

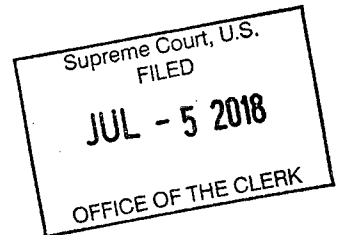
18-9201

No. 17A-1122

ORIGINAL

IN THE
SUPREME COURT OF THE UNITED STATES

GALEN LEMMA AMERSON and FRANCES MOORE SCOTT — PETITIONER
(Your Name)



VS.

United States Bankruptcy Court for Colorado — 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 ^{Scott} has previously been granted leave to proceed *in forma pauperis* in the following court(s):

Frances Moore Scott only
{ United States District Court for Colorado 18-cv-02044 GPG - \$50 filing fee waived - \$350 due
United States District Court for Colorado 18-cv-02938 - \$50 filing fee waived - \$350 due

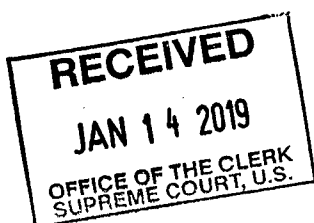
☒ Petitioner ^{Amerason} has **not** previously been granted leave to proceed *in forma pauperis* in any other court.

☐ 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.



Frances Moore Scott
(Signature)

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

I, FRANCES MOORE SCOTT, 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 - December 2018	
	You	ENDING 1-17-18 Spouse	You	Spouse
Employment	\$ 0	\$ 7,750	\$ 0	\$ 0
Self-employment	\$ 0	\$ 0	\$ 0	\$ 0
Income from real property (such as rental income)	\$ 0	\$ 0	\$ 0	\$ 0
Interest and dividends	\$ 0	\$ 0	\$ 0	\$ 0
Gifts	\$ 0	\$ 0	\$ 0	\$ 0
Alimony	\$ 0	\$ 0	\$ 0	\$ 0
Child Support	\$ 0	\$ 0	\$ 0	\$ 0
Retirement (such as social security, pensions, annuities, insurance) <small>Old Age Gap</small>	\$ 0	\$ 0	\$ 1,100 788 *	\$ 2,350 788 *
Disability (such as social security, insurance payments)	\$ 0	\$ 0	\$ 0	\$ 0
Unemployment payments	\$ 0	\$ 0	\$ 0	\$ 2,400
Public-assistance (such as welfare)	\$ 0	\$ 0	\$ 0	\$ 0
Other (specify): <u>Food Stamp</u>	\$ 0	\$ 0	\$ 192	\$ 192.00
Total monthly income:	\$ 0	\$ 7,750	\$ 2,090	\$ 5,150

* January
if approved
included in
total

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
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
MillerCoors Brewing LLC	Ford St Golden, Colorado 80401	9-2000 -> 7-17-2018	\$ 7,750 + Benefits
			\$
			\$

4. How much cash do you and your spouse have? \$ 0.00

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
None		\$	\$
		\$	\$
		\$	\$

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
Year, make & model _____
Value _____

☐ Motor Vehicle #2
Year, make & model _____
Value _____

☐ Other assets
Description All assets stolen from us - including all money - vehicles - property
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
Collection will require law suits to collect	\$ unknown	\$ unknown
	\$	\$
	\$	\$

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

Name	Relationship	Age
No One		

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.

We are currently Homeless 11/26/18		You Estimated	Your spouse Estimated
Rent or home-mortgage payment (include lot rented for mobile home)		\$ 250	\$ 1800
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)		\$ 100	\$ 300
Home maintenance (repairs and upkeep)		\$ 175	\$ 75
Food	over food stamps	\$ 40	\$ 40
Clothing		\$ 50	\$ 50
Laundry and dry-cleaning		\$ 40	\$ 40
Medical and dental expenses		\$ 150	\$ 150

	<i>estimated</i> You	<i>estimated</i> Your spouse
Transportation (not including motor vehicle payments)	\$ <u>150</u>	\$ <u>150</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>50</u>	\$ <u>50</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>40</u>	\$ <u>40</u>
Life	\$ <u>125</u>	\$ <u>150</u>
Health - Drug Plan Cap	\$ <u>300</u>	\$ <u>300</u>
Motor Vehicle	\$ <u>160</u>	\$ <u>60</u>
Other: <u>Storage Unit</u>	\$ <u>250</u>	\$ <u>250</u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>IRS Levy (estimated)</u>	\$ <u>150</u>	\$ <u>400</u>
Installment payments		
Motor Vehicle	\$ <u>0</u>	\$ <u>0</u>
Credit card(s)	\$ <u>0</u>	\$ <u>0</u>
Department store(s)	\$ <u>0</u>	\$ <u>0</u>
Other: <u>Money Judgment - Alleged</u>	\$ <u>50</u>	\$ <u>50</u>
Alimony, maintenance, and support paid to others	\$ <u>0</u>	\$ <u>0</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>0</u>	\$ <u>0</u>
Other (specify): <u>Attorney</u>	\$ <u>800</u>	\$ <u>800</u>
Total monthly expenses:	\$ <u>2,675</u>	\$ <u>4,645</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.

UNSURE
Hope so

• hoping to recover damages from current suit against us.

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.

We were sued by an unscrupulous attorney who jailed us in violation of rights guaranteed by the Sixth Amendment and 14th Amendment – Jail cost spouse his job + benefits – unscrupulous Attorney took everything we had – far more than we owed while we were in jail.

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

Executed on: November 26, 2018

Frances M. Scott
(Signature)

Resident Account Summary
Friday, February 08, 2019 @08:22

For DPD Number: 0000885399 MOORER-SCOTT, FRANCES

Date	Transaction	Description	Amount	Balance	Owed	Held	Reference
02/08/2019	EPR	OID:100533558-ComisaryPurc	-39.79	0.47	0.00	0.00	02/08/2019
02/06/2019	<NOTARY>	NOTARY	-2.00	40.26	0.00	0.00	02/06/2019
02/06/2019	NOTARY	NOTARY	2.00	42.26	2.00	0.00	02/06/2019
02/04/2019	WITHDRAW CH	FILING FEE 2018CV0257	-28.40	42.26	0.00	0.00	02/04/2019
02/04/2019	WITHDRAW CH	FILING FEE 18-CV-02044-GP	-28.40	70.66	0.00	0.00	02/04/2019
02/04/2019	WITHDRAW CH	FILING FEE 18-CV-02938-GP	-38.00	99.06	0.00	0.00	02/04/2019
02/01/2019	SECUREDEPOS	95240378 AMERSON GALEN	137.00	137.06	0.00	0.00	02/01/2019
02/01/2019	EPR	OID:100532557-ComisaryPurc	-17.65	0.06	0.00	0.00	02/01/2019
01/30/2019	<POSTAGE>	POSTAGE	-6.20	17.71	0.00	0.00	01/30/2019
01/30/2019	POSTAGE	POSTAGE	6.20	23.91	6.20	0.00	01/30/2019
01/25/2019	EPR	OID:100531559-ComisaryPurc	-54.74	23.91	0.00	0.00	01/25/2019
01/23/2019	<POSTAGE>	POSTAGE	-33.45	78.65	0.00	0.00	01/23/2019
01/23/2019	POSTAGE	POSTAGE	33.45	112.10	33.45	0.00	01/23/2019
01/18/2019	EPR	OID:100530636-ComisaryPurc	-29.99	112.10	0.00	0.00	01/18/2019
01/15/2019	SECUREDEPOS	92850143 AMERSON GALEN	142.00	142.09	0.00	0.00	01/15/2019
01/11/2019	EPR	OID:100529654-ComisaryPurc	-19.58	0.09	0.00	0.00	01/11/2019
01/04/2019	WITHDRAW CH	FILING FEE 18-CV-02044-GP	-20.00	19.67	0.00	0.00	01/04/2019
01/04/2019	WITHDRAW CH	FILING FEE 2018CV0257	-20.00	39.67	0.00	0.00	01/04/2019
01/04/2019	EPR	OID:100528679-ComisaryPurc	-40.53	59.67	0.00	0.00	01/04/2019
01/03/2019	SECUREDEPOS	98530009 Ragsdale Loretta	100.00	100.20	0.00	0.00	01/03/2019
12/28/2018	EPR	OID:100527719-ComisaryPurc	-16.87	0.20	0.00	0.00	12/28/2018
12/24/2018	ERF	OID:100526979-ComisaryRefi	3.00	17.07	0.00	0.00	12/24/2018
12/21/2018	EPR	OID:100526979-ComisaryPurc	-72.37	14.07	0.00	0.00	12/21/2018
12/14/2018	EPR	OID:100526212-ComisaryPurc	-11.56	86.44	0.00	0.00	12/14/2018
12/09/2018	<NOTARY>	Payment for NOTARY on 2018	-2.00	98.00	0.00	0.00	12/09/2018
12/09/2018	SECUREDEPOS	94492465 Ragsdale Loretta	100.00	100.00	2.00	0.00	12/09/2018
12/04/2018	NOTARY	NOTARIZED 11/30/2018	2.00	0.00	2.00	0.00	12/04/2018
12/04/2018	WITHDRAW CH	FILING FEE 18-CV-02044-GP	-11.00	0.00	0.00	0.00	12/04/2018
12/04/2018	WITHDRAW CH	VOID-FILING FEE 18-CV-0204	11.00	11.00	0.00	0.00	12/04/2018
12/04/2018	WITHDRAW CH	FILING FEE 18-CV-02044-GP	-11.00	0.00	0.00	0.00	12/04/2018
12/04/2018	WITHDRAW CH	FILING FEE 2018CV0257	-40.00	11.00	0.00	0.00	12/04/2018
11/23/2018	EPR	OID:100523518-ComisaryPurc	-49.84	51.00	0.00	0.00	11/23/2018
11/18/2018	SECUREDEPOS	95946670 Ragsdale Loretta	100.00	100.84	0.00	0.00	11/18/2018
11/16/2018	EPR	OID:100522688-ComisaryPurc	-29.56	0.84	0.00	0.00	11/16/2018
11/09/2018	EPR	OID:100521777-ComisaryPurc	-62.64	30.40	0.00	0.00	11/09/2018
11/08/2018	<MEDICAL>	MED KITE #17 20680	-7.00	93.04	0.00	0.00	11/08/2018
11/08/2018	MEDICAL	MED KITE #17 20680	7.00	100.04	7.00	0.00	11/08/2018
11/02/2018	SECUREDEPOS	99115993 Ragsdale Loretta	100.00	100.04	0.00	0.00	11/02/2018
11/02/2018	EPR	OID:100520955-ComisaryPurc	-1.61	0.04	0.00	0.00	11/02/2018
11/01/2018	WITHDRAW CH	FILING FEE 18-CV-02044-GP	-20.00	1.65	0.00	0.00	11/01/2018
11/01/2018	WITHDRAW CH	FILING FEE 2018CV0257	-40.00	21.65	0.00	0.00	11/01/2018
10/26/2018	EPR	OID:100520150-ComisaryPurc	-41.44	61.65	0.00	0.00	10/26/2018
10/21/2018	SECUREDEPOS	99457181 Ragsdale Loretta	100.00	103.09	0.00	0.00	10/21/2018
10/19/2018	EPR	OID:100519385-ComisaryPurc	-45.17	3.09	0.00	0.00	10/19/2018
10/12/2018	EPR	OID:100518381-ComisaryPurc	-52.32	48.26	0.00	0.00	10/12/2018
10/05/2018	SECUREDEPOS	43143501 Ragsdale Loretta	100.00	100.58	0.00	0.00	10/05/2018
10/05/2018	<MEDICAL>	MED KITE #17 209636	-7.00	0.58	0.00	0.00	10/05/2018
10/05/2018	MEDICAL	MED KITE #17 209636	7.00	7.58	7.00	0.00	10/05/2018
10/05/2018	EPR	OID:100517469-ComisaryPurc	-38.86	7.58	0.00	0.00	10/05/2018
9/28/2018	<MEDICAL>	MED KITE #17 123824	-7.00	46.44	0.00	0.00	09/28/2018
9/28/2018	MEDICAL	MED KITE #17 123824	7.00	53.44	7.00	0.00	09/28/2018
9/28/2018	EPR	OID:100516681-ComisaryPurc	-46.52	53.44	0.00	0.00	09/28/2018
9/21/2018	EPR	OID:100515726-ComisaryPurc	-59.60	99.96	0.00	0.00	09/21/2018
9/20/2018	<MEDICAL>	MED KITE #17 140690	-7.00	159.56	0.00	0.00	09/20/2018
9/20/2018	MEDICAL	MED KITE #17 140690	7.00	166.56	7.00	0.00	09/20/2018
9/15/2018	EPR	OID:100514851-ComisaryPurc	-77.01	166.56	0.00	0.00	09/15/2018
9/07/2018	<MEDICAL>	MED KITE #17 116146	-7.00	243.57	0.00	0.00	09/07/2018
9/07/2018	MEDICAL	MED KITE #17 116146	7.00	250.57	7.00	0.00	09/07/2018

Resident Account Summary

Friday, February 08, 2019 @08:22

For DPD Number: 0000885399 MOORER-SCOTT, FRANCES

Date	Transaction Description	Amount	Balance	Owed	Held	Reference	
09/07/2018	EPR	OID:100514092-ComisaryPur	-54.68	250.57	0.00	0.00	09/07/2018
08/31/2018	EPR	OID:100513322-ComisaryPur	-26.62	305.25	0.00	0.00	08/31/2018
08/30/2018	SECUREDEPOS	45108591 Ragsdale Loretta	300.00	331.87	0.00	0.00	08/30/2018
08/24/2018	EPR	OID:100512356-ComisaryPur	-61.67	31.87	0.00	0.00	08/24/2018
08/20/2018	<MEDICAL>	Payment for MEDICAL on 20	-6.46	93.54	0.00	0.00	08/20/2018
08/20/2018	SECUREDEPOS	41637932 Ragsdale Loretta	100.00	100.00	6.46	0.00	08/20/2018
08/10/2018	<MEDICAL>	MED KITE #17 120158	-0.54	0.00	6.46	0.00	08/10/2018
08/10/2018	MEDICAL	MED KITE #17 120158	7.00	0.54	7.00	0.00	08/10/2018
08/10/2018	EPR	OID:100510636-ComisaryPur	-4.28	0.54	0.00	0.00	08/10/2018
08/03/2018	EPR	OID:100509774-ComisaryPur	-33.52	4.82	0.00	0.00	08/03/2018
07/27/2018	EPR	OID:100508971-ComisaryPur	-25.50	38.34	0.00	0.00	07/27/2018
07/20/2018	EPR	OID:100508155-ComisaryPur	-71.16	63.84	0.00	0.00	07/20/2018
07/12/2018	<MEDICAL>	KITE 17191442 7/7/18	-7.00	135.00	0.00	0.00	07/12/2018
07/12/2018	MEDICAL	KITE 17191442 7/7/18	7.00	142.00	7.00	0.00	07/12/2018
07/06/2018	<PROCESS FE	Payment for PROCESSING FEI	-30.00	142.00	0.00	0.00	07/06/2018
07/06/2018	DEPOSIT CAS	BOOKIN	172.00	172.00	30.00	0.00	07/06/2018
07/06/2018	PROCESSING	ResMerge Service Initial (30.00	0.00	30.00	0.00	07/06/2018

18-9201

No. 17A-1122

ORIGINAL

IN THE
SUPREME COURT OF THE UNITED STATES

Supreme Court, U.S.
FILED

JUL - 5 2018

OFFICE OF THE CLERK

GALEN LEMAR AMERSON and FRANCES Moore Scott — PETITIONER
(Your Name)

VS.

United States Bankruptcy Court for the District — RESPONDENT(S)
of Colorado

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 ^{Scott} has previously been granted leave to proceed *in forma pauperis* in the following court(s):

FRANCES MOORE SCOTT only { United States District Court for Colorado 18-cv-02044 GPG - \$50 filing fee waived - \$350 due
United States District Court for Colorado 18-cv-02938 - \$50 filing fee waived - \$350 due

☒ Petitioner ^{Amerson} has **not** previously been granted leave to proceed *in forma pauperis* in any other court.

☒ Petitioner's affidavit ^(2 separate) 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.


(Signature)

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

I, Galen LeMar Amerson, 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	\$ <u>7,750</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Self-employment	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Income from real property (such as rental income)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Interest and dividends	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Gifts	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Alimony	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Child Support	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>2,350</u> 788 **	\$ <u>1,100</u> * 788 *
Disability (such as social security, insurance payments)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Unemployment payments	\$ <u>0</u>	\$ <u>0</u>	\$ <u>2,400</u>	\$ <u>0</u>
Public-assistance (such as welfare)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Other (specify): <u>Food Stamps</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>192</u>	\$ <u>192</u> *
Total monthly income:	\$ <u>7,750</u>	\$ <u>0</u>	\$ <u>5,750</u>	\$ <u>2,080</u>

* if released from jail
** January if approved -
included in totals

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
Miller Coors Brewing L.L.C	Ford St. Golden, Colorado 80401	9-2000 → 7-17-2018	\$ 7,750 + Benefits
			\$
			\$

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? \$0.00
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
None	\$	\$
	\$	\$
	\$	\$

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

<input type="checkbox"/> Home Value _____	<input type="checkbox"/> Other real estate Value _____
<input type="checkbox"/> Motor Vehicle #1 Year, make & model _____ Value _____	<input type="checkbox"/> Motor Vehicle #2 Year, make & model _____ Value _____
<input type="checkbox"/> Other assets Description <u>All assets, vehicles and property have been stolen from us</u> 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
Collection will require law suits to collect	\$ <u>unknown</u>	\$ <u>unknown</u>
	\$ _____	\$ _____
	\$ _____	\$ _____

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
Frances Moore Scott	Spouse	62

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.

Currently Homeless on 11/26/2018	You Estimated	Your spouse Estimated
Rent or home-mortgage payment (include lot rented for mobile home)	\$ <u>1,800</u>	\$ <u>250</u>
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)	\$ <u>300</u>	\$ <u>100</u>
Home maintenance (repairs and upkeep)	\$ <u>75</u>	\$ <u>75</u>
Food <i>over food stamps</i>	\$ <u>75</u>	\$ <u>75</u>
Clothing	\$ <u>50</u>	\$ <u>50</u>
Laundry and dry-cleaning	\$ <u>40</u>	\$ <u>40</u>
Medical and dental expenses	\$ <u>150</u>	\$ <u>150</u>

	ESTIMATED You	ESTIMATED Your spouse
Transportation (not including motor vehicle payments)	\$ 150	\$ 150
Recreation, entertainment, newspapers, magazines, etc.	\$ 50	\$ 50
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ 40	\$ 40
Life	\$ 150	\$ 125
Health - Gap Insurance	\$ 300	\$ 300
Motor Vehicle	\$ 160	\$ 60
Other: Storage Unit	\$ 250	\$ 250
Taxes (not deducted from wages or included in mortgage payments)		
(specify): IRS Levy	\$ 1400	\$ 150
Installment payments		
Motor Vehicle	\$ 0	\$ 0
Credit card(s)	\$ 0	\$ 0
Department store(s)	\$ 0	\$ 0
Other: Money judgment - Alleged	\$ 50	\$ 50
Alimony, maintenance, and support paid to others	\$ 0	\$ 0
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0	\$ 0
Other (specify):	\$ 800	\$ 800
Total monthly expenses:	\$ 4,645	\$ 2,675

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.

Unsure -

Hope so

• trying to file for wrongful termination

• hoping to recover damages from current suit against us

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? _____

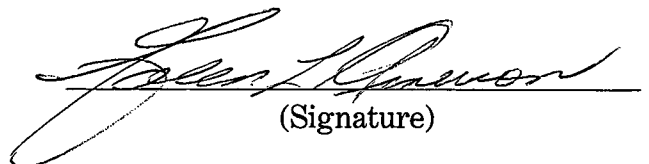
If yes, state the person's name, address, and telephone number:

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

We were sued by an unscrupulous attorney who jailed us in violation of the 6th and 14th Amendments - Jail time (49 days for me - over 150+ days for spouse) cost me my job and benefits, the only family income. The unscrupulous attorney stole everything we had - far more than we owed while we were in jail.

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

Executed on: NOV 26, 2018


(Signature)



Golden Branch
816 Washington Ave
Golden, CO 80401
303-279-6414 Fax (303) 279-6336

(MINI-STATEMENT)

GALEN L AMERSON
25587 CONIFER RD, STE 105-#404
CONIFER CO 80433

ACCOUNT: XXXXXX212

PERIOD: 01/01/18 TO 02/20/19

ESTATE OF JOYCE AMERSON ID:00

EFFECT	POST	TRANSACTION DESCRIPTION	AMOUNT	NEW BALANCE
01/01/18		ID 00 - Estate Of Joyce Amerson Balance Forward		25.00
02/20/19		Ending Balance		25.00

ESTATE OF JOYCE AMERSON ID:80

EFFECT	POST	TRANSACTION DESCRIPTION	AMOUNT	NEW BALANCE
01/01/18		ID 80 - Estate Of Joyce Amerson Balance Forward		436.83
04/03/18	04/03/18	WITHDRAWAL		0.00
04/15/18	04/15/18	DEPOSIT ATM #027474 BELLCO CU 8001 SOUTHPARK WAY LITTLETON CO R0309N33	692.73	692.73
04/22/18	04/22/18	DEPOSIT ATM #018563 BELLCO CU 8001 SOUTHPARK WAY LITTLETON CO R0309K81	731.97	1,424.70
05/03/18	05/03/18	DEPOSIT ATM #024813 BELLCO CU 8001 SOUTHPARK WAY LITTLETON CO R0309K81	654.64	2,079.34
05/16/18	05/16/18	DEPOSIT ATM #058337 BELLCO CU 8001 SOUTHPARK WAY LITTLETON CO R0309N33	630.37	2,709.71
05/31/18	05/31/18	WITHDRAWAL DEBIT CARD VISA DEBIT NATURAL GROCERS DENVER CO DATE 05/30/18 0 8150027513 0 5411	- 133.62	2,576.09
05/31/18	05/31/18	DEPOSIT ATM #037542 BELLCO CU 8001 SOUTHPARK WAY LITTLETON CO R0309K81	693.38	3,269.47
06/01/18	06/01/18	WITHDRAWAL DRAFT 001002 TRACER 0090468088	- 2,500.00	769.47
06/15/18	06/15/18	DEPOSIT ATM #043367 BELLCO CU 3610-A RIVER POINT PARK SHERIDIAN CO CK4K21	745.50	1,514.97
06/30/18	06/30/18	DEPOSIT ATM #057181 ON TAP CREDIT U 816 WASHINGTON AVE GOLDEN CO 000000000000D287	594.53	2,109.50
07/06/18	07/06/18	WITHDRAWAL GARNISHMENT FEE	- 28.00	2,081.50
07/06/18	07/06/18	WITHDRAWAL GARNISHMENT	2,081.50	0.00
07/09/18	07/09/18	WITHDRAWAL FEE OVERDRAWN IN THE AMOUNT \$1,694.00.	- 28.00	- 28.00
08/13/18	08/13/18	DEPOSIT OWES 28.00 NSF FEE	28.00	0.00
02/20/19		Ending Balance		0.00

SHAREDRAFT CHECKING ID:81

EFFECT	POST	TRANSACTION DESCRIPTION	AMOUNT	NEW BALANCE
01/01/18		ID 81, - Sharedraft Checking Balance Forward		97.40
04/03/18	04/03/18	WITHDRAWAL GARNISHMENT - ATLAS LAW FIRM	- 97.40	0.00
11/24/18	11/24/18	DEPOSIT	100.00	100.00
11/28/18	11/28/18	WITHDRAWAL OF CASH	- 100.00	0.00
02/20/19		Ending Balance		0.00