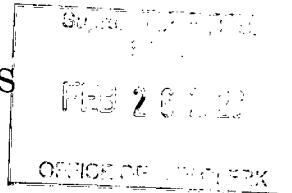


19-7852
No.

ORIGINAL
TRANSMISSION

IN THE
SUPREME COURT OF THE UNITED STATES



EDWIN F. PARSON — PETITIONER
(Your Name)

VS.

UNITED STATES AIRFORCE; ET AL., — 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):

U.S. DISTRICT COURT DISTRICT OF ALASKA; EXCEPT WHEN I
CHOSE TO APPEAL. HOWEVER, NINTH CIRCUIT OVER RULED.

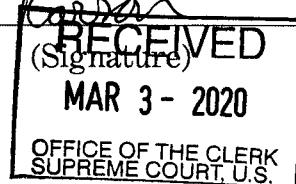
Petitioner has **not** previously been granted leave to proceed *in forma pauperis* in any other court.

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.



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

I, EDWIN F. PARSON, 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.
... USAF DIDN'T AFFORD IN 4:18-PO-00001-SAO SP

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 | X Spouse | You | X Spouse |
| Employment | \$ <u>N/A</u> | \$ <u>N/A</u> | \$ <u>UNKNOWN</u> | \$ <u>DON'T CARE</u> |
| Self-employment | \$ <u>N/A</u> | \$ <u>N/A</u> | \$ <u>UNKNOWN</u> | \$ <u>DON'T CARE</u> |
| Income from real property (such as rental income) | \$ <u>N/A</u> | \$ <u>N/A</u> | \$ <u>N/A</u> | \$ <u>DON'T CARE</u> |
| Interest and dividends | \$ <u>1000</u> | \$ <u>N/A</u> | \$ <u>None</u> | \$ <u>DON'T CARE</u> |
| Gifts | \$ <u>N/A</u> | \$ <u>N/A</u> | \$ <u>UNKNOWN</u> | \$ <u>DON'T CARE</u> |
| Alimony | \$ <u>N/A</u> <i>I'm a white Christian male.</i> | \$ <u>N/A</u> | \$ <u>NEVER</u> | \$ <u>900 PLUS..?</u> |
| Child Support | \$ <u>N/A</u> | \$ <u>N/A</u> | \$ <u>N/A</u> | \$ <u>N/A</u> |
| Retirement (such as social security, pensions, annuities, insurance)* | \$ <u>980</u> | \$ <u>N/A</u> | \$ <u>980</u> | \$ <u>900 PLUS..?</u> |
| Disability (such as social security, insurance payments) | \$ <u>N/A</u> | \$ <u>N/A</u> | \$ <u>N/A</u> | \$ <u>DON'T CARE</u> |
| Unemployment payments | \$ <u>N/A</u> | \$ <u>N/A</u> | \$ <u>N/A</u> | \$ <u>DON'T CARE</u> |
| Public-assistance (such as welfare) | \$ <u>N/A</u> | \$ <u>N/A</u> | \$ <u>N/A</u> | \$ <u>DON'T CARE</u> |
| Other (specify): <u>PFD</u> | \$ <u>108</u> | \$ <u>N/A</u> | \$ <u>UNKNOWN</u> <u>TILL DECEASE</u> | \$ <u>DON'T CARE</u> |
| Total monthly income: | \$ <u>1754</u> | \$ <u>N/A</u> | \$ <u>980</u> | \$ <u>900 PLUS..?</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 |
|----------|---------|---------------------|-------------------|
| N/A | | | \$ |
| | | | \$ |
| | | | \$ |

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 |
|-------------------------------------|---------------------|---------------------|--------------------|
| STATE OF ALASKA CHILD PROTECTION | FAIRBANKS ALASKA | 2005 TO UNKNOWN | \$ MORE THAN ME... |
| | | | \$ |
| | | | \$ |

4. How much cash do you ~~and your spouse~~ have? \$ 100.00

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 |
|---|-----------------|------------------------|
| ALASKA USA CHECKING | \$ 1300.00 | \$ MORE THAN |
| ALASKA USA SAVINGS | \$ 3000.00 | \$ ME !? |
| | \$ | \$ |

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

Home

Value X TOOK IT...

Other real estate

Value N/A

Motor Vehicle #1

Year, make & model 2004 FORD F150

Value 5,000.00

Motor Vehicle #2

Year, make & model 2007 YAMAHA APEX MT.

Value 1500.00

Other assets

Description AVIATION RELATED TOOLS, PORTABLE WELDER, GENERATOR, KAYAK, MTB, ETC.

Value 7,000.00

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 |
|---------------------------------------|---------------------|----------------------------|
| USAF | \$ UBI JUS IBI ⑫ | \$ NONE |
| | \$ REMEDIUM | \$ |
| | \$ | \$ |

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 |
|------------|-----------------|-------|
| ANN PARSON | X, BUT TAKES \$ | ADULT |
| | | |
| | | |

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) | \$ 1100 | \$ 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) <i>(cell)</i> | \$ 160 | \$ N/A |
| Home maintenance (repairs and upkeep) | \$ 10 | \$ N/A |
| Food | \$ 250 | \$ N/A |
| Clothing | \$ 10 | \$ N/A |
| Laundry and dry-cleaning | \$ 5 | \$ N/A |
| Medical and dental expenses | \$ 13 | \$ N/A |

| | You | Your spouse |
|---|----------------|---------------|
| Transportation (not including motor vehicle payments) | \$ 200 | \$ N/A |
| Recreation, entertainment, newspapers, magazines, etc. | \$ 50 | \$ N/A |
| Insurance (not deducted from wages or included in mortgage payments) | | |
| Homeowner's or renter's | \$ N/A | \$ N/A |
| Life | \$ N/A | \$ N/A |
| Health | \$ 20 | \$ N/A |
| Motor Vehicle | \$ 60 | \$ N/A |
| Other: _____ | \$ N/A | \$ N/A |
| Taxes (not deducted from wages or included in mortgage payments) | | |
| (specify): _____ | \$ N/A | \$ N/A |
| Installment payments | | |
| Motor Vehicle | \$ N/A | \$ N/A |
| Credit card(s) | \$ N/A | \$ N/A |
| Department store(s) | \$ N/A | \$ N/A |
| MAL 3:10 Other: <u>TITHES AND FAST OFFERINGS</u> | \$ 115 | \$ N/A |
| Alimony, maintenance, and support paid to others AUTO-TAKEN; PREVIOUSLY ANNOTATED | \$ 900 PLUS | \$ N/A |
| Regular expenses for operation of business, profession, or farm (attach detailed statement) | \$ N/A | \$ N/A |
| Other (specify): <u>FREEDOM ISN'T FREE...</u> | \$ UNKNOWN | \$ N/A |
| Total monthly expenses: | \$ 1999 | \$ 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? *AS RESPECT TO THE ABSENCE OF A REMEDY?*

Yes No If yes, describe on an attached sheet. *HOMELESSNESS, IF STAY JOBLESS. AND DEBT OR PRINTING MONEY IS NOT AN OPTION!*

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? *I'VE DEPLETED MY SAVINGS AND 401KS!*

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

PRO SE

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? *\$ 120 / mo.*

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

VERIZION CELL DATA, LOCAL LIBRARY, USPS, ETC.

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

FINANCIALLY DISTRAUGHT DUE TO PURSUIT OF A RIGHT THAT WAS WRONGED.

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

Executed on: 24 FEBRUARY, 2020


(Signature)