

No. 18-8235

FILED

FEB 26 2019

OFFICE OF THE CLERK
SUPREME COURT, U.S.

IN THE

SUPREME COURT OF THE UNITED STATES

Arthur Lopez
(Your Name)

PETITIONER

VS.

The People

RESPONDENT(S)

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):

United States Court of Appeals for the 9th Circuit, United States District Court for the Central District of California, California Supreme Court, California Court of Appeals, Superior Court of Ca. County of Orange and Riverside

☐ 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: _____

_____, or

☐ a copy of the order of appointment is appended.

Arthur Lopez
(Signature)

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

I, ARTHUR LOPEZ, 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	Unmarried Spouse	You	Unmarried Spouse
DR. Confirmed Permanent Employment Injuries/Disability (Unemployed)	\$ 0. ⁰⁰	\$ N/A	\$ 0. ⁰⁰	\$ N/A
Self-employment	\$ 0. ⁰⁰	\$ N/A	\$ 0. ⁰⁰	\$ N/A
Income from real property (such as rental income)	\$ 0. ⁰⁰	\$ N/A	\$ 0. ⁰⁰	\$ N/A
Interest and dividends	\$ 0. ⁰⁰	\$ N/A	\$ 0. ⁰⁰	\$ N/A
Gifts (Charity - Christmas - B-Day - Misc. Family/Friends (church))	\$ 500. ⁰⁰ - 100. + misc	\$ N/A	\$ 0. ⁰⁰	\$ N/A
Alimony	\$ 0. ⁰⁰	\$ N/A	\$ 0. ⁰⁰	\$ N/A
Child Support (Required to pay 100. - mo)	\$ 0. ⁰⁰	\$ N/A	\$ 0. ⁰⁰	\$ N/A
Retirement (such as social security, pensions, annuities, insurance)	\$ 0. ⁰⁰	\$ N/A	\$ 0. ⁰⁰	\$ N/A
Disability (such as social security, insurance payments)	\$ 0. ⁰⁰	\$ N/A	\$ 0. ⁰⁰	\$ N/A
Unemployment payments	\$ 0. ⁰⁰	\$ N/A	\$ 0. ⁰⁰	\$ N/A
RIVERSIDE Co. - Public-assistance - (such as welfare) - Loan - Financial Aid	\$ 326. ⁰⁰	\$ N/A	\$ 326. ⁰⁰	\$ N/A
(Since September, 2016) - Food Assistance	\$ 192. ⁰⁰	\$ N/A	\$ 192. ⁰⁰	\$ N/A
Other (specify): Charity from Church, Family, Friends	\$ 20. + 10. + 20. +	\$ N/A	\$ 0. ⁰⁰	\$ N/A
Assistance w/ Car Repair in 2017 and Transfer of Lien Assistance from Friends - Monetary (1-TIME)	\$ 0. ⁰⁰	\$ N/A	\$ 0. ⁰⁰	\$ N/A
Total monthly income:	\$ 0. ⁰⁰	\$ N/A	\$ 0. ⁰⁰	\$ N/A

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

U.S. G. Wilson S
Person owing you or your spouse money

MTF Union Bank

The Irvine Company LLC

Various Police Deps. + Municipalities - CA Lawsuits: \$1,000,000.00

\$1,000,000.00

Amount owed to you

Claims in Civil Lawsuits:

\$400,000,000.00

\$100,000,000.00

\$1,000,000.00

\$1,000,000.00

Unmarried
Amount owed to your spouse

\$ N/A

\$ N/A

\$ N/A

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
T.K. L.	Daughter	16
T.K. L.	Daughter	14
N.A. L.	Son	12
L.J. L.	Son	7

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.

Rent or home-mortgage payment
(include lot rented for mobile home)

Are real estate taxes included? ☐ Yes ☒ No

Is property insurance included? ☐ Yes ☒ No

You

Unmarried
Your spouse

\$ 0.00

\$ N/A

Utilities (electricity, heating fuel, water, sewer, and telephone)

cell phone

\$ 30.00 + 4.00 misc \$ N/A

Home maintenance (repairs and upkeep)

\$ 0.00 \$ N/A

Food VARIES

over \$ 200.00 \$ N/A

Clothing

\$ 0.00 \$ N/A

Laundry and dry-cleaning Minimal

\$ 0.00 \$ N/A

Medical and dental expenses

\$ 0.00 \$ N/A

	You	Unmarried Your spouse
Transportation (not including motor vehicle payments)	\$ 0. ⁰⁰	\$ N/A
Recreation, entertainment, newspapers, magazines, etc.	\$ 0. ⁰⁰	\$ N/A
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ 0. ⁰⁰	\$ N/A
Life	\$ 0. ⁰⁰	\$ N/A
Health	\$ 0. ⁰⁰	\$ N/A
Motor Vehicle	\$ 70.	\$ N/A
Other: _____	\$ 0. ⁰⁰	\$ N/A
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ 0. ⁰⁰	\$ N/A
Installment payments		
Motor Vehicle	\$ 0. ⁰⁰	\$ N/A
Credit card(s)	\$ 0. ⁰⁰	\$ N/A
Department store(s)	\$ 0. ⁰⁰	\$ N/A
Other: <u>Superior Court of CA, County of Orange +</u>	\$ 25. + 10. ⁰⁰	\$ N/A
<u>Alimony, maintenance, and support paid to others</u>	\$ 100. ⁰⁰	\$ N/A
<u>(Court ordered)</u>	\$ 0. ⁰⁰	\$ N/A
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 34. ⁰⁰	\$ N/A
Other (specify): <u>Phone + Pymt. Fee (Listed under UTILITIES)</u>	\$ 439. ⁰⁰	\$ N/A
Total monthly expenses:		

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.

Permanent Injuries to Neck, Back, Spine, Hip suffered from Fall on December 22, 2015 as confirmed by Dr. Philip Madrid, Surgeon Samuel Bederman and Neurologist Dr. Ali Hakim - Permanent Disability

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

Executed on: February 22, 2019

Arthur Lopez
(Signature)