

No. 20-5230

ORIGINAL

FILED

JUL 06 2020

OFFICE OF THE CLERK
SUPREME COURT U.S.

IN THE

SUPREME COURT OF THE UNITED STATES

Arthur Lopez — PETITIONER
(Your Name)

VS.
Newport Beach Police Department,
Joshua Vincelot, 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): United States Supreme Court, United States District Court for the Central District of California, United States Court of Appeals for the Ninth Circuit, Supior Court of California, California Court of Appeals, California Supreme Court
 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)

RECEIVED

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OFFICE OF THE CLERK
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	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
* Charity \$70. + 40 + 180. -	\$ 100. - Holiday	\$ N/A	\$ 0	\$ N/A
* Gifts Food, Recreations	\$ 100. - Boy	\$ N/A	\$ 0	\$ N/A
* Church/Friends Program fee	\$ 15.20 on December food/gas aid.	\$ N/A	\$ 0	\$ N/A
Alimony	\$ 0	\$ N/A	\$ 0	\$ N/A
Pay Child Support \$100 Superior Court Ordered	\$ Under Review	\$ N/A	\$ 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) Services	\$ 518. -	\$ N/A	\$ 518. -	\$ N/A
Other (specify):	\$ N/A	\$ N/A	\$ N/A	\$ N/A

- " Social Serv. Approx. Church
Total monthly income: \$ 518 + Charities N/A \$ 518 + (Charity) N/A
Christian Friend helped with Postage & Gas \$ 15.20 periodically sometimes for food-gas.
\$ 100. Gift Card from Friend (approx. value) Catholic Priest Aid To The Shop for two a
\$ 200 Postage Assistance Over Several mos. Used replacement tires - \$ 200. - Chu
\$ 100. Check/Loan from Friend Several mos. Catholic Church Charity Ministry, Purchased
In October, 2019 + Several Car Battery (Value of approx \$160. in Feb 2020)
\$ 70. - Church Friends Times up past 12 mos approx.
Charity Vanies from Church Friends for Food - Gas \$ 40 \$ 36 - \$ 80 -

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
* <u>None</u>	<u>N/A</u>	<u>None</u>	\$ <u>0</u>
* Due to Permanent Injuries/Disabilities/Spin on cervical, See Attached Medical Exhibits (8) pages			
* Filed 2015, 2016, 2017, 2018, 2019 No Income Tax Return			

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
<u>Divorced since: 9/7/10</u>	<u>N/A</u>	<u>N/A</u>	\$ <u>N/A</u>
			\$ <u>N/A</u>
			\$ <u>N/A</u>

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
<u>None</u>	\$ <u>0</u> / <u>None</u>	\$ <u>N/A</u>
	\$ <u> </u>	\$ <u> </u>
	\$ <u> </u>	\$ <u> </u>

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 600h
Value \$ Net Equity

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

Other assets
Description (Self)
Value

Over \$20,000. - Due to Liens
over \$15,000. - In Repairs (Mechanical + Comprehensive) Required - 1

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
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20-55390 U.S.A. \$ 1 Bill. after Taxes \$ 0

18-56452 Josh Vincent et al v. N.B.P.D. et al \$ 7,000,000.00 after Taxes \$ 0

18-55520 C.N.P.D. /Christopher Walk / \$ 2,000,000.00 after Taxes \$ 0
Isidro Gallardo, et al * See Attached hist

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.L.	Daughter	17
J.K.L.	Daughter	14
N.A.L.	Son	13
J.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	Divorced Your spouse
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 <u>telephone</u>) 949.467.0937	\$ 53. -	\$ N/A
Home maintenance (repairs and upkeep)	\$ _____	\$ N/A
Food (<u>Varies</u>)	Approx. \$ 300.00	\$ N/A
Clothing / Shoes	\$ 15. -	\$ N/A
Laundry and dry-cleaning	\$ 25. - <u>Varies</u>	\$ N/A
Medical and dental expenses	\$ 0 out of pocket	\$ N/A

	You	Your ^{divorced} 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	Quote \$ 67.- approx.	\$ N/A
Other:	\$	\$ 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.-	\$ N/A
Motor Vehicle		
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 approx \$ 800 under		
Regular expenses for operation of business, profession, or farm (attach detailed statement)		
Other (specify): Gas Expense varies	\$ 180.00	\$ N/A
Total monthly expenses:	Varies/ Approx. \$ 680.00	\$ N/A

Review by Ca Court of Appeals. Due to Respondent (Costing \$1650 Check payable to Petitioner/Ex Spouse without his knowledge or signature)

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 *

* 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)
Several Hundred Dollars in early 2016.

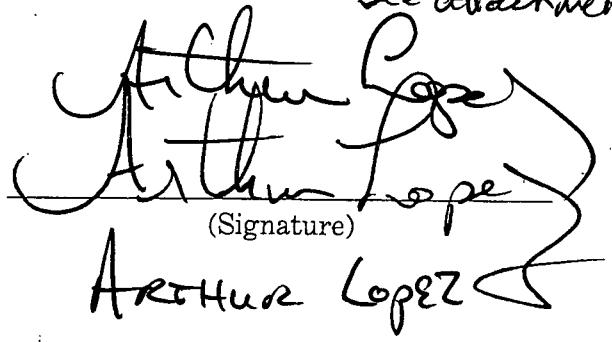
If yes, how much? *

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 Haini and Mental H.D. - DR. Philip Madrid as well as 4 Radiologists through MRI. I declare under penalty of perjury that the foregoing is true and correct. See Attachment

Executed on:

July 3rd, 2020


(Signature)