18-7375

ORIGINAL

IN THE
UNITED STATES SUPREME COURT

Supreme Court file no. 18-2030

Wayne Carl Nicolaison,
Petitioner,

vs

Hennepin County

Respondent.

PETITIONER MOTION TO PROCEED IN FORMA PAUPERIS IN SUPREME COURT

COMES NOW the above named Petitioner Wayne Carl Nicolaison and moves in this Court for Order allowing him to proceed on appeal in forma pauperis. This motion is based and supported upon the accompanying Affidavit of Poverty and Petition for Certiorari.

Dated 1-2-19

Respectfully Submitted,

Wayne Nicolaison

Wayne Carl Nicolaison
Petitioner/Pro se
1111 HWY 73
Moose Lake, MN. 55767

IN THE UNITED STATES

SUPREME COURT

18-2030

«Name(s) of plaintiff(s)»:
Wayne Nicolaison
Plaintiff(s)

v.

«Name(s) of defendant(s)»:
Hennepin County
Defendant(s)

Case No. «Number»: 18-2030

AFFIDAVIT ACCOMPANYING MOTION FOR PERMISSION TO APPEAL IN FORMA PAUPERIS

Affidavit in Support of Motion	Instructions
I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)	Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write in that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.
Signed: Wayne Nicolaison	Date: 1-2-19

My issues on appeal are: Confinement in Violation of Right To presumption of Innocence Be Future dangerousness in Violation Of Bucho v Louisiana 504 U.S. 71 (1992).

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	$ 0	$	$ 0	$
Self-employment	$ 0	$	$ 0	$
Income from real property (such as rental income)	$ 0	$	$ 0	$
Interest and dividends	$ 0	$	$ 0	$
Gifts	$ 0	$	$ 0	$
Alimony	$ 0	$	$ 0	$
Child support	$ 0	$	$ 0	$
Retirement (such as social security, pensions, annuities, insurance)	$ 0	$	$ 0	$
Disability (such as social security, insurance payments)	$ 0	$	$ 0	$
Unemployment payments	$ 0	$	$ 0	$
Public assistance (such as welfare)	$ 100.00	$	$ 100.00	$
Other (specify):	$ 0	$	$ 0	$
Total monthly income:	$ 100.00	$	$ 100.00	$

2. *List your 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
None			$
			$
			$

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
NONE			$
			$
			$

4. *How much cash do you and your spouse have?* $ 10.00

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
		$	$
See attached		$	$
		$	$

If you are a prisoner seeking to appeal a judgment in a civil action or proceeding, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

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

Home (Value) $	Other real estate (Value) $	Motor vehicle #1 (Value) $
0		Make and year: 0
		Model:
		Registration #:

Motor vehicle #2	Other assets	Other assets
(Value) $ 0	(Value) $ 0	(Value) $ 0
Make and year:		
Model:		
Registration #:		

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
0	$ 0	$
	$	$
	$	$
	$	$

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

Name [or, if under 18, initials only]	Relationship	Age
NONE / ~~0000~~		

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, semiannually, or annually, to show the monthly rate.*

	You	Your Spouse
Rent or home mortgage payment (include lot rented for mobile home)	$	$
Are real estate taxes included? [ ] Yes [X] No		
Is property insurance included? [ ] Yes [X] No		

Utilities (electricity, heating fuel, water, sewer, and telephone)	$ 0	$
Home maintenance (repairs and upkeep)	$ 0	$
Food	$ 25.00	$
Clothing	$ 50.00	$
Laundry and dry-cleaning	$	$
Medical and dental expenses	$ 25.00	$
Transportation (not including motor vehicle payments)	$	$
Recreation, entertainment, newspapers, magazines, etc.	$ 0	$
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's:	$ 0	$
Life:	$ 0	$
Health:	$ 0	$
Motor vehicle:	$ 0	$
Other:	$ 0	$
Taxes (not deducted from wages or included in mortgage payments) (specify):	$ 0	$
Installment payments		
Motor Vehicle:	$ 0	$
Credit card (name):	$ 0	$
Department store (name):	$ 0	$
Other:	$ 0	$
Alimony, maintenance, and support paid to others	$ 0	$
Regular expenses for operation of business, profession, or farm (attach detailed statement)	$ 0	$
Other (specify):	$ 0	$
Total monthly expenses:	$ 100.	$

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 [X] No If yes, describe on an attached sheet.

10. *Have you spent — or will you be spending — any money for expenses or attorney fees in connection with this lawsuit?* [ ] Yes [X] No

If yes, how much? $ _____

11. *Provide any other information that will help explain why you cannot pay the docket fees for your appeal.*

ON public assistance, civilly confined indefinitely

12. *State the city and state of your legal residence.*

Moose Lake, Minnesota

Your daytime phone number: (___) None

Your age: 68 *Your years of schooling:* 14

Last four digits of your social-security number: 7927