

18-9840
NO. 18A1015

Supreme Court, U.S.
FILED

JUN 06 2019

OFFICE OF THE CLERK

IN THE
SUPREME COURT OF THE UNITED STATES

KEVIN FERNANDEZ,
Petitioner,

-vs.-

THE STATE OF NEVADA, et al.,
Respondents.


ON PETITION FOR WRIT OF CERTIORARI TO THE
UNITED STATES COURT OF APPEALS FOR THE FIRST CIRCUIT

MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

The Petitioner, KEVIN FERNANDEZ, appering in propria persona, hereby moves the Court for leave to file the attached petition for writ of certiorari, without prepayment of costs and to proceed in forma pauperis. Petitioner has been granted leave to so proceed in both the United States District Court and Court of Appeals. Petitioner's affidavit in support of this motion is attached hereto pursuant to Supreme Court Rule 46(1) and 28 U.S.C. §1915(a).

Dated this 25th day of March, 2019.

ORIGINAL


Kevin Fernandez #110185
New Hampshire State Prison
P.O. Box 14
Concord, NH 03302
Petitioner, Pro Se

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SUPREME COURT OF THE UNITED STATES

KEVIN FERNANDEZ,
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CERTIFICATE OF SERVICE


I, KEVIN FERNANDEZ, appearing in propria persona, hereby certify that on this 25th day of March, 2019, a single copy of the Motion For Leave To Proceed In Forma Pauperis in the above-entitled action were mailed, First Class postage prepaid, via the United States Postal Service in a sealed envelope addressed to:

Donald randall Gilmer and
Senior Deputy Attorney General
State of Nevada
100 No. Carson Street
Carson City, NV 89701

Gordon J. MacDonald
Attorney General
State of New Hampshire
33 Capitol Street
Concord, NH 03302

which are the counsel for all the respondents herein. I further certify that all the parties required to be served have been served.

Dated this 25th day of March, 2019.


Kevin Fernandez #110185
New Hampshire State Prison
P.O. Box 14
Concord, NH 03302
Petitioner, Pro Se

Affidavit to Accompany Motion for Leave to Appeal in Forma Pauperis

KEVIN FERNANDEZ,
Petitioner
v.

THE STATE OF NEVADA, et al.,
Respondent.

District Court No. 1:17-cv-00226-IM
Appeal No. 18-1142

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: 

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: February 08, 2019

My issues on appeal are:

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>40.00</u>	\$ <u>N/A</u>	\$ <u>40.00</u>	\$ <u>N/A</u>
Self-employment	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Income from real property (such as rental income)	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>
Interest and dividends	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>
Gifts	\$ <u>50.00</u>	\$ <u>NONE</u>	\$ <u>50.00</u>	\$ <u>NONE</u>
Alimony	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>
Child support	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>

Retirement (such as social security, pensions, annuities, insurance)	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>
Disability (such as social security, insurance payments)	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>
Unemployment payments	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>
Public-assistance (such as welfare)	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>
Other (specify): _____	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>
Total Monthly income:	\$ <u>\$90.00</u>	\$ <u>/0.00</u>	\$ <u>\$90.00</u>	\$ <u>0.00</u>

2. List your employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions)

Employer	Address	Dates of Employment	Gross monthly pay
<u>NHDOC</u>	<u>Box 14, Concord</u>	<u>02/16</u>	<u>\$40.00</u>
_____	<u>NH</u>	_____	_____
_____	_____	_____	_____

3. List your spouse's employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions)

Employer	Address	Dates of Employment	Gross monthly pay
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
_____	_____	_____	_____
_____	_____	_____	_____

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
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
_____	_____	_____	_____
_____	_____	_____	_____

If you are a prisoner, 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 or your spouse owns. Do not list clothing and ordinary household furnishings.

Home (Value) <u>N/A</u> <hr/> <hr/> <hr/>	Other real estate (Value) <u>N/A</u> <hr/> <hr/> <hr/>	Motor Vehicle #1 (Value) Make & year: <u>N/A</u> Model: _____ Registration #: _____
Motor Vehicle #2 (Value) Make & year: <u>N/A</u> Model: _____ Registration #: _____	Other assets (Value) <u>N/A</u> <hr/> <hr/> <hr/>	Other assets (Value) <u>N/A</u> <hr/> <hr/> <hr/>

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>NDOC</u>	<u>* See Below</u>	<u>N/A</u>
<u>NHDOC</u>	<u>* See Below</u>	<u> </u>
<u>Linda Ziehm</u>	<u>* See Below</u>	<u> </u>
<u>ARCPoint Labs</u>	<u>* See Below</u>	<u> </u>

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

Name [or, if under 18, initials only]	Relationship	Age
<u>NONE</u>	<u>N/A</u>	<u>N/A</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

* Petitioner is currently involved in litigation with these "persons" for Compensatroy and other damages.

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	Spouse
Rent or home mortgage payment (include lot rented for mobile home)	\$ <u>NONE</u>	\$ <u>N/A</u>
Are any 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>NONE</u>	\$ <u>N/A</u>
Home maintenance (repairs and upkeep)	\$ <u>NONE</u>	\$ <u>N/A</u>
Food	\$ <u>50.00</u>	\$ <u>N/A</u>
Clothing	\$ <u>NONE</u>	\$ <u>N/A</u>
Laundry and dry-cleaning	\$ <u>NONE</u>	\$ <u>N/A</u>
Medical and dental expenses	\$ <u>10.00</u>	\$ <u>N/A</u>
Transportation (not including motor vehicle payments)	\$ <u>NONE</u>	\$ <u>N/A</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>NONE</u>	\$ <u>N/A</u>
Insurance (not deducted from wages or included in Mortgage payments)	\$ <u>NONE</u>	\$ <u>N/A</u>
Homeowner's or renter's	\$ <u>NONE</u>	\$ <u>N/A</u>
Life	\$ <u>NONE</u>	\$ <u>N/A</u>
Health	\$ <u>NONE</u>	\$ <u>N/A</u>
Motor vehicle	\$ <u>NONE</u>	\$ <u>N/A</u>
Other: <u>NONE</u>	\$ <u>NONE</u>	\$ <u>N/A</u>
Taxes (not deducted from wages or included in Mortgage payments) (specify): <u>NONE</u>	\$ <u>NONE</u>	\$ <u>N/A</u>
Installment payments	\$ <u>NONE</u>	\$ <u>N/A</u>
Motor vehicle	\$ <u>NONE</u>	\$ <u>N/A</u>
Credit card (name): <u>NONE</u>	\$ <u>NONE</u>	\$ <u>N/A</u>
Department store (name): <u>NONE</u>	\$ <u>NONE</u>	\$ <u>N/A</u>
Other: <u>NONE</u>	\$ <u>NONE</u>	\$ <u>N/A</u>
Alimony, maintenance, and support paid to others	\$ <u>NONE</u>	\$ <u>N/A</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>NONE</u>	\$ <u>N/A</u>
Other (specify): <u>Legal expenses/costs/copy fees</u>	\$ <u>50.00</u>	\$ <u>N/A</u>
<u>((\$1,000.00+ attorney fee)</u>		
Total monthly expenses:	\$ <u>\$110.00</u>	\$ <u>0.00</u>

9. Do you expect any major changes to your monthly income or expenses in your assets or liabilities during the next 12 months?

☐ Yes

☒ No

If yes, describe on 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? \$ N/A

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

N/A

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? \$.020¢ per copy (copy fees)

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

NHDOC

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

I am incarcerated, I am unemployed, have no assets, and I am poor.

13. State the city and state of your legal residence.

Concord, New Hampshire

Your daytime phone number: N/A

Your age: 59 years Your years of schooling: 16+

Last four digits of your social-security number: 3900