

OCT 12 2018

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18-8351

No. 18A _____

In The
Supreme Court of the United States
October 2018 Term

AREK R. FRESSADI,
Applicant,

v.

ARIZONA MUNICIPAL RISK RETENTION POOL (AMRRP), *ET AL*,
Respondents.

On Writ of Certiorari to the United States
Court of Appeals for the Ninth Circuit

MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

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Applicant, Pro Se

ORIGINAL

MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

Pursuant to Supreme Court Rule 39, Petitioner Arek R. Fressadi ("Fressadi") hereby moves this Honorable Court to grant him leave to proceed *in forma pauperis* for the filing of all documents relating to the appeal of the Ninth Circuit's decisions in case number 15-15566. Fressadi hereby declares:

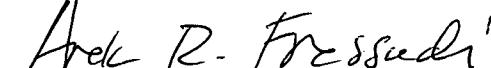
- 1) Fressadi has previously been granted leave to proceed *in forma pauperis* or state court equivalent (waiver/deferral) in the following courts since he became indigent due to the subject matter of this case, exacerbated by getting hit and run over by a truck in 2014: Maricopa County Superior Court, Pima County Superior Court, Pinal County Superior Court, Arizona Court of Appeals Division I, Arizona Court of Appeals Division II, United States District Court of Arizona, and the United States Court of Appeals for the Ninth Circuit.
- 2) Fressadi's Affidavit in support of this motion is attached hereto per Rule 39.1.
- 3) Fressadi took early Social Security in 2012 to litigate the taking of his property in this case full time. As of 1/1/19, he receives \$995/month that barely covers basic needs. He has no other income while pursuing his constitutional rights in this case.

CONCLUSION

For the foregoing reasons, Petitioner Arek R. Fressadi respectfully requests that this Court grant him leave to file all documents *in forma pauperis* relating to the appeal of the Ninth Circuit's decisions in case number 15-15566. Pursuant to 28 U.S.C. § 1746, Fressadi declares under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Executed on March 5, 2019.

Respectfully submitted,



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UNITED STATES SUPREME COURT

Arek R. Fressadi,)
Petitioner)
v.)
Arizona Municipal Risk Retention Pool) Case No. (TBD)
(AMRRP), *et al*,) From Ninth Circuit Case No. 15-15566
Respondents)

AFFIDAVIT ACCOMPANYING MOTION FOR PERMISSION TO APPEAL IN FORMA PAUPERIS

Affidavit in Support of Motion

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.)

Signed: Arek R. Fressadi

Instructions

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.

Date: 3-5-19

My issues on appeal are:

To address split-circuit decisions regarding ongoing violations of *Mullane* notice and *Nollan/Dolan* protections that caused a wipeout of investment-backed expectations without due process.

To reverse the 9th Circuit ruling in 15-15566, the District Court dismissal in CV-14-01231-PHX-DJH, and order an evidentiary hearing to award damages for the takings of Petitioners' property.

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	\$ (N/A)	\$0	\$ (N/A)
Self-employment	\$0	\$ (N/A)	\$0	\$ (N/A)
Income from real property (such as rental income)	\$0	\$ (N/A)	\$0	\$ (N/A)
Interest and dividends	\$0	\$ (N/A)	\$0	\$ (N/A)
Gifts	\$0	\$ (N/A)	\$0	\$ (N/A)
Alimony	\$0	\$ (N/A)	\$0	\$ (N/A)
Child support	\$0	\$ (N/A)	\$0	\$ (N/A)
Retirement (such as social security, pensions, annuities, insurance)	\$995.00	\$ (N/A)	\$995.00	\$ (N/A)
Disability (such as social security, insurance payments)	\$0	\$ (N/A)	\$0	\$ (N/A)
Unemployment payments	\$0	\$ (N/A)	\$0	\$ (N/A)
Public-assistance (such as welfare)	\$0	\$ (N/A)	\$0	\$ (N/A)
Other (specify):	\$0	\$ (N/A)	\$0	\$ (N/A)
Total monthly income:	\$995.00	\$ (N/A)	\$995.00	\$ (N/A)

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
N/A – retired	N/A	N/A	\$ (N/A)
			\$
			\$

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
N/A – unmarried	N/A	N/A	\$ (N/A)
			\$
			\$

4. How much cash do you and your spouse have? \$ 15.76 _____

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
Bank of the West	Checking	\$ 150.47	\$ (N/A)
		\$	\$
		\$	\$

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	Other real estate	Motor vehicle #1
(Value) \$ (N/A)	(Value) \$ (N/A)	(Value) \$ (N/A)
	Nominal interest in APN # 211-10-010 F, J, & K, that are unlawful to sell per A.R.S. § 9-463.03	Make and year: N/A
		Model: N/A
		Registration #: N/A

Motor vehicle #2	Other assets	Other assets
(Value) \$ (N/A)	(Value) \$ (N/A)	N/A
Make and year: N/A		
Model: N/A		
Registration #: N/A		

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
N/A	\$ N/A	\$ N/A
	\$	\$
	\$	\$
	\$	\$

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

Name [or, if under 18, initials only]	Relationship	Age
N/A	N/A	N/A

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)	\$300	\$ (N/A)
Are real estate taxes included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is property insurance included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$195	\$ (N/A)

Home maintenance (repairs and upkeep)	\$0	\$ (N/A)
Food	\$355	\$ (N/A)
Clothing	\$0	\$ (N/A)
Laundry and dry-cleaning	\$0	\$ (N/A)
Medical and dental expenses	\$15	\$ (N/A)
Transportation (not including motor vehicle payments)	\$130	\$ (N/A)
Recreation, entertainment, newspapers, magazines, etc.	\$0	\$ (N/A)
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's:	\$0	\$ (N/A)
Life:	\$0	\$ (N/A)
Health:	\$0	\$ (N/A)
Motor vehicle:	\$0	\$ (N/A)
Other:	\$0	\$ (N/A)
Taxes (not deducted from wages or included in mortgage payments) (specify):	\$0	\$ (N/A)
Installment payments		
Motor Vehicle:	\$0	\$ (N/A)
Credit card (name):	\$0	\$ (N/A)
Department store (name):	\$0	\$ (N/A)
Other:	\$0	\$ (N/A)
Alimony, maintenance, and support paid to others	\$0	\$ (N/A)
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$0	\$ (N/A)
Other (specify):	\$0	\$ (N/A)
Total monthly expenses:	\$995	\$ (N/A)

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 No

If yes, how much? \$ 300

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

Per #10, anticipated printing and mailing costs for Petitions, Motions, and Briefs are \$300, to be garnished from transportation and food. I am living on \$995/mo. social security that barely covers basic expenses. I was hit and run over by a truck on August 26, 2014. I underwent 13 surgeries and was hospitalized for 3 months, then had out-patient therapy and surgeries from 2015-2017. My medical expenses exceeded \$800,000. I have a medical lien of \$68,000. The injuries continue to be debilitating, including worsening glaucoma.

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

Your daytime phone number: (520) 216-4103

Your age: 68 *Your years of schooling:* 20

Last four digits of your social-security number: (seal)