

No. 19-6017

ORIGINAL

Supreme Court, U.S.
FILED

SEP 11 2019

OFFICE OF THE CLERK

IN THE
SUPREME COURT OF THE UNITED STATES

RANDY MATTHEW CORDERO PETITIONER
(Your Name)

VS.

NICK A. GUZMAN, %etal. 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):

- ①. U.S. DISTRICT COURT, EASTERN DISTRICT OF CALIFORNIA-SACRAMENTO;
- ②. U.S. COURT OF APPEALS FOR THE NINTH CIRCUIT.

☐ 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: APPOINTMENT OF PRO BONO COUNSEL WOULD BENEFIT THE COURT'S REVIEW., or

☒ a copy of the order of appointment is appended.

Randy M. Cordero
(Signature)

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

I, RANDY M. CORDERO, 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	\$ Ø	\$ N/A	\$ Ø	\$ N/A
Self-employment	\$ Ø	\$ N/A	\$ Ø	\$ N/A
Income from real property (such as rental income)	\$ Ø	\$ N/A	\$ Ø	\$ N/A
Interest and dividends	\$ Ø	\$ N/A	\$ Ø	\$ N/A
Gifts	\$ Ø	\$ N/A	\$ Ø	\$ N/A
Alimony	\$ Ø	\$ N/A	\$ Ø	\$ N/A
Child Support	\$ Ø	\$ N/A	\$ Ø	\$ N/A
Retirement (such as social security, pensions, annuities, insurance)	\$ Ø	\$ N/A	\$ Ø	\$ N/A
Disability (such as social security, insurance payments)	\$ Ø	\$ N/A	\$ Ø	\$ N/A
Unemployment payments	\$ Ø	\$ N/A	\$ Ø	\$ N/A
Public-assistance (such as welfare)	\$ Ø	\$ N/A	\$ Ø	\$ N/A
Other (specify): <u>N/A</u>	\$ Ø	\$ N/A	\$ Ø	\$ N/A
Total monthly income:	\$ Ø	\$ N/A	\$ Ø	\$ 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
N/A	N/A	N/A	\$ 0
N/A	N/A	N/A	\$ 0
N/A	N/A	N/A	\$ 0

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	N/A	N/A	\$ 0
N/A	N/A	N/A	\$ 0
N/A	N/A	N/A	\$ 0

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
0	0	\$ 0	\$ 0
0	0	\$ 0	\$ 0
0	0	\$ 0	\$ 0

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

☐ Home ~~NONE~~
Value ~~0~~ N/A

☐ Other real estate
Value ~~0~~ NONE

☐ Motor Vehicle #1 ~~NONE~~
Year, make & model ~~0~~
Value ~~0~~

☐ Motor Vehicle #2 ~~NONE~~
Year, make & model ~~0~~
Value ~~0~~

☐ Other assets
Description ~~NONE~~
Value ~~0~~

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
NONE	\$ NONE	\$ NONE
NONE	\$ NONE	\$ NONE
NONE	\$ NONE	\$ NONE

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

Name	Relationship	Age
NONE	NONE	NONE
NONE	NONE	NONE
NONE	NONE	NONE

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)	\$ NONE	\$ NONE
Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No N/A		
Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No N/A		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 0	\$ 0
Home maintenance (repairs and upkeep)	\$ 0	\$ 0
Food	\$ 0	\$ 0
Clothing	\$ 0	\$ 0
Laundry and dry-cleaning	\$ 0	\$ 0
Medical and dental expenses	\$ 0	\$ 0

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>NONE</u>	\$ <u>NONE</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>NONE</u>	\$ <u>NONE</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>Ø</u>	\$ <u>Ø</u>
Life	\$ <u>Ø</u>	\$ <u>Ø</u>
Health	\$ <u>Ø</u>	\$ <u>Ø</u>
Motor Vehicle	\$ <u>Ø</u>	\$ <u>Ø</u>
Other: <u>NONE</u>	\$ <u>Ø</u>	\$ <u>Ø</u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>NONE</u>	\$ <u>Ø</u>	\$ <u>Ø</u>
Installment payments		
Motor Vehicle	\$ <u>Ø</u>	\$ <u>Ø</u>
Credit card(s)	\$ <u>Ø</u>	\$ <u>Ø</u>
Department store(s)	\$ <u>Ø</u>	\$ <u>Ø</u>
Other: <u>NONE</u>	\$ <u>Ø</u>	\$ <u>Ø</u>
Alimony, maintenance, and support paid to others	\$ <u>Ø</u>	\$ <u>Ø</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>Ø</u>	\$ <u>Ø</u>
Other (specify): <u>NONE</u>	\$ <u>Ø</u>	\$ <u>Ø</u>
Total monthly expenses: <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</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? \$187.20

BILL OF COSTS

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

YEVGENIY PARKMAN
CALIFORNIA ATTORNEY GENERAL'S OFFICE
455 GOLDEN GATE AVE. SUITE 11000
SAN FRANCISCO, CALIFORNIA 94102
(415) 510-3608

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? 0

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

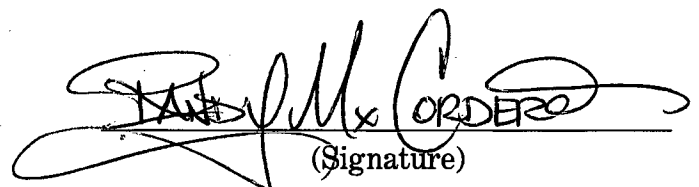
N/A

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

I AM A PRISON INMATE CONFINED IN A CALIFORNIA
STATE PRISON, UN-EMPLOYED, AND I AM INDIGENT.

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

Executed on: SATURDAY AUGUST 31ST, 2019


(Signature)

Consequently, within 21 days a
shall complete and file with this court
directs the prison officials at appellant
to the court the \$505 filing and docket
whenever funds exist in appellant's trust
be collected regardless of the date or
U.S.C. § 1915(b)(2) and (e)(2).

If appellant fails to comply with
the Clerk. *See* 9th Cir. R. 42-1.

UNITED STATES COURT OF APPEALS
FOR THE NINTH CIRCUIT

FILED

AUG 11 2017

MOLLY C. DWYER, CLERK
U.S. COURT OF APPEALS

RANDY MATTHEW CORDERO,

Plaintiff - Appellant,

v.

NICK A. GUZMAN, C/O; et al.,

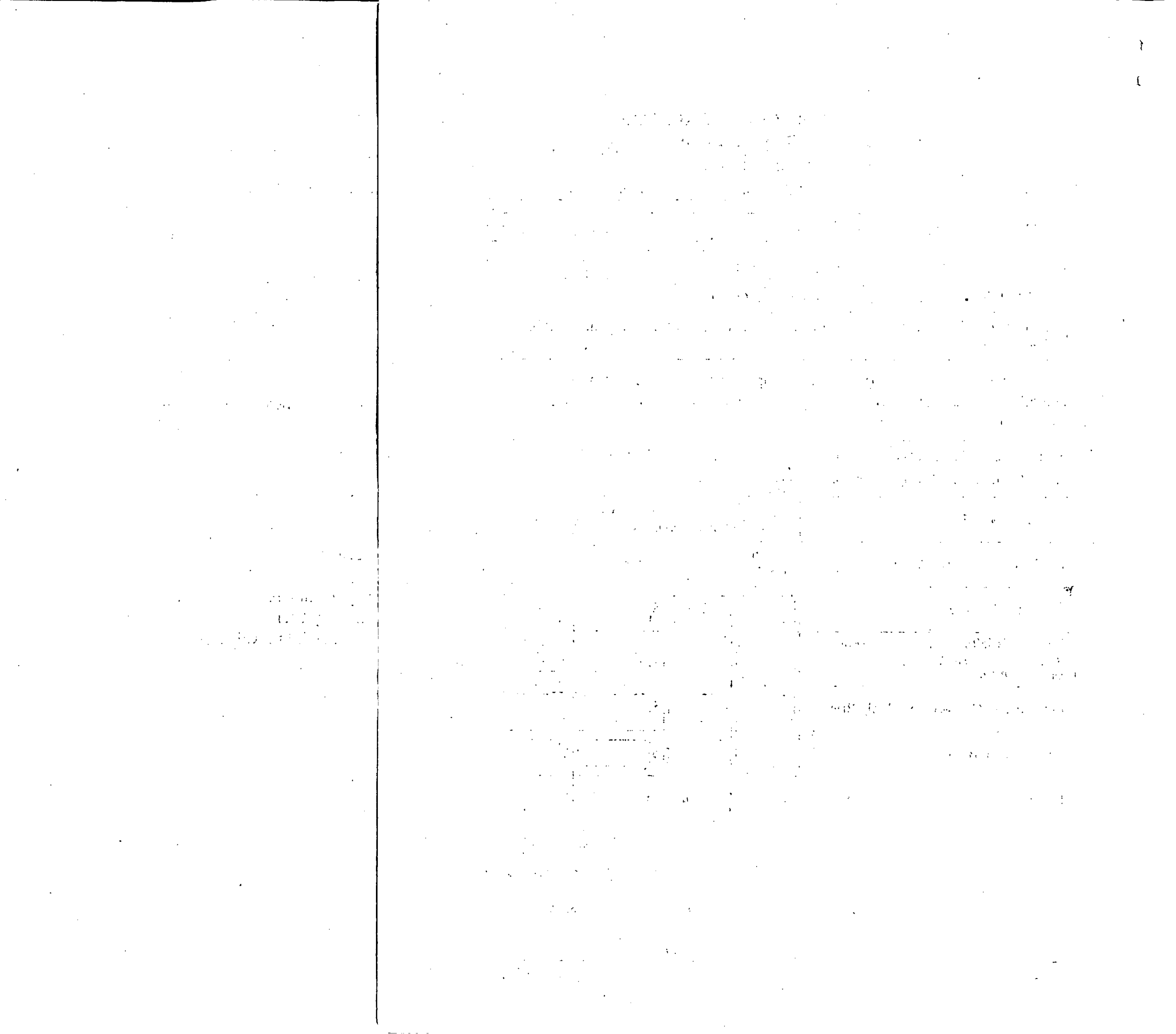
Defendants - Appellees.

No. 17-16608

D.C. No. 2:13-cv-01551-JAM-KJN
U.S. District Court for Eastern
California, Sacramento

ORDER

A review of the district court docket reflects that appellant was permitted to proceed in forma pauperis in the district court, and that such permission has not been revoked to date. Consequently, appellant's forma pauperis status continues in this court. *See* Fed. R. App. P. 24(a). Pursuant to 28 U.S.C. § 1915(b)(1) and (2), however, appellant must pay the full amount of the filing and docketing fees for this appeal when funds are available in appellant's account. Appellant is not responsible for payment when the funds in appellant's prison trust account total less than \$10, but payments must resume when additional deposits are made or funds are otherwise available.



**UNITED STATES COURT OF APPEALS
FOR THE NINTH CIRCUIT**

Form 10. Bill of Costs

Instructions for this form: <http://www.ca9.uscourts.gov/forms/form10instructions.pdf>

9th Cir. Case Number(s) 17-16608

Case Name Randy M. Cordero v. N. Guzman, et al.

The Clerk is requested to award costs to (*party name(s)*):

Defendants-Appellees N. Guzman, D. Vincent, T. Smith, A. Parra, J. Mejia,
and J. Bugarin

I swear under penalty of perjury that the copies for which costs are requested were actually and necessarily produced, and that the requested costs were actually expended.

Signature s/Yevgeniy Parkman

Date 06/18/2019

(use "s/[typed name]" to sign electronically-filed documents)

COST TAXABLE	REQUESTED (each column must be completed)			
	No. of Copies	Pages per Copy	Cost per Page	TOTAL COST
Excerpts of Record*	6	225	\$0.1	\$135
Principal Brief(s) (<i>Opening Brief; Answering Brief; 1st, 2nd, and/or 3rd Brief on Cross-Appeal; Intervenor Brief</i>)	9	58	\$0.1	\$52.2
Reply Brief / Cross-Appeal Reply Brief			\$	\$
Supplemental Brief(s)			\$	\$
Petition for Review Docket Fee / Petition for Writ of Mandamus Docket Fee				\$
TOTAL:				\$187.2

***Example:** Calculate 4 copies of 3 volumes of excerpts of record that total 500 pages [Vol. 1 (10 pgs.) + Vol. 2 (250 pgs.) + Vol. 3 (240 pgs.)] as:

No. of Copies: 4; Pages per Copy: 500; Cost per Page: \$.10 (or actual cost IF less than \$.10);

TOTAL: 4 x 500 x \$.10 = \$200.

Feedback or questions about this form? Email us at forms@ca9.uscourts.gov

**UNITED STATES COURT OF APPEALS
FOR THE NINTH CIRCUIT**

Form 15. Certificate of Service for Electronic Filing

Instructions for this form: <http://www.ca9.uscourts.gov/forms/form15instructions.pdf>

9th Cir. Case Number(s) 17-16608

I hereby certify that I electronically filed the foregoing/attached document(s) on this date with the Clerk of the Court for the United States Court of Appeals for the Ninth Circuit using the Appellate Electronic Filing system.

Service on Case Participants Who Are Registered for Electronic Filing:

I certify that I served the foregoing/attached document(s) via email to all
☐ registered case participants on this date because it is a sealed filing or is
submitted as an original petition or other original proceeding and therefore
cannot be served via the Appellate Electronic Filing system.

Service on Case Participants Who Are NOT Registered for Electronic Filing:

I certify that I served the foregoing/attached document(s) on this date by hand
☒ delivery, mail, third party commercial carrier for delivery within 3 calendar
days, or; having obtained prior consent, by email to the following unregistered
case participants *(list each name and mailing/email address)*:

Randy Matthew Cordero (T37551)
R.J Donovan Correctional Facility
480 Alta Road
San Diego, CA 92179

Description of Document(s) *(required for all documents)*:

Form 10. Bill of Costs

Signature s/ E. Tornqvist

Date Jun 20, 2019

(use "s/[typed name]" to sign electronically-filed documents)

Feedback or questions about this form? Email us at forms@ca9.uscourts.gov

Institution: RJD

Inmate Statement Report

CDCR#	Inmate/Group Name	Institution	Unit	Cell/Bed
T37551	CORDERO, RANDY	RJD	C 015 2	217001

Current Available Balance: \$0.00

Transaction List

Transaction Date	Institution	Transaction Type	Source Doc#	Receipt#/Check#	Amount	Account Balance
No information was found for the given criteria.						

Encumbrance List

Encumbrance Type	Transaction Date	Amount
No information was found for the given criteria.		

Obligation List

Obligation Type	Court Case#	Original Owed Balance	Sum of Tx for Date Range for Oblg	Current Balance
PLRA	EDCV10-1935-GHK	\$350.00	\$0.00	\$205.92
PLRA	2:13-CV-01551	\$350.00	\$0.00	\$259.10
PLRA	APPEALS: 10CV01935PJW	\$505.00	\$0.00	\$457.00
PLRA	2 13-CV-0155-JAM-KJN	\$505.00	\$0.00	\$493.00

Restitution List

Restitution	Court Case#	Status	Original Owed Balance	Interest Accrued	Sum of Tx for Date Range for Oblg	Current Balance
RESTITUTION FINE	HEF004261	Fulfilled	\$200.00	\$0.00	\$0.00	\$0.00
RESTITUTION FINE	SWF026899	Fulfilled	\$300.00	\$0.00	\$0.00	\$0.00