10/3/2016 12:45:28 PM	HAIRCUT		-10.00	0.00	-10.00	334075			CONNELVL	PROGRAMS
10/3/2016 7:46:17 PM	VOID-HAIRCUT		10.00	0.00	0.00	334199			CONNELVL	PROGRAMS
10/6/2016 2:05:14 PM	KOP FEE		-5.00	0.00	-5.00	334970			JARMANAJ	MEDICAL
10/10/2016 11:17:49 AM	HAIRCUT		-10.00	0.00	-15.00	336005			CONNELVL	PROGRAMS
10/11/2016 12:11:45 PM	KOP FEE		-5.00	0.00	-20.00	336387			JARMANAJ	MEDICAL
10/17/2016 8:50:25 AM	KOP FEE		-5.00	0.00	-25.00	337891			JARMANAJ	MEDICAL
11/1/2016 3:29:52 PM	KOP FEE		-5.00	0.00	-30.00	351743			JARMANAJ	MEDICAL
11/8/2016 5:23:22 PM	KOP FEE		-5.00	0.00	-35.00	353752			UZPENME	MEDICAL
11/19/2016 9:41:48 AM	TOUCHPAY WEB DEPOSIT		100.00	50.00	15.00	356155			TOUCHPAY AUTO	
11/20/2016 7:25:16 AM	PHONE TIME		-25.00	25.00	15.00	356303			BURKHOCJ	PROGRAMS
11/21/2016 8:22:16 AM	KOP FEE		-5.00	20.00	15.00	356550			UZPENME	MEDICAL
11/22/2016 10:03:26 AM	TOUCHPAY WEB DEPOSIT		200.00	205.77	29.23	357067			TOUCHPAY AUTO	
11/30/2016 8:17:08 PM	ORDER DEBIT		-11.33	194.44	29.23	359095			COMMISSARY INTERFACE	
12/10/2016 9:26:50 PM	ORDER DEBIT		-20.11	174.33	29.23	361762			COMMISSARY INTERFACE	
12/15/2016 10:42:31 AM	KOP FEE		-5.00	169.33	29.23	362772			UZPENME	MEDICAL
12/18/2016 2:39:10 PM	ORDER DEBIT		-10.02	159.31	29.23	363512			COMMISSARY INTERFACE	
12/22/2016 11:18:27 AM	ORDER DEBIT		-23.28	136.03	29.23	364643			COMMISSARY INTERFACE	
12/26/2016 9:14:49 AM	PHONE TIME		-10.00	126.03	29.23	375573			HILLMAHH	PROGRAMS
12/29/2016 9:21:25 PM	ORDER DEBIT		-22.59	103.44	29.23	376300			COMMISSARY INTERFACE	
1/6/2017 11:51:09 PM	ORDER DEBIT		-6.72	96.72	29.23	378406			COMMISSARY INTERFACE	
1/12/2017 3:22:01 PM	KOP FEE		-5.00	91.72	29.23	379562			UZPENME	MEDICAL
1/14/2017 7:07:35 PM	ORDER DEBIT		-11.50	80.22	29.23	380236			COMMISSARY INTERFACE	
1/22/2017 8:23:20 PM	ORDER DEBIT		-15.43	64.79	29.23	382248			COMMISSARY INTERFACE	
1/28/2017 2:37:16 PM	ORDER DEBIT		-15.76	49.03	29.23	384069			COMMISSARY INTERFACE	
2/6/2017 1:47:19 PM	HAIRCUT		-10.00	39.03	29.23	386318			SCHLUELK	PROGRAMS
2/12/2017 9:28:27 AM	ORDER DEBIT		-1.11	37.92	29.23	387899			COMMISSARY INTERFACE	
2/18/2017 8:53:44 PM	ORDER DEBIT		-0.98	36.94	29.23	389626			COMMISSARY INTERFACE	
2/27/2017 8:21:45 AM	ORDER DEBIT		-5.71	31.23	29.23	391668			COMMISSARY INTERFACE	
3/5/2017 7:05:55 AM	ORDER DEBIT		-11.52	19.71	29.23	393196			COMMISSARY INTERFACE	
3/10/2017 11:36:45 AM	ORDER DEBIT		-10.94	8.77	29.23	394608			COMMISSARY INTERFACE	
3/11/2017 7:05:33 AM	PHONE TIME		-8.77	0.00	29.23	394839			BOYDSS	PROGRAMS
3/15/2017 12:39:26 PM	KOP FEE		-5.00	0.00	24.23	405751			UZPENME	MEDICAL
3/17/2017 9:47:51 AM	KOP FEE		-5.00	0.00	19.23	406357			UZPENME	MEDICAL

Name	Note	Address	Booking #
	HAIRCUT 100316		1521123
	Void TranID: 334075. haircuts canceled		1521123
	HC 101016		1521123
			1521123
			1521123
Anderson, Kevin	TOUCHPAY TRANSACTION NUMBER: 21557913	4103 Boardwalk Dr Fort Collins, CO 80525	1521123
castiglioni, toni	TOUCHPAY TRANSACTION NUMBER: 21597559	po box 393 timmath, CO 80547	1521123
	ORDER NUMBER: 32222		1521123
	ORDER NUMBER: 32835		1521123
	ORDER NUMBER: 33325		1521123
	ORDER NUMBER: 33517		1521123
	ORDER NUMBER: 33952		1521123
	ORDER NUMBER: 34409		1521123
	ORDER NUMBER: 34859		1521123
	ORDER NUMBER: 35433		1521123
	ORDER NUMBER: 35710		1521123
	HC ON 020617		1521123
	ORDER NUMBER: 36633		1521123
	ORDER NUMBER: 37006		1521123
	ORDER NUMBER: 37598		1521123
	ORDER NUMBER: 37823		1521123
	ORDER NUMBER: 38111		1521123

AUTHORIZATION

I, Chayce A. Anderson, request and authorize the agency holding me in custody to calculate and disburse funds from my inmate trust fund account or institutional equivalent in the amounts specified by 28 U.S.C. § 1915(b). This authorization is furnished in connection with this civil action and I understand that the total filing fee of \$350.00 is due and will be paid from my inmate trust fund account or institutional equivalent regardless of the outcome of this case.

Prisoner Name (please print): CHAYCE AARON ANDERSON

Prisoner Signature:  03/31/17