

No. **19-6439** ORIGINAL

IN THE
SUPREME COURT OF THE UNITED STATES

FILED
OCT 26 2019
OFFICE OF THE CLERK
SUPREME COURT, U.S.

Arthur Lopez PETITIONER
(Your Name)

VS.
MUT Union Bank N.A. RESPONDENT(S)
et al.

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):

United States Supreme Court, United States Court of Appeals, 9th Cir., United States District Court, California Supreme Court, California Court of Appeals, 4th District, Superior Court of California

☐ 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: _____, or

☐ a copy of the order of appointment is appended.

Arthur Lopez
(Signature)

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SUPREME COURT, U.S.

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

I, Arthur Lopez, 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	DIVORCED-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	\$ 100.- Holiday 100.- Birthday	\$ N/A	\$ 0	\$ N/A
Alimony	\$ 0	\$ N/A	\$ 0	\$ N/A
Pay Child Support	\$100- Superior Court Ordered	\$ Under Review By CA Court of Appeals	\$ 0	\$ N/A
Retirement (such as social security, pensions, annuities, insurance)	\$ 0	\$ N/A	\$ 0	\$ 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)	County Social Services \$ 518.-	\$ N/A	\$ 518.-	\$ N/A
Other (specify):	Charity-Varies	\$ N/A	\$ Charity-Varies	\$ N/A
Total monthly income:		\$ 518 + Charities N/A	\$ 518 + Charity	N/A

* \$100.- Gift Card From Friend
100.- check/loan from friend
In October, 2019 + couple of Times in Past.

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	N/A	NONE	\$ 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.)

Divorced since: 9/7/10

Employer	Address	Dates of Employment	Gross monthly pay
N/A	N/A	N/A	\$ 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.

Type of account (e.g., checking or savings)	Amount you have	Amount your spouse has
NONE	\$ 0 / NONE	\$ 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 0
Value N/A

☐ Other real estate 0
Value N/A

☒ Motor Vehicle #1
Year, make & model 2008 Lexus LS-600hL
Value 0 Net Equity
Over \$20,000 - Due (In Liens)
Over \$15,000 - In Repairs (mechanical + comprehensive) Required - 1

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

☐ Other assets
Description (Self)
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 ^{Divorced}
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#18-55748	MUFJ Union Bank, N.A., et al	\$ 400,000.00 after Taxes	\$ 0
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#18-56452	Josh Vincelot / N. B. P.D., et al	\$ 7,000.00 after Taxes	\$ 0
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#18-55520	C.M.P.D. (Christopher Walki / Isidro Mallardo, et al	\$ 2,000.00 after Taxes	\$ 0
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* See Attached list

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
J.K.H.	Daughter	17
J.K.H.	Daughter	14
N.A.L.	Son	13
L.G.L.	Son	8

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 ^{Divorced}
Rent or home-mortgage payment (include lot rented for mobile home)	\$ 0	\$ N/A
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)	\$ 53.-	\$ N/A
Home maintenance (repairs and upkeep)	\$	\$ N/A
Food (Varies)	Approx. \$ 300.00	\$ N/A
Clothing / Shoes	\$ 15.-	\$ N/A
Laundry and dry-cleaning	\$ 25.-	\$ N/A
Medical and dental expenses	\$ 0 out of pocket	\$ N/A

Person, Business, or Organization owing:

* [6] continued :

U.S. District Court
SACV 18-01835 VLF -
MAR 6

U.S. Court of Appeals, 9th Cir. 17-56869 (5)

18855 - 11 # 10

U.S. District Court
SACV 19-01143 VBF -
WRR

Corona Police Department/
Joseph Brown/ City of Corona, et al

20,000,000 \$

(One Million Dollars after taxes)

State of California / Superior Court / \$ 550,000.00.02

State of California / Department of Fair Employment
and Housing, et al
(Five hundred Fifty Million)
Dollars after taxes

H.S.B.C. Bank, USA, N.A. / \$ 1449,000,000.00

7.) SACV 19-01816
U.S. Court of Appeals 9th Cir.
HSC Holdings PLC / (four) (one) Dollars after

67125-61 #

8. U.S. District Court (Court)
SACV 17-01470
U.S. Court of Appeals, 9th Cir.

77155-61 FF

9) Superior Court of California, - Justice Company LLC, 74E,
County of Orange
Jorge
of

98000010-8107-08 #

\$150,000,000.00 (one hundred fifty million Dollars offer for sale)

	You	Divorced Your spouse
Transportation (not including motor vehicle payments)	\$ 0	\$ N/A
Recreation, entertainment, newspapers, magazines, etc.	\$ 0 *	\$ N/A
* Occasional Movie Theater Admission Ticket approx \$7.-		
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's (without home)	\$ 0	\$ N/A
Life	\$ 0	\$ N/A
Health	\$ 0 out of pocket	\$ N/A
Motor Vehicle	\$ 67.- approx.	\$ N/A
Other: Storage \$25 + 0 ⁰⁰ = 33.-	\$ 33. ⁰⁰	\$ N/A
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ 0	\$ N/A
Installment payments		
- Superior Court of California, County of Orange	\$ 25.-	
- Superior Court of California, County of Riverside	\$ 10.-	
Motor Vehicle		\$ N/A
Credit card(s)	\$ 0	\$ N/A
Department store(s)	\$ 0	\$ N/A
Other: N/A	\$ 0	\$ N/A
* Alimony, maintenance, and support paid to others	\$ *	\$ N/A
* \$100- Child Support Court Ordered - Currently ~\$800 under Review by CA Court of Appeals		
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0	\$ N/A
Other (specify): Gas Expense Varies	\$ 100. ⁰⁰	\$ N/A
Total monthly expenses:	Varies/ Approx. \$ 633. ⁰⁰	\$ 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 ☒ 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? *

* NO monies have been paid to anyone, such as paralegal or a typist related to this case; other than the typing of an amended complaint on the previous district Court case against these defendants under Case # SACV 15-01354 JLS(KSS)

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

Several Hundred Dollars in early 2016.

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

Plaintiff suffered a Traumatic Fall in December of 2015 that led to a Temporary Paralysis. THE Injuries are permanent including a Spine Compression as confirmed by several medical doctors including a Spine Surgeon - Samuel Bederman; Neurologist - DR. AL Hariri and General H.S. - DR. Philip Madrid as well as 4 Radiologists through 4 MRIs.

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

Executed on: October 20th, 2019


(Signature)