

ARMANDO D. ISLAS, JR., #32762
ASPC YUMA - CIBOLA, 6A 48
P. O. BOX 8909
SAN LUIS, AZ 85349
PETITIONER PRO SE

19-5051

Supreme Court, U.S.
FILED

JUN 26 2019

OFFICE OF THE CLERK

IN THE
SUPREME COURT OF THE UNITED STATES

ARMAND DUARTE ISLAS, JR.,
PETITIONER,
v.
CHARLES L. RYAN, DIRECTOR,
ARIZONA DEPT. OF CORRECTIONS,
AND
MARK BRNOVICH, ATTORNEY GENERAL
OF THE STATE OF ARIZONA,
RESPONDENTS.

No.

ON PETITION FOR A WRIT OF
CERTIORARI TO THE
UNITED STATES COURT OF APPEALS
FOR THE NINTH CIRCUIT, No. 18-16856

MOTION TO PROCEED
IN FORMA PAUPERIS

THE PETITIONER IN THE ABOVE ENCAPTIONED PETITION FOR A WRIT OF CERTIORARI HEREBY MOVES
THIS COURT FOR LEAVE TO PROCEED IN FORMA PAUPERIS, PURSUANT TO SUPREME COURT RULES 39
AND 12.2, AS AN INMATE CONFINED AT THE INSTITUTION SHOWN ABOVE.

AN AFFIDAVIT IN SUPPORT HEREOF IS ATTACHED. HE SO MOVES TO SEEK THE GRANT PROVIDED
UNDER SUPREME COURT RULE 39.4 ALLOWING THE DOCKETING OF THE PETITION, AND
FOR ITS ACCOMPANYING PAPERS, WITHOUT FEE.

WHEREFORE, THE PETITIONER PRAYS THAT THE COURT GRANT THIS MOTION, FOR LEAVE TO PROCEED
IN FORMA PAUPERIS, AND TO FILE THE PETITION AND THIS MOTION.

I DECLARE PURSUANT TO 28 USC § 1746 THAT THE FOREGOING IS TRUE AND CORRECT, AND IS
SUPPORTED BY A TRUE AND CORRECT COPY OF THE APPENDED AFFIDAVIT.

RESPECTFULLY SUBMITTED THIS 26th DAY OF JUNE, 2019.

Armando A. Islas
13/ARMANDO D. ISLAS, JR.
PETITIONER PRO SE

JK.

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SUPREME COURT, U.S.

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

I, ARMANDO O. ISLAS, JR., 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	\$ _____	\$ N/A	\$ _____	\$ N/A
Self-employment	\$ —	\$ _____	\$ —	\$ _____
Income from real property (such as rental income)	\$ —	\$ _____	\$ —	\$ _____
Interest and dividends	\$ —	\$ _____	\$ —	\$ _____
Gifts	\$ —	\$ _____	\$ —	\$ _____
Alimony	\$ —	\$ _____	\$ —	\$ _____
Child Support	\$ —	\$ _____	\$ —	\$ _____
Retirement (such as social security, pensions, annuities, insurance)	\$ —	\$ _____	\$ —	\$ _____
Disability (such as social security, insurance payments)	\$ —	\$ _____	\$ —	\$ _____
Unemployment payments	\$ —	\$ _____	\$ —	\$ _____
Public-assistance (such as welfare)	\$ —	\$ _____	\$ —	\$ _____
Other (specify): _____	\$ —	\$ _____	\$ —	\$ _____
Total monthly income:	\$ _____	\$ N/A	\$ _____	\$ N/A

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
ASPC YUMA-CIBOLA	P. O. BOX 8909 SAN LUIS, AZ 85349	IN CUSTODY SINCE 2014	\$ _____ \$ _____ \$ _____

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			\$ _____ \$ _____ \$ _____

4. How much cash do you and your spouse have? \$ 0

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

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

Home
Value N/A

Other real estate
Value N/A

Motor Vehicle #1
Year, make & model N/A
Value

Motor Vehicle #2
Year, make & model N/A
Value

Other assets
Description N/A
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
N/A	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

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

Name	Relationship	Age
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, or annually to show the monthly rate.

	You	Your spouse
Rent or home-mortgage payment (include lot rented for mobile home)	\$ 0	\$ N/A
Are real estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 0	\$ _____
Home maintenance (repairs and upkeep)	\$ 0	\$ _____
Food	\$ 0	\$ _____
Clothing	\$ 0	\$ _____
Laundry and dry-cleaning	\$ 0	\$ _____
Medical and dental expenses	\$ 0	\$ _____

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>0</u>	\$ <u>N/A</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>0</u>	\$ _____
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>N/A</u>	\$ _____
Life	\$ _____	\$ _____
Health	\$ _____	\$ _____
Motor Vehicle	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ <u>0</u>	\$ _____
Installment payments		
Motor Vehicle	\$ <u>N/A</u>	\$ _____
Credit card(s)	\$ _____	\$ _____
Department store(s)	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Alimony, maintenance, and support paid to others	\$ <u>N/A</u>	\$ _____
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>0</u>	\$ _____
Other (specify): _____	\$ _____	\$ _____
Total monthly expenses:	\$ <u>0</u>	\$ <u>N/A</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.

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.

I HAVE BEEN IMPRISONED FOR OVER FIVE YEARS.

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

Executed on: JUNE 26, 2019

Armando D. Islas Jr.
/s/ ARMANDO D. ISLAS, JR.

(Signature)