

22-5275

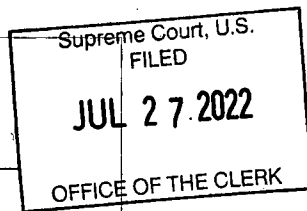
FORM FOUR OF

UNITED STATES COURT OF APPEALS
FOR THE TENTH CIRCUIT

FOR UNITED STATES SUPREME COURT

ORIGINAL

<p><i>Russell M. Boles</i></p> <p>Plaintiff/Petitioner - Appellant,</p> <p>v.</p> <p><i>Jeff Long and Phillip Weiser</i></p>	<p>Application Case No. <i>'21 AG51</i></p> <p>Motion for Leave to Proceed on Appeal Without Prepayment of Costs or Fees (PLRA Form)</p>
<p>Defendant/Respondent - Appellee.</p>	



I, *Russell M. Boles*, the petitioner/appellant in the
captioned case move this court for leave to proceed in forma pauperis.

Your motion for leave to proceed on appeal without prepayment of costs or fees and/or application for a certificate of appealability will be evaluated by the court using these standards:

Leave to Proceed Without Prepayment of Costs or Fees. You must meet all of the requirements of the Prisoner Litigation Reform Act, Pub. L. No. 104-134, 110 Stat. 1321 (Apr. 26, 1996); 28 U.S.C. § 1915. This includes submitting the certified statement of trust account and authorization to deduct funds attached to this form. The forms will not be considered unless they are complete.

FINANCIAL DECLARATION

Affidavit to Accompany Motion for Permission to Appeal in Forma Pauperis

I swear or affirm under penalty of perjury that because of my poverty I am unable to pay the docket fees of my appeal or to post a bond for them. I believe I am entitled to a different result than that reached in the district court.

I further swear or affirm under penalty of perjury that the responses which I have made to the questions and instructions below relating to my ability to pay the fees for my appeal are true.

Instructions. Please complete all questions in this application and then sign it on the last page. If the answer to any question is "0" or "none," or the question is "not applicable", so indicate by writing "0", "none", or "not applicable (N/A)". If additional space is needed to answer any question or to explain your answer to any question, please use and attach a separate sheet of paper identified with your name, the docket number of your case and the number of the question.

My issues on ^{cert}~~appeal~~ are: What are merits?
Denial of Counsel
What is a correct jury instruction
Exculpatory and quid pro quo evidence
Denial of full & fair
Totality of circumstances

1. Are you or your spouse currently employed? Yes _____ No X

2. If you or your spouse are currently employed, state the name and address of your employer, the length of your employment with that employer, and your monthly gross pay. Gross pay is pay before any taxes or other deductions are taken. If you have more than one employer, please provide the information requested below about the other employer(s) on a separate sheet of paper and attach it to this application.

N/A

No not have a spouse

Yourself:	Your Spouse:
Name and Address of Employer <u>N/A</u>	Name and Address of Employer
Length of Employment Years Months	Length of Employment Years Months
Monthly Gross Pay \$ <u>0</u>	Monthly Gross Pay \$

3. If you are currently unemployed, state the date of your last employment and your monthly gross pay during your last month of employment. Gross pay is pay before any taxes or other deductions are taken.

Date of last employment (Month/Year) for yourself 2/1995; spouse

Monthly gross pay during last month of employment \$ 1000

4. State whether you or your spouse have received money from any of the following sources during the past twelve months, and, if so, the average monthly amount from that source. Adjust any money that was received weekly, bi-weekly, quarterly, semi-annually, or annually to show the monthly rate.

Did you receive money from any of the following sources during the past 12 months?	Average monthly amount during past 12 months for you and your spouse if applicable.			Amount expected next month	
		You	Spouse	You	Spouse
Self-employment	Y/N	\$ <u>0</u>	\$	\$ <u>0</u>	\$
Income from real property (such as rental income)	Y/N	\$ <u>0</u>	\$	\$ <u>0</u>	\$
Interest and dividends	Y/N	\$ <u>0</u>	\$	\$ <u>0</u>	\$
Gifts	Y/N	\$ <u>0</u>	\$	\$ <u>0</u>	\$
Alimony	Y/N	\$ <u>0</u>	\$	\$ <u>0</u>	\$
Child Support	Y/N	\$ <u>0</u>	\$	\$ <u>0</u>	\$

Retirement income from sources such as social security, private pensions, annuities, or insurance policies	Y/N	\$ 0	\$	\$ 0	\$
Disability payments such as social security, other state or federal government, or insurance payments	Y/N	\$ 0	\$	\$ 0	\$
Unemployment payments	Y/N	\$ 0	\$	\$ 0	\$
Public assistance payments such as welfare payments	Y/N	\$ 0	\$	\$ 0	\$
Other sources of money (specify:)	Y/N	\$ 0	\$	\$ 0	\$
TOTAL			\$	\$ 0	\$

5. State the amount of cash you and your spouse have: \$ 0

State below any money you or your spouse have in savings, checking, or other accounts in a bank or other financial institution.

Bank or Other Financial Institution:	Type of Account such as savings, checking, or CD:	Amount you have:	Amount your spouse has:
		\$ 0	\$
		\$ 0	\$
		\$ 0	\$

If you have funds in a prison or other similar institutional account, the Certified Statement of Institutional Account for the Past Six Months at the end of this form must be completed by the institution.

Copy fees will take everything I have

6. State below the assets owned by you and your spouse. **Do not list ordinary household furnishings and clothing.**

Home	Address: <u>N/A</u> _____ _____	Value: \$ <u>0</u> Amount owed on mortgages and liens: \$ _____
Other real estate	Address: _____ _____	Value: \$ <u>0</u> Amount owed on mortgages and liens: \$ _____
Motor vehicle	Model/Year: _____ _____	Value: \$ <u>0</u> Amount owed: \$ _____
Motor vehicle	Model/Year: _____ _____	Value: \$ <u>0</u> Amount owed: \$ _____
Other	Description: _____ _____	Value: \$ <u>0</u> Amount owed: \$ _____

7. State below any person, business, organization, or governmental unit that owes you or your spouse money and the amount that is owed.

Name of Person, Business, or Organization that Owes You or Your Spouse Money	Amount Owed You:	Amount Owed Your Spouse:
<u>N/A</u>	\$ <u>0</u>	\$ _____
_____	\$ <u>0</u>	\$ _____

8. State the individuals who rely on you and your spouse for support. Indicate their relationship to you, their age, and whether they live with you. *N/A*

Name	Relationship	Age	Does this person live with you?
_____	_____	_____	Yes _____ No _____
_____	_____	_____	Yes _____ No _____
_____	_____	_____	Yes _____ No _____
_____	_____	_____	Yes _____ No _____

9. Complete this question by estimating the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, bi-weekly, quarterly, semi-annually, or annually to show the monthly rate.

	You	Spouse
Rent or home mortgage payment (include lot rented for mobile home)	\$ <u>0</u>	\$ _____
Are real estate taxes included? Yes _____ No _____ Is property insurance included? Yes _____ No _____		
Utilities: Electricity and heating fuel	\$ <u>0</u>	\$ _____
Water and sewer	\$ <u>0</u>	\$ _____
Telephone	\$ <u>0</u>	\$ _____
Other _____	\$ <u>0</u>	\$ _____
Home maintenance (Repairs and upkeep)	\$ <u>0</u>	\$ _____
Food	\$ <u>0</u>	\$ _____

Clothing	\$ <u>0</u>	\$ _____
Laundry and dry cleaning	\$ <u>0</u>	\$ _____
Medical and dental expenses	\$ <u>0</u>	\$ _____
Transportation (not including car payments)	\$ <u>0</u>	\$ _____
Recreation, clubs and entertainment, newspapers, magazines, etc.	\$ <u>0</u>	\$ _____
Charitable contributions	\$ <u>0</u>	\$ _____
Insurance (not deducted from wages or included in home mortgage payments)		
Homeowner's or renter's	\$ <u>0</u>	\$ _____
Life	\$ <u>0</u>	\$ _____
Health	\$ <u>0</u>	\$ _____
Auto	\$ <u>0</u>	\$ _____
Other _____	\$ <u>0</u>	\$ _____
Taxes (not deducted from wages or included in home mortgage payments) (specify) _____		\$ _____
Installment payments		
Auto:	\$ <u>0</u>	\$ _____
Credit Card: (name) _____	\$ <u>0</u>	\$ _____
Department Store: (name) _____	\$ <u>0</u>	\$ _____
Other _____	\$ <u>0</u>	\$ _____
Other _____	\$ <u>0</u>	\$ _____
Alimony, maintenance, and support paid to others	\$ <u>0</u>	\$ _____
Payments for support of additional dependents not living at your home	\$ <u>0</u>	\$ _____

Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$ <u>0</u>	\$ _____
Other _____	\$ <u>0</u>	\$ _____
TOTAL MONTHLY EXPENSES	\$ <u>0</u>	\$ _____

10. Do you expect any major changes to your monthly income or expenses during the next four months? Yes _____ No X

If yes, describe.

11. Have you paid an attorney any money for services in connection with this case, including the completion of this form? Yes _____ No X

If yes, how much? \$ 0

If yes, provide the name, address, and telephone number of the attorney:

Have you promised to pay or do you anticipate paying an attorney any money for services in connection with this case, including the completion of this form? Yes _____ No X

If yes, how much? \$ 0

If yes, provide the name, address, and telephone number of the attorney:

12. Have you paid anyone other than an attorney (such as a paralegal, typing service, or another person) any money for services in connection with this case, including the completion of this form? Yes _____ No X

If yes, how much? \$ 0

If yes, provide the name, address, and telephone number of the person or service:

13. Have you promised to pay or do you anticipate paying anyone other than an attorney (such

as a paralegal, typing service, or another person) any money for services in connection with this case, including the completion of this form? Yes _____ No X

If yes, how much? \$ 0

If yes, provide the name, address, and telephone number of the person or service:

14. How much can you pay each month toward the docket fee for your appeal.

\$ 20% of whatever I get is normally automatic

15. Please provide any other information that helps to explain why you are unable to pay the docket fees for your appeal. I am in a state prison

16. State the address of your legal residence:	
<u>Russell M. Boles</u>	
<u>P.O. Box 6000</u>	
<u>Sterling, CO 80751</u>	
Your daytime phone number:	
() <u>None</u>	
Your age: <u>70</u>	
Years of schooling: <u>160+ college credits</u>	
Your social security number: <u>3595</u>	

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES OF AMERICA THAT THE FOREGOING IS TRUE AND CORRECT. 28 U.S.C. § 1746, 18 U.S.C. § 1621.

Date: 7-25-2022 Signature: *Russell M. Bels*

ADDENDUM TO FINANCIAL DECLARATION

**THIS ADDENDUM MUST BE COMPLETED BY ANYONE WHO IS A
PRISONER AS DEFINED BY 28 U.S.C § 1915(h)**

Prisoner Name Russell M. Boles

Application
Appeal Number 21A 651

Facility Sterling Correctional Facility

**PLEASE NOTE THAT SECTION A AND B OF THIS PART OF THE FORM
BOTH MUST BE COMPLETED IN ORDER FOR US TO PROCESS THIS
~~APPEAL~~^{Cert}. FAILURE TO COMPLY MAY BE GROUNDS FOR DISMISSAL.**

Section A:

Certified Trust Fund Account Statement

I certify that the prisoner named below has had an average monthly balance

of 0-20.00 for the previous six month period. Attached to this

document is a certified copy of the prisoner's trust fund account statement

for the past six months. *Copy fees eat up everything because
of the necessity to keep doing legal work.*

Prisoner's Name Russell M. Boles

Signature of Authorized Officer refuse to sign

Date 7-25-2022

COLORADO DEPARTMENT OF CORRECTIONS
LEGAL ACCESS PROGRAM
PHOTOCOPY REQUEST FORM

LAST NAME: Boles FIRST INITIAL: R DOC #: 90379

FACILITY: SCF UNIT/TIER/CELL: 3B/08 DATE SUBMITTED: 7-19-2022

LIST THE DATE OF ANY COURT IMPOSED DEADLINE: 7-19-2022

A signed and completed miscellaneous withdrawal slip must accompany this request.

Please list each document to be copied on separate lines and include description, number of pages you are submitting, and number of copies you are requesting. Incomplete forms will be returned or denied.

DESCRIPTION OF DOCUMENTS SUBMITTED	# PAGES SUBMITTED	# COPIES REQUESTED	# COPIES APPROVED
1 Appendix A to U.S. SC Cert	17	X 1	= 17 X .25 = 4.25
2 11 B	30	X 1	= 30 X .25 = 7.50
3 11 C	2	X 1	= 2 X .25 = .50
4 11 D	5	X 1	= 5 X .25 = 1.25
5 11 E	3	X 1	= 3 X .25 = .75

OFFENDER SIGNATURE (REQUIRED)

Russell M. Boles

DO NOT WRITE BELOW THIS LINE - OFFICIAL USE ONLY

NUMBER OF PAGES RECEIVED: _____ CHARGE TO ACCOUNT: \$ 14.25

NUMBER OF PAGES RECEIVED IN PROCESSING LAW LIBRARY: JUL 25 2022

DATE RECEIVED AT SENDING FACILITY: JUL 25 2022

DATE RECEIVED IN PROCESSING LAW LIBRARY: JUL 25 2022

DATE COMPLETED: JUL 25 2022

DOC EMPLOYEE/CLERK PHOTOCOPIER INITIALS: NN

METER END: 20345

METER BEGIN: 20287

ADMINISTRATIVE COPIES: 1

TOTAL COPIES TO OFFENDER: 58 = 57 + 1 adm.

DATE DENIED: _____

Your request has been **DENIED** _____ in whole _____ in part for the following reasons:

- ☐ Your request form was not properly completed (Missing required signature, last name, first initial, full cell location, facility, unit, tier, cell, DOC #, date, etc.)
- ☐ Letters to attorneys must contain a complete mailing address and attorney registration number.
- ☐ The material you have submitted does not meet program definitions of legal material, as described in AR 750-01.
- ☐ Your photocopy request exceeds the page limit established by the Legal Access Program (see attached). Also see posted photocopy policies.
- ☐ Regardless of your ability to pay, you will be supplied only the required number of copies as dictated by court rule or statute. Your request is in excess of those requirements (see attached). Also see posted photocopy policies.
- ☐ You have not submitted the documents to be copied.
- ☐ You must submit a completed miscellaneous withdrawal ticket with your request, regardless of indigence status.
- ☐ Attachments/exhibits to a document must be submitted with the original document, even if the original is not being copied.
- ☐ Your account is in arrears for at least \$500. See AR 750-01 for additional information.
- ☐ The Legal Access Program will not copy ARs, IAs, OMs, or material contained in the law library, even as attachments/exhibits. (Exception for non-published case law to be attached to a pleading.)
- ☐ The Legal Access Program will not copy transcripts, incomplete documents, altered documents, and/or blank forms.
- ☐ The Legal Access Program will not copy non-original documents, previously-copied documents, incoming correspondence, or documents (account statements, mittimus, etc.), grievances, COPD appeals; *except* as exhibits attached to an original pleading being filed with the court or attached to a letter to a judge or attorney of record. Your pleading **must** include a statement referring to the attached exhibits in order for them to be copied.
- ☐ You must show the Legal Assistant your IFP or 1915 motion to receive 6 month account statements.
- ☐ Documents containing UCC/Sovereign citizen statements or signatures will not be copied, nor printed from, or saved on, law library computers.
- ☐ You may bring your request into compliance and resubmit.
- ☐ Other _____

Section B:

AUTHORIZATION

I, Russell M. Boles, request and authorize the agency
[print your name]
holding me in custody to send to the clerk of the United States Court of Appeals for the
Tenth Circuit a certified copy of the statement for the past six months of my trust account
or institutional equivalent at the institution where I am incarcerated. I further request and
authorize the agency holding me in custody to calculate and disburse funds from my trust
account or institutional equivalent in the amounts specified by 28 U.S.C. § 1915(b). This
authorization is furnished in connection with this appeal and I understand that the total
fee is due regardless of the outcome of the case. I understand the fee is \$505 in an appeal
or \$500 in an original proceeding or petition for review.

Prisoner Name (please print) Russell M. Boles

Signature Russell M. Boles 7-25-2022

CERTIFICATE OF SERVICE

I affirm under the penalty for perjury that I placed this Motion with first-class postage prepaid in the prison mail system or, if I was not incarcerated, in the United States Mail, addressed to the ~~Clerk of the U.S. Court of Appeals for the Tenth Circuit, 1823 Stout St., Denver, CO 80257~~. In addition, I hereby certify that a copy of this form was placed with first-class postage prepaid in the prison mail system or, if I was not incarcerated, in the United States Mail, addressed to: *UNITED STATES SUPREME* ~~COURT~~

*COURT 7 First Street N.E.
Washington, DC 20543*

(identify the name and address of the opposing attorney)

*Attorney General's Office of Colorado
1300 Broadway, 9th Floor*
on the following date: *Denver CO 80205*

<u>7</u>	<u>25</u>	<u>2022</u>	<u><i>Russell M. Boles</i></u>
month	day	year	signature



STATEMENT OF ACCOUNT ACTIVITY



90379 - BOLES, RUSSELL

Facility: STERLING, SCF/UNIT03

Date/Time Printed: 07/25/2022 08:18 AM

Statement Period: 01/25/2022 - 07/25/2022

Date:Time	Description	Tran Amt	Balance	Available Bef. W/H	Type	Encumbrances Amount	Total	Available Balance	FC
01/25/2022 00:00	Beginning Balance	0.00	145.48	145.48			63.96	81.52	
01/28/2022 07:38	Canteen #16474617 Hold	0.00		145.48	CANTEEN	9.92	73.88	71.60	
01/31/2022 00:58	FILING FEES-06-1036	-31.98	113.50	113.50		0.00	9.92	103.58	SF
01/31/2022 00:58	FILING FEES-05CV1661	-31.98	81.52	81.52		0.00	9.92	71.60	SF
01/31/2022 06:24	Canteen Ord#16474617	-9.92	71.60	71.60		0.00	0.00	71.60	SF
02/02/2022 08:14	1 STUDENT	9.03	80.63	80.63	MANDATORY	3.62	3.62	77.01	SF
02/04/2022 06:50	Canteen #16487844 Hold	0.00		80.63	CANTEEN	24.20	27.82	52.81	
02/07/2022 06:46	Canteen Ord#16487844	-24.20	56.43	56.43		0.00	3.62	52.81	SF
02/11/2022 07:28	Canteen #16503130 Hold	0.00		56.43	CANTEEN	23.26	26.88	29.55	
02/14/2022 06:36	Canteen Ord#16503130	-23.26	33.17	33.17		0.00	3.62	29.55	SF
02/18/2022 07:06	Canteen #16518094 Hold	0.00		33.17	CANTEEN	24.93	28.55	4.62	
02/22/2022 07:06	Canteen Ord#16518094	-24.93	8.24	8.24		0.00	3.62	4.62	SF
02/25/2022 07:03	Canteen #16527345 Hold	0.00		8.24	CANTEEN	3.34	6.96	1.28	
02/28/2022 00:56	FILING FEES-06-1036	-1.81	6.43	6.43		0.00	3.34	3.09	SF
02/28/2022 00:56	FILING FEES-05CV1661	-1.81	4.62	4.62		0.00	3.34	1.28	SF
02/28/2022 06:22	Canteen Ord#16527345	-3.34	1.28	1.28		0.00	0.00	1.28	SF
03/02/2022 07:49	1 STUDENT	8.60	9.88	9.88	MANDATORY	3.44	3.44	6.44	SF
03/10/2022 06:31	Canteen Cred#16559507	15.28	25.16	25.16		0.00	3.44	21.72	SF
03/11/2022 06:20	Canteen Cred#16562452	1.56	26.72	26.72		0.00	3.44	23.28	SF
03/25/2022 07:07	Canteen #16590660 Hold	0.00		26.72	CANTEEN	22.92	26.36	0.36	
03/28/2022 06:28	Canteen Ord#16590660	-22.92	3.80	3.80		0.00	3.44	0.36	SF
03/31/2022 01:05	FILING FEES-05CV1661	-1.72	2.08	2.08		0.00	0.00	2.08	SF
03/31/2022 01:05	FILING FEES-06-1036	-1.72	0.36	0.36		0.00	0.00	0.36	SF
04/07/2022 10:49	1 STUDENT	9.89	10.25	10.25	MANDATORY	3.96	3.96	6.29	SF
04/15/2022 07:02	Canteen #16640558 Hold	0.00		10.25	CANTEEN	5.84	9.80	0.45	
04/15/2022 14:59	XEROX-DEBIT	-0.25	10.00	10.00		0.00	9.80	0.20	SF
04/18/2022 06:50	Canteen Ord#16640558	-5.84	4.16	4.16		0.00	3.96	0.20	SF
04/24/2022 23:54	JPAY CREDIT	100.00	104.16	104.16	MANDATORY	40.00	43.96	60.20	SF
04/29/2022 00:34	FILING FEES-06-1036	-21.98	82.18	82.18		0.00	0.00	82.18	SF
04/29/2022 00:34	FILING FEES-05CV1661	-21.98	60.20	60.20		0.00	0.00	60.20	SF
05/01/2022 00:04	DENTAL APPOINT	-3.00	57.20	57.20		0.00	0.00	57.20	SF



STATEMENT OF ACCOUNT ACTIVITY

Date:Time	Description	Tran Amt	Balance	Available Bef. W/H	Type	Encumbrances Amount	Total	Available Balance	FC
05/04/2022 10:56	1 STUDENT	9.03	66.23	66.23	MANDATORY	3.62	3.62	62.61	SF
05/06/2022 07:43	Canteen #16680563 Hold	0.00		66.23	CANTEEN	40.82	44.44	21.79	
05/09/2022 06:16	Canteen Ord#16680563	-40.82	25.41	25.41		0.00	3.62	21.79	SF
05/10/2022 00:05	MEDICAL EMERGENCY	-3.00	22.41	22.41		0.00	3.62	18.79	SF
05/13/2022 07:33	Canteen #16694387 Hold	0.00		22.41	CANTEEN	17.52	21.14	1.27	
05/16/2022 06:11	Canteen Ord#16694387	-17.52	4.89	4.89		0.00	3.62	1.27	SF
05/31/2022 00:34	FILING FEES-06-1036	-1.81	3.08	3.08		0.00	0.00	3.08	SF
05/31/2022 00:34	FILING FEES-05CV1661	-1.81	1.27	1.27		0.00	0.00	1.27	SF
06/02/2022 11:39	1 STUDENT	6.45	7.72	7.72	MANDATORY	2.58	2.58	5.14	SF
06/02/2022 11:40	1 STUDENT	2.58	10.30	10.30	MANDATORY	1.04	3.62	6.68	SF
06/07/2022 06:50	Canteen #16746378 Hold	0.00		10.30	CANTEEN	1.70	5.32	4.98	
06/10/2022 07:57	Canteen #16757629 Hold	0.00		10.30	CANTEEN	1.95	7.27	3.03	
06/13/2022 06:11	Canteen Ord#16746378	-1.70	8.60	8.60		0.00	5.57	3.03	SF
06/13/2022 09:47	Canteen Ord#16757629	-1.95	6.65	6.65		0.00	3.62	3.03	SF
06/24/2022 07:58	Canteen #16784732 Hold	0.00		6.65	CANTEEN	2.92	6.54	0.11	
06/27/2022 06:07	Canteen Ord#16784732	-2.92	3.73	3.73		0.00	3.62	0.11	SF
06/30/2022 00:32	FILING FEES-06-1036	-1.81	1.92	1.92		0.00	0.00	1.92	SF
06/30/2022 00:32	FILING FEES-05CV1661	-1.81	0.11	0.11		0.00	0.00	0.11	SF
06/30/2022 07:12	Canteen Cred#16792960	1.56	1.67	1.67		0.00	0.00	1.67	SF
07/02/2022 23:56	JPAY CREDIT	150.00	151.67	151.67	MANDATORY	60.00	60.00	91.67	SF
07/05/2022 10:46	1 STUDENT	9.19	160.86	160.86	MANDATORY	3.68	63.68	97.18	SF
07/05/2022 11:16	1 A-B UNASSIGNED SCF	0.33	161.19	161.19	MANDATORY	0.14	63.82	97.37	SF
07/08/2022 08:20	Canteen #16811364 Hold	0.00		161.19	CANTEEN	29.51	93.33	67.86	
07/11/2022 06:21	Canteen Ord#16811364	-29.51	131.68	131.68		0.00	63.82	67.86	SF
07/15/2022 07:42	Canteen #16830220 Hold	0.00		131.68	CANTEEN	51.22	115.04	16.64	
07/18/2022 07:48	Canteen Ord#16830220	-51.22	80.46	80.46		0.00	63.82	16.64	SF
07/21/2022 00:01	JPAY CREDIT	50.00	130.46	130.46	MANDATORY	20.00	83.82	46.64	SF
07/22/2022 07:28	Canteen #16843022 Hold	0.00		130.46	CANTEEN	17.98	101.80	28.66	
07/25/2022 07:24	Canteen Ord#16843022	-17.98	112.48	112.48		0.00	83.82	28.66	SF
07/25/2022 08:13	Ending Balance	0.00	112.48	112.48		0.00	83.82	28.66	

Total Deposits: 373.50

Total Withdrawals: 406.50

Account Information as of 07/25/2022 08:13

Status: ACTIVE

Current Balance: \$112.48

Total Money In Hold: \$0.00

Total Reserved/Encumbered: \$83.82

Available Balance: \$28.66

Statement Information

Date:Time	reflects the transaction date and time of deposits and withdrawals to the account during the statement period.
Description	is a brief memorandum describing the transaction.



STATEMENT OF ACCOUNT ACTIVITY

Tran Amt	is the amount of the transaction; deposits are shown as a positive number, withdrawals are shown as a negative number.
Balance	is the actual balance of the account. All deposits and withdrawals are added and subtracted from the 'Balance'. If an account has a negative balance an 'Available Balance' will be derived according to AR 200-2.
Available Before W/H	is the derived available balance where 50% of deposits are made available when the actual account balance prior to deposit is a negative amount (Ref. AR 200-2). This amount is derived prior to mandatory withholding.
Encumbrances	are amounts placed on hold pending further processing by the banking system, such as when a centeen order is posted or a deposit is subject to mandatory garnishment rules. The amount, type of hold, and a total (as of the Date:Time) is reported.
Available Balance	shows monies available for withdrawal at the end of the transaction. The time precision for all transactions is to the minute; encumbrance total may duplicate for multiple transactions if the transaction date and time are identical.
FC	(Facility Code) is the offender's facility assignment at the date and time the transaction was posted to the account, not the originating source of the transaction.

NOTICE: This statement may not include most recent Withdrawals or Deposits.

Printed and Certified by N. Nickels, CDOC Legal Assistant