

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

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IN THE  
SUPREME COURT OF THE UNITED STATES

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ERIC C. BEAUCHAMP,  
*Petitioner,*

v.

F. De La TORRE Jr.,  
D. J. DOGLIETTO,  
C. ESPINOZA,  
SGT. I. SOEKARDI

*Respondents.*

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**MOTION FOR LEAVE TO PROCEED IN *FORMA PAUPERIS***

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

Petitioner has previously been granted leave to proceed *in forma pauperis* in the following Courts:

1. United States Court of Appeals for the Ninth Circuit, Case No.  
15-15616
2. United States District Court for the Northern District of California, Case No. CV-13-2098 CRB(PR).

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

Eric C. Beauchamp  
Eric C. Beauchamp  
Petitioner in Pro Se

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

I, ERIC C. BEAUCHAMP, 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	\$ 200.00	\$ DISAVOW	\$ 20.00	\$ DISAVOW
Self-employment	\$ N/A	\$ DISAVOW	\$ N/A	\$ DISAVOW
Income from real property (such as rental income)	\$ N/A	\$ DISAVOW	\$ N/A	\$ DISAVOW
Interest and dividends	\$ N/A	\$ DISAVOW	\$ N/A	\$ DISAVOW
Gifts	\$ N/A	\$ DISAVOW	\$ N/A	\$ DISAVOW
Alimony	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Child Support	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Retirement (such as social security, pensions, annuities, insurance)	\$ N/A	\$ DISAVOW	\$ N/A	\$ DISAVOW
Disability (such as social security, insurance payments)	\$ N/A	\$ DISAVOW	\$ N/A	\$ DISAVOW
Unemployment payments	\$ N/A	\$ DISAVOW	\$ N/A	\$ DISAVOW
Public-assistance (such as welfare)	\$ N/A	\$ DISAVOW	\$ N/A	\$ DISAVOW
Other (specify): _____	\$ N/A	\$ N/A	\$ N/A	\$ N/A
<b>Total monthly income:</b>	<b>\$ 20.00</b>	<b>\$ DISAVOW</b>	<b>\$ 20.00</b>	<b>\$ DISAVOW</b>

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>CDCR</u>	<u>FOLSOM PRISON</u>	<u>MAY 2016 - 2018</u>	<u>\$ 20.00</u>
			<u>\$</u>
			<u>\$</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>DISAVOW</u>	<u>DISAVOW</u>	<u>DISAVOW</u>	<u>\$ DISAVOW</u>
			<u>\$</u>
			<u>\$</u>

4. How much cash do you and your spouse have? \$ DISAVOW

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial institution	Type of account	Amount you have	Amount your spouse has
<u>N/A</u>	<u>N/A</u>	<u>\$ N/A</u>	<u>\$ DISAVOW</u>
		<u>\$</u>	<u>\$</u>
		<u>\$</u>	<u>\$</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 DISAVOW

Other real estate  
Value N/A

Motor Vehicle #1  
Year, make & model 1997 FORD F 150  
Value LESS THAN \$1000

Motor Vehicle #2  
Year, make & model N/A  
Value \_\_\_\_\_

Other assets  
Description \_\_\_\_\_  
Value \_\_\_\_\_

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
<u>DISAVOW</u>	\$ <u>N/A</u>	\$ <u>DISAVOW</u>
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

7. State the persons who rely on you or your spouse for support.

Name	Relationship	Age
<u>DECLARANT, ERIC C. BEAUCHAMP</u>	<u>HUSBAND</u>	<u>49</u>
_____	_____	_____
_____	_____	_____

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)	\$ <u>0</u>	\$ <u>DISAVOW</u>
Are real estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <u>0</u>	\$ <u>DISAVOW</u>
Home maintenance (repairs and upkeep)	\$ <u>0</u>	\$ <u>DISAVOW</u>
Food	\$ <u>60.00</u>	\$ <u>DISAVOW</u>
Clothing	\$ <u>0</u>	\$ <u>DISAVOW</u>
Laundry and dry-cleaning	\$ <u>0</u>	\$ <u>DISAVOW</u>
Medical and dental expenses	\$ <u>5</u>	\$ <u>DISAVOW</u>

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>N/A</u>	\$ <u>DISAVOW</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>N/A</u>	\$ <u>DISAVOW</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>N/A</u>	\$ <u>DISAVOW</u>
Life	\$ <u>N/A</u>	\$ <u>DISAVOW</u>
Health	\$ <u>N/A</u>	\$ <u>DISAVOW</u>
Motor Vehicle	\$ <u>N/A</u>	\$ <u>DISAVOW</u>
Other: _____	\$ _____	\$ <u>DISAVOW</u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ <u>N/A</u>	\$ <u>DISAVOW</u>
Installment payments		
Motor Vehicle	\$ <u>N/A</u>	\$ <u>DISAVOW</u>
Credit card(s)	\$ <u>N/A</u>	\$ <u>DISAVOW</u>
Department store(s)	\$ <u>N/A</u>	\$ <u>DISAVOW</u>
Other: _____	\$ _____	\$ _____
Alimony, maintenance, and support paid to others	\$ <u>N/A</u>	\$ <u>DISAVOW</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>N/A</u>	\$ <u>DISAVOW</u>
Other (specify): _____	\$ _____	\$ _____
<b>Total monthly expenses:</b>	<u>65</u>	\$ <u>DISAVOW</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.

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? \_\_\_\_\_

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

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? \_\_\_\_\_

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

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

I AM AN INDIGENT PRISONER WHO EARNS APPROXIMATELY  
\$20-\$25 A MONTH; I HAVE NO OTHER SOURCE OF INCOME  
AND I AM DEPENDANT ON OTHERS FOR SUPPORT.

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

Executed on: APRIL 22, 2018

Eric C. Beauchamp

(Signature)