

19-6472 ORIGINAL  
No. \_\_\_\_\_

IN THE  
SUPREME COURT OF THE UNITED STATES

FILED  
AUG 17 2019  
OFFICE OF THE CLERK  
SUPREME COURT, U.S.

Arthur Lopez — PETITIONER  
(Your Name)

VS.  
State of California — 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):

United States Court of Appeals for the Ninth Circuit, United States District Court for the Central District California Supreme Court, California Court of Appeals 4th District, Div. 3 & 2, Superior Court of California, County of Orange & Riverside

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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**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	Spouse	You	Spouse
DR. Confirmed Permanent Employment Injuries/Disability (Unemployed)	\$ 0.00	\$ N/A	\$ 0.00	\$ N/A
Self-employment	\$ 0.00	\$ N/A	\$ 0.00	\$ N/A
Income from real property (such as rental income)	\$ 0.00	\$ N/A	\$ 0.00	\$ N/A
Interest and dividends	\$ 0.00 <i>2018 (1 time)</i>	\$ N/A	\$ 0.00	\$ N/A
Gifts (Charity - Christmas - B-Day, \$500. + 100. + misc. \$ Family/Friends (Church))	\$ 0.00	\$ N/A	\$ 0.00	\$ N/A
Alimony	\$ 0.00	\$ N/A	\$ 0.00	\$ N/A
Child Support (I pay \$100. mo)	\$ 0.00	\$ N/A	\$ 0.00	\$ N/A
Retirement (such as social security, pensions, annuities, insurance)	\$ 0.00	\$ N/A	\$ 0.00	\$ N/A
Disability (such as social security, insurance payments)	\$ 0.00	\$ N/A	\$ 0.00	\$ N/A
Unemployment payments	\$ 0.00	\$ N/A	\$ 0.00	\$ N/A
Public-assistance (such as welfare) (Food/Fin. Assist.)	\$ 192.00 <i>Food/Fin. Assist.</i> <i>Effective Mid September 2018</i> <i>Loan</i>	\$ N/A	\$ 192.00 <i>FoodAssist. N/A</i> <i>326. - Loan/Fin. Assist.</i>	\$ N/A
Other (specify): Charity from Church, Family, Friends	\$ 20. + 10. + 20 + \$ varies	\$ N/A	\$ 20.00 <i>Charity \$ N/A</i> <i>from friends, church</i>	
Assistance w/ Car Repair and Transfer of Lien Assistance from Friends - Monetary	*\$ 0.00 <i>From Work</i> <i>Investment</i>	\$ N/A	*\$ 0.00 <i>from work</i> <i>Investment</i>	\$ N/A
	*\$ 518.00 Social Services (Food + Fin. Loan)		*\$ 518. Social Services (Food + Fin. Loan)	

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	N/A	\$ 0.00
			\$
			\$

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.)

(Unmarried)

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? \$ 0.00  
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	\$ 0.00	\$ 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 2008 Lexus LS600H

Value of Equity 28,000 miles

Over \$15K in Liens + over \$15K in Needed Repairs

Motor Vehicle #2

Year, make & model N/A

Value

Other assets

Description N/A

Value

(Mechanical + Comprehensive)

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.S. G. Wilson 5	\$1,000,000.00	Unmarried
MUFJ Union Bank	\$400,000.00	Claims in Civil Lawsuits:
The Irvine Company LLC	\$100,000.00	\$ N/A
Various Police Dept. + Municipality	\$ over 17,000,000.00	\$ N/A
STATE of California	\$400,000.00	

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
T. K. L.	Daughter	16
T. K. L.	Daughter	13
N. A. L.	Son	12
L. J. L.	Son	6

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	Unmarried Your spouse
Rent or home-mortgage payment (include lot rented for mobile home)	\$ 0.00	\$ 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)	\$ 0.00	\$ N/A
Home maintenance (repairs and upkeep)	\$ 0.00	\$ N/A
Food	various \$ 400.00 - 500.00	\$ N/A
Clothing	\$ 0.00	\$ N/A
Laundry and dry-cleaning	\$ 0.00	\$ N/A
Medical and dental expenses	\$ 0.00	\$ N/A

	You	Unmarried Your spouse
Transportation (not including motor vehicle payments)	<i>Gas</i> <i>Varies</i> \$100.00	\$ N/A
Recreation, entertainment, newspapers, magazines, etc.	\$ 0.00	\$ N/A
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ 0.00	\$ N/A
Life	\$ 0.00	\$ N/A
Health	\$ 0.00	\$ N/A
Motor Vehicle	\$ 0.00	\$ N/A
Other: _____	\$ 0.00	\$ N/A
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ 0.00	\$ N/A
Installment payments		
Motor Vehicle	\$ 0.00	\$ N/A
Credit card(s)	\$ 0.00	\$ N/A
Department store(s)	\$ 0.00	\$ N/A
Other: <i>Superior Court of Ca, County of Orange + Riverside</i>	\$ 25.00 + 10.00	\$ N/A
Alimony, maintenance, and support paid to others <i>(Court ordered) - In Dispute</i>	\$ 100.00	\$ N/A
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0.00	\$ N/A
Other (specify): <i>Phone</i>	\$ 34.00	\$ N/A
Total monthly expenses:	<i>Varies</i> <i>Approximately: \$669.00</i>	\$ 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? \_\_\_\_\_

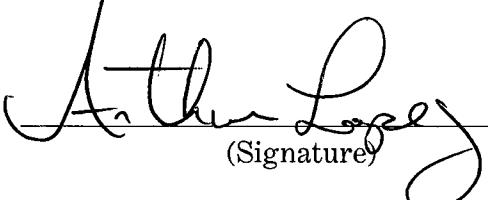
If yes, state the person's name, address, and telephone number:

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

Permanent injuries to Neck, Back, Spine, Hip suffered from Fall on December 22, 2015 as confirmed by Dr. Philip Madrid, Surgeon Samuel Bederman and Neurologist DR. Al-Harizi - Permanent Disability.

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

Executed on: August 11, 2019

  
(Signature)