

No. \_\_\_\_\_

OFFICE OF THE CLERK

IN THE

SUPREME COURT OF THE UNITED STATES

WASHINGTON D.C. 20543

EDWARD DAVID JR. JONES PETITIONER  
(Your Name)

VS.

ARONID SCHWARTZHEBER - RESPONDENT(S)  
FORMER GOVERNOR, STATE OF CA.  
ERIC ARONID, WARDEN, SOLANO JAIL  
MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

The petitioner asks leave to file the attached petition for a writ of certiorari without prepayment of costs and to proceed *in forma pauperis*.

Please check the appropriate boxes:

☒ Petitioner has previously been granted leave to proceed *in forma pauperis* in the following court(s):

California Superior Court State of California (Kings Co.)  
United States District Court Eastern District of California

☐ Petitioner has **not** previously been granted leave to proceed *in forma pauperis* in any other court.

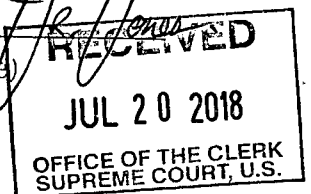
☒ Petitioner's affidavit or declaration in support of this motion is attached hereto.

☐ Petitioner's affidavit or declaration is **not** attached because the court below appointed counsel in the current proceeding, and:

☒ The appointment was made under the following provision of law: (V.C.G.C.B.)  
FEE'S WAIVER (Gov. Code § 902.2(b)) / FEE'S UNDER 28 U.S.C. SEC. 1915, or

☒ a copy of the order of appointment is appended.

Edward David Jr. Jones  
(Signature)



**AFFIDAVIT OR DECLARATION  
IN SUPPORT OF MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS***

I, JONES Edward D am the petitioner in the above-entitled case. In support of my motion to proceed *in forma pauperis*, I state that because of my poverty I am unable to pay the costs of this case or to give security therefor; and I believe I am entitled to redress.

1. For both you and your spouse estimate the average amount of money received from each of the following 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	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ <del>000.</del> \$ <del>00.</del>	\$ <del>000.</del> \$ <del>00.</del>	\$ <del>000.</del> \$ <del>00.</del>	\$ <del>000.</del> \$ <del>00.</del>
Self-employment	\$ <del>000.</del> \$ <del>00.</del>	\$ <del>000.</del> \$ <del>00.</del>	\$ <del>000.</del> \$ <del>00.</del>	\$ <del>000.</del> \$ <del>00.</del>
Income from real property (such as rental income)	\$ <del>000.</del> \$ <del>00.</del>	\$ <del>000.</del> \$ <del>00.</del>	\$ <del>000.</del> \$ <del>00.</del>	\$ <del>000.</del> \$ <del>00.</del>
Interest and dividends	\$ <del>000.</del> \$ <del>00.</del>	\$ <del>000.</del> \$ <del>00.</del>	\$ <del>000.</del> \$ <del>00.</del>	\$ <del>000.</del> \$ <del>00.</del>
Gifts	\$ <del>000.</del> \$ <del>00.</del>	\$ <del>000.</del> \$ <del>00.</del>	\$ <del>000.</del> \$ <del>00.</del>	\$ <del>000.</del> \$ <del>00.</del>
Alimony	\$ <del>000.</del> \$ <del>00.</del>	\$ <del>000.</del> \$ <del>00.</del>	\$ <del>000.</del> \$ <del>00.</del>	\$ <del>000.</del> \$ <del>00.</del>
Child Support	\$ <del>000.</del> \$ <del>00.</del>	\$ <del>000.</del> \$ <del>00.</del>	\$ <del>000.</del> \$ <del>00.</del>	\$ <del>000.</del> \$ <del>00.</del>
Retirement (such as social security, pensions, annuities, insurance)	\$ <del>000.</del> \$ <del>00.</del>	\$ <del>000.</del> \$ <del>00.</del>	\$ <del>000.</del> \$ <del>00.</del>	\$ <del>000.</del> \$ <del>00.</del>
Disability (such as social security, insurance payments)	\$ <del>000.</del> \$ <del>00.</del>	\$ <del>000.</del> \$ <del>00.</del>	\$ <del>000.</del> \$ <del>00.</del>	\$ <del>000.</del> \$ <del>00.</del>
Unemployment payments	\$ <del>000.</del> \$ <del>00.</del>	\$ <del>000.</del> \$ <del>00.</del>	\$ <del>000.</del> \$ <del>00.</del>	\$ <del>000.</del> \$ <del>00.</del>
Public-assistance (such as welfare)	\$ <del>000.</del> \$ <del>00.</del>	\$ <del>000.</del> \$ <del>00.</del>	\$ <del>000.</del> \$ <del>00.</del>	\$ <del>000.</del> \$ <del>00.</del>
Other (specify): <del>000.</del> \$ <del>00.</del>	\$ <del>000.</del> \$ <del>00.</del>	\$ <del>000.</del> \$ <del>00.</del>	\$ <del>000.</del> \$ <del>00.</del>	\$ <del>000.</del> \$ <del>00.</del>
<b>Total monthly income:</b>	\$ <del>000.</del> \$ <del>00.</del>	\$ <del>000.</del> \$ <del>00.</del>	\$ <del>000.</del> \$ <del>00.</del>	\$ <del>000.</del> \$ <del>00.</del>

2. List your employment history for the past two years, most recent first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross monthly pay
<u>Retired Worker</u>	<u>N/A.</u>	<u>N/A.</u>	<u>\$ 000.00</u>
<u></u>	<u>N/A.</u>	<u>N/A.</u>	<u>\$ 000.00</u>
<u></u>	<u>N/A.</u>	<u>N/A.</u>	<u>\$ 000.00</u>

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
<u>Retired Worker</u>	<u>N/A.</u>	<u>N/A.</u>	<u>\$ 000.00</u>
<u>N/A.</u>	<u>N/A.</u>	<u>N/A.</u>	<u>\$ 000.00</u>
<u>N/A.</u>	<u>N/A.</u>	<u>N/A.</u>	<u>\$ 000.00</u>

4. How much cash do you and your spouse have? \$ \_\_\_\_\_  
Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Type of account (e.g., checking or savings)	Amount you have	Amount your spouse has
<u>DISABLED BENEFITS</u>	<u>\$ 000.00</u>	<u>\$ 000.00</u>
<u>N/A.</u>	<u>\$ 000.00</u>	<u>\$ 000.00</u>
<u>N/A.</u>	<u>\$ 000.00</u>	<u>\$ 000.00</u>

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

☐ Home  
Value N/A.

☐ Other real estate  
Value 000.00

☐ Motor Vehicle #1  
Year, make & model N/A.  
Value 000.00

☐ Motor Vehicle #2  
Year, make & model None  
Value 000.00

☐ Other assets  
Description Prisonement Disability/Unemployed.  
Value 000.00

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 owed to you	Amount owed to your spouse
NONE	\$ 000.00	\$ 000.00
NONE	\$ 000.00	\$ 000.00
NONE	\$ 000.00	\$ 000.00

7. State the persons who rely on you or your spouse for support. For minor children, list initials instead of names (e.g. "J.S." instead of "John Smith").

Name	Relationship	Age
UNWEDED/Single	N/A	0.00
NONE	NONE	0.00
NONE	NONE	0.00

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, or annually to show the monthly rate.

	You	Your spouse
Rent or home-mortgage payment (include lot rented for mobile home)	\$ 000.00	\$ 000.00
Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 000.00	\$ 000.00
Home maintenance (repairs and upkeep)	\$ 000.00	\$ 000.00
Food	\$ 000.00	\$ 000.00
Clothing	\$ 000.00	\$ 000.00
Laundry and dry-cleaning	\$ 000.00	\$ 000.00
Medical and dental expenses	\$ 000.00	\$ 000.00

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>000.</u> \$.	\$ <u>0.</u> \$ \$.
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>000.</u> \$.	\$ <u>0.</u> \$ \$.
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>000.</u> \$.	\$ <u>0.</u> \$ \$.
Life	\$ <u>000.</u> \$.	\$ <u>0.</u> \$ \$.
Health	\$ <u>000.</u> \$.	\$ <u>0.</u> \$ \$.
Motor Vehicle	\$ <u>000.</u> \$.	\$ <u>0.</u> \$ \$.
Other: <u>N/A - Due to Confinement</u>	\$ <u>000.</u> \$.	\$ <u>0.</u> \$ \$.
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>N/A - Due to Confinement</u>	\$ <u>000.</u> \$.	\$ <u>0.</u> \$ \$.
Installment payments		
Motor Vehicle	\$ <u>000.</u> \$.	\$ <u>0.</u> \$ \$.
Credit card(s)	\$ <u>000.</u> \$.	\$ <u>0.</u> \$ \$.
Department store(s)	\$ <u>000.</u> \$.	\$ <u>0.</u> \$ \$.
Other: <u>N/A Due to Confinement</u>	\$ <u>000.</u> \$.	\$ <u>0.</u> \$ \$.
Alimony, maintenance, and support paid to others	\$ <u>000.</u> \$.	\$ <u>0.</u> \$ \$.
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>000.</u> \$.	\$ <u>0.</u> \$ \$.
Other (specify): <u>N/A Due to Confinement</u>	\$ <u>000.</u> \$.	\$ <u>0.</u> \$ \$.
Total monthly expenses:	\$ <u>000.</u> \$.	\$ <u>0.</u> \$ \$.

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

☐ Yes ☒ No

If yes, describe on an attached sheet.

Due to Prison Disability  
and Confinements.

10. Have you paid - or will you be paying - an attorney any money for services in connection with this case, including the completion of this form? ☐ Yes ☒ No

If yes, how much? Prison Confinements / Pro-se litigant.

If yes, state the attorney's name, address, and telephone number:

# Criminal / Prisoner - (pro-se litigants)

11. Have you paid—or will you be paying—anyone other than an attorney (such as a paralegal or a typist) any money for services in connection with this case, including the completion of this form?

☐ Yes ☒ No

If yes, how much? Prison Disability and Confinements.

If yes, state the person's name, address, and telephone number:

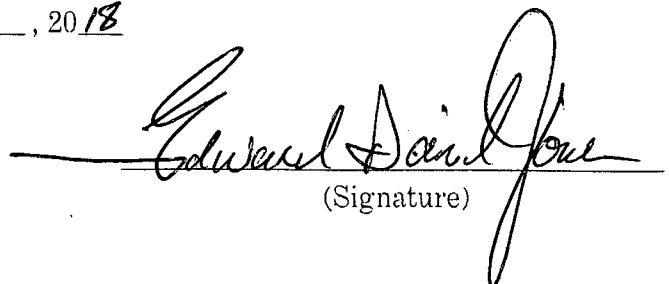
Home (Prisoner and Disability).

12. Provide any other information that will help explain why you cannot pay the costs of this case.

Criminal / Prisoner Plaintiff and petitioner  
is presently assigned (Voc Training) school  
and received know other income (Prison Disability.)

I declare under penalty of perjury that the foregoing is true and correct.

Executed on June 30<sup>th</sup>, 2018

  
(Signature)

**Additional material  
from this filing is  
available in the  
Clerk's Office.**