

Double Side

19-7318

No. _____

ORIGINAL

Supreme Court, U.S.
FILED

JAN 06 2020

OFFICE OF THE CLERK

IN THE

SUPREME COURT OF THE UNITED STATES

JOHN HENRY YABLONSKY — PETITIONER
(Your Name)

VS.

STATE OF CALIFORNIA
SUPERIOR COURT (San Bernardino) 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*.

Petitioner has previously been granted leave to proceed *in forma pauperis* in the following court(s):

U.S. District Court/ U.S. Court of Appeal 9th cir/ U.S. Supreme court
Superior Court California(San bernardino)(Sandiego)(El Centro)

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.

JOHN HENRY YABLONSKY

(Signature)

C-17

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

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

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
			\$ 00
			\$ 00
			\$ 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.)

Employer	Address	Dates of Employment	Gross monthly pay
			\$ 00
			\$ 00
			\$ 00

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

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
		\$ 00	\$ 00
		\$ 00	\$ 00
		\$ 00	\$ 00

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

Home
Value _____

Other real estate
Value _____

Motor Vehicle #1
Year, make & model _____
Value _____

Motor Vehicle #2
Year, make & model _____
Value _____

Other assets
Description _____
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
_____	\$ C	\$ C
_____	\$ C	\$ C
_____	\$ C	\$ C

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

Name	Relationship	Age
INMATE (CDCE)	_____	_____
_____	_____	_____
_____	_____	_____

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)	\$ C	\$ C
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)	\$ C	\$ C
Home maintenance (repairs and upkeep)	\$ C	\$ C
Food	\$ C	\$ C
Clothing	\$ C	\$ C
Laundry and dry-cleaning	\$ C	\$ C
Medical and dental expenses	\$ C	\$ C

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>5</u>	\$ <u>0</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>0</u>	\$ <u>0</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>0</u>	\$ <u>0</u>
Life	\$ <u>0</u>	\$ <u>0</u>
Health	\$ <u>0</u>	\$ <u>0</u>
Motor Vehicle	\$ <u>0</u>	\$ <u>0</u>
Other: _____	\$ <u>0</u>	\$ <u>0</u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ <u>0</u>	\$ <u>0</u>
Installment payments		
Motor Vehicle	\$ <u>0</u>	\$ <u>0</u>
Credit card(s)	\$ <u>0</u>	\$ <u>0</u>
Department store(s)	\$ <u>0</u>	\$ <u>0</u>
Other: _____	\$ <u>0</u>	\$ <u>0</u>
Alimony, maintenance, and support paid to others	\$ <u>0</u>	\$ <u>0</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>0</u>	\$ <u>0</u>
Other (specify): _____	\$ <u>0</u>	\$ <u>0</u>
Total monthly expenses:	\$ <u>0</u>	\$ <u>0</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? n/t

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

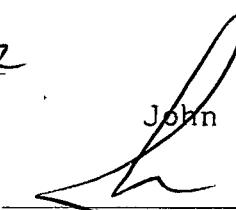
If yes, how much? n/a

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

Executed on: January 5, 2020, 2022


John Henry Yablonsky


(Signature)

If you are a prisoner you must have an officer from your institution provide this official certificate as to the amount of money in your prison account.

PRISON CERTIFICATE

(Incarcerated applicants only)

(To be completed by the institution of incarceration)

I certify that the applicant Yablonsky, John
(NAME OF INMATE)

AL0373
(INMATE'S CDC NUMBER)

Has the sum of \$ 10.92 on account to his/her credit at _____

RICHARD J. DONOVAN CORRECTIONAL FACILITY
(NAME OF INSTITUTION)

I further certify that the applicant has the following securities N/A

to his/her credit according to the records of the aforementioned institution: I further certify that during the past six months the applicant's average monthly balance was \$ 21.44

and the average monthly deposits to the applicant's account was \$ 20.84

ALL PRISONERS MUST ATTACH A CERTIFIED COPY OF THEIR TRUST ACCOUNT

STATEMENT SHOWING TRANSACTIONS FOR THE SIX-MONTH PERIOD

IMMEDIATELY PRECEDING THE FILING OF THE COMPLAINT PER 28 U.S.C. § 1915(A)(2).

12/19/2019

DATE



SIGNATURE OF AUTHORIZED OFFICER OF INSTITUTION

Fabiola Silva

OFFICER'S FULL NAME (PRINTED)

Accountant Trainee

OFFICER'S TITLE/RANK

Inmate Statement Report

Start Date:	6/19/2019	Revalidation Cycle:	All
End Date:	12/19/2019	Housing Unit:	All
Inmate/Group#:	AL0373		



THE WITHIN INSTRUMENT IS A CORRECT
COPY OF THE TRUST ACCOUNT MAINTAINED
BY THIS OFFICE.

ATTEST:

CALIFORNIA DEPARTMENT OF CORRECTIONS

BY:  TRUST OFFICE

Inmate Statement Report

CDCR#	Inmate/Group Name	Institution	Unit	Cell/Bed
AL0373	YABLONSKY, JOHN	RJD	D 018 1	147001

Current Available Balance: \$10.92

Transaction List

Transaction Date	Institution	Transaction Type	Source Doc#	Receipt#/Check#	Amount	Account Balance
06/19/2019	RJD	BEGINNING BALANCE				\$4.65
07/02/2019	RJD	SHIPPING CHARGES DUE STATE	RJD-UPS		(\$3.10)	\$1.55
07/03/2019	RJD	I/M PAY - SUPPORT	JUNE 2019 - FAC D		\$13.95	\$15.50
07/03/2019	RJD	DIRECT ORDER PAYMENT	JUNE 2019 - FAC D		(\$6.97)	\$8.53
07/03/2019	RJD	ADMINISTRATIVE FEE	JUNE 2019 - FAC D		(\$0.69)	\$7.84
07/03/2019	RJD	COPY CHARGES	11/15/17		(\$0.92)	\$6.92
07/03/2019	RJD	REGULAR MAIL	91217/91417		(\$2.58)	\$4.34
07/08/2019	RJD	COPY CHARGES	62619/70819		(\$0.20)	\$4.14
08/05/2019	RJD	I/M PAY - SUPPORT	JULY 2019- FAC D		\$23.00	\$27.14
08/05/2019	RJD	DIRECT ORDER PAYMENT	JULY 2019- FAC D		(\$11.50)	\$15.64
08/05/2019	RJD	ADMINISTRATIVE FEE	JULY 2019- FAC D		(\$1.15)	\$14.49
08/05/2019	RJD	REGULAR MAIL	91217/91417		(\$4.62)	\$9.87
08/05/2019	RJD	REGULAR MAIL	11418/11918		(\$1.13)	\$8.74
08/22/2019	RJD	SALES	5		(\$4.00)	\$4.74
09/05/2019	RJD	I/M PAY - SUPPORT	AUG 2019 FAC D		\$22.95	\$27.69
09/05/2019	RJD	DIRECT ORDER PAYMENT	AUG 2019 FAC D		(\$11.47)	\$16.22
09/05/2019	RJD	ADMINISTRATIVE FEE	AUG 2019 FAC D		(\$1.14)	\$15.08
09/05/2019	RJD	REGULAR MAIL	11418/11918		(\$5.75)	\$9.33
09/06/2019	RJD	SHIPPING CHARGES DUE STATE	RJD-UPS		(\$4.58)	\$4.75
10/03/2019	RJD	I/M PAY - SUPPORT	SEP 2019- FAC D		\$21.15	\$25.90
10/03/2019	RJD	DIRECT ORDER PAYMENT	SEP 2019- FAC D		(\$10.57)	\$15.33
10/03/2019	RJD	ADMINISTRATIVE FEE	SEP 2019- FAC D		(\$1.05)	\$14.28
10/03/2019	RJD	REGULAR MAIL	11418/11918		(\$2.97)	\$11.31
10/15/2019	RJD	SHIPPING CHARGES DUE STATE	RJD-UP		(\$3.04)	\$8.27
10/22/2019	RJD	SALES	17		(\$3.50)	\$4.77
11/05/2019	RJD	I/M PAY - SUPPORT	OCT 2019 FAC D		\$23.00	\$27.77
11/05/2019	RJD	DIRECT ORDER PAYMENT	OCT 2019 FAC D		(\$11.50)	\$16.27
11/05/2019	RJD	ADMINISTRATIVE FEE	OCT 2019 FAC D		(\$1.15)	\$15.12
11/19/2019	RJD	SALES	22		(\$9.45)	\$5.67
12/04/2019	RJD	I/M PAY - SUPPORT	NOV 2019 FAC D		\$21.00	\$26.67



THIS WITHIN INSTRUMENT IS A CORRECT
COPY OF THE TRUST ACCOUNT MAINTAINED
BY THIS OFFICE.

ATTEST:

CALIFORNIA DEPARTMENT OF CORRECTIONS

BY

TRUST OFFICE

Inmate Statement Report

Transaction Date	Institution	Transaction Type	Source Doc#	Receipt#/Check#	Amount	Account Balance
12/04/2019	RJD	DIRECT ORDER PAYMENT	NOV 2019 FAC D		(\$10.50)	\$16.17
12/04/2019	RJD	ADMINISTRATIVE FEE	NOV 2019 FAC D		(\$1.05)	\$15.12

Encumbrance List

Encumbrance Type	Transaction Date	Amount
Other Encumbrance	12/04/2019	\$4.20

Obligation List

Obligation Type	Court Case#	Original Owed Balance	Sum of Tx for Date Range for Oblg	Current Balance
PLRA	3:18-CV01122-CAB-AGS	\$350.00	\$0.00	\$345.80

Restitution List

Restitution	Court Case#	Status	Original Owed Balance	Interest Accrued	Sum of Tx for Date Range for Oblg	Current Balance
DIRECT ORDER	FVI900518	Active	\$3,861.00	\$0.00	(\$62.51)	\$3,035.07



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