

20-6276

No. 20A _____

Supreme Court, U.S.
FILED

NOV 02 2020

OFFICE OF THE CLERK

In The
Supreme Court of the United States

October 2020 Term

AREK R. FRESSADI,

Petitioner-Applicant,

v.

STATE OF ARIZONA; ET AL.,

Respondents.

On Writ of Certiorari to the
Supreme Court of the State of Arizona

MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

ORIGINAL

AREK R. FRESSADI
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Applicant, Pro Se Legist

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DEC - 2 2020

OFFICE OF THE CLERK
SUPREME COURT, U.S.

MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

Pursuant to Supreme Court Rule 39, Petitioner Arek R. Fressadi ("Fressadi") hereby moves this Honorable Court to grant him leave to proceed *in forma pauperis* for the filing of all documents relating to the appeal of Arizona Supreme Court's decision in case number CV-19-0279-PR. Fressadi hereby declares:

1) Fressadi has previously been granted leave to proceed *in forma pauperis* or state court equivalent (waiver/deferral) in the following courts since he became indigent due to the subject matter of 18-8351 in this Court, exacerbated by getting hit and run over by a truck in 2014: Pima County Consolidated Justice Court, Pima County Superior Court, Pinal County Superior Court, Maricopa County Superior Court, Arizona Court of Appeals Divisions I and II, Arizona Supreme Court, United States District Court of Arizona, United States Court of Appeals for the Ninth Circuit, and this Court.

2) Fressadi's Affidavit in support of this motion is attached hereto per Rule 39.1.

3) Fressadi took early Social Security in 2012 to prosecute his legal matters full time. As of 1/1/20, he receives \$1,011/month that barely covers basic needs. He has no other income while pursuing his constitutional rights in this case.

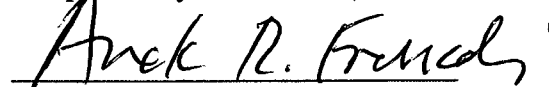
CONCLUSION

For the foregoing reasons, Petitioner Arek R. Fressadi respectfully requests that this Court grant him leave to file all documents *in forma pauperis* relating to the appeal of Arizona Supreme Court's decisions in case number CV-19-0279-PR.

Pursuant to 28 U.S.C. § 1746, Fressadi declares under penalty of perjury that the foregoing is true and correct.

Executed on November 2, 2020.

Respectfully submitted,



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

I, Arek R. Fressadi, 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>n/a</u>	\$ <u>0</u>	\$ <u>n/a</u>
Self-employment	\$ <u>0</u>	\$ <u>n/a</u>	\$ <u>0</u>	\$ <u>n/a</u>
Income from real property (such as rental income)	\$ <u>0</u>	\$ <u>n/a</u>	\$ <u>0</u>	\$ <u>n/a</u>
Interest and dividends	\$ <u>0</u>	\$ <u>n/a</u>	\$ <u>0</u>	\$ <u>n/a</u>
Gifts	\$ <u>0</u>	\$ <u>n/a</u>	\$ <u>0</u>	\$ <u>n/a</u>
Alimony	\$ <u>0</u>	\$ <u>n/a</u>	\$ <u>0</u>	\$ <u>n/a</u>
Child Support	\$ <u>0</u>	\$ <u>n/a</u>	\$ <u>0</u>	\$ <u>n/a</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>1,011</u>	\$ <u>n/a</u>	\$ <u>1,011</u>	\$ <u>n/a</u>
Disability (such as social security, insurance payments)	\$ <u>0</u>	\$ <u>n/a</u>	\$ <u>0</u>	\$ <u>n/a</u>
Unemployment payments	\$ <u>0</u>	\$ <u>n/a</u>	\$ <u>0</u>	\$ <u>n/a</u>
Public-assistance (such as welfare)	\$ <u>0</u>	\$ <u>n/a</u>	\$ <u>0</u>	\$ <u>n/a</u>
Other (specify): _____	\$ <u>0</u>	\$ <u>n/a</u>	\$ <u>0</u>	\$ <u>n/a</u>
Total monthly income:	\$ <u>1,011</u>	\$ <u>n/a</u>	\$ <u>1,011</u>	\$ <u>n/a</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
<u>n/a - retired</u>	<u>n/a</u>	<u>n/a</u>	<u>\$ n/a</u>
<u> </u>	<u> </u>	<u> </u>	<u>\$</u>
<u> </u>	<u> </u>	<u> </u>	<u>\$</u>

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
n/a	n/a	n/a	\$ n/a
			\$
			\$

4. How much cash do you and your spouse have? \$2.83
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
Checking	\$ 18.72	\$ 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 Nominal interest in APN # 211-10-010 F, J, K
that are unlawful to sell per A.R.S. § 9-463.03

☐ Motor Vehicle #1
Year, make & model n/a
Value n/a

☐ Motor Vehicle #2
Year, make & model n/a
Value n/a

☐ Other assets
Description n/a
Value n/a

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
n/a	\$ n/a	\$ n/a
	\$	\$
	\$	\$

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
n/a	n/a	n/a

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)	\$ 325	\$ n/a
Are real estate taxes included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is property insurance included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 265	\$ n/a
Home maintenance (repairs and upkeep)	\$ 0	\$ n/a
Food	\$ 350	\$ n/a
Clothing	\$ 0	\$ n/a
Laundry and dry-cleaning	\$ 0	\$ n/a
Medical and dental expenses	\$ 15	\$ n/a

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>56</u>	\$ <u>n/a</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>0</u>	\$ <u>n/a</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>0</u>	\$ <u>n/a</u>
Life	\$ <u>0</u>	\$ <u>n/a</u>
Health	\$ <u>0</u>	\$ <u>n/a</u>
Motor Vehicle	\$ <u>0</u>	\$ <u>n/a</u>
Other: _____	\$ _____	\$ <u>n/a</u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ <u>0</u>	\$ <u>n/a</u>
Installment payments		
Motor Vehicle	\$ <u>0</u>	\$ <u>n/a</u>
Credit card(s)	\$ <u>0</u>	\$ <u>n/a</u>
Department store(s)	\$ <u>0</u>	\$ <u>n/a</u>
Other: _____	\$ <u>0</u>	\$ <u>n/a</u>
Alimony, maintenance, and support paid to others	\$ <u>0</u>	\$ <u>n/a</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>0</u>	\$ <u>n/a</u>
Other (specify): _____	\$ <u>0</u>	\$ <u>n/a</u>
Total monthly expenses:	\$ <u>1,011</u>	\$ <u>n/a</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? _____

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? _____

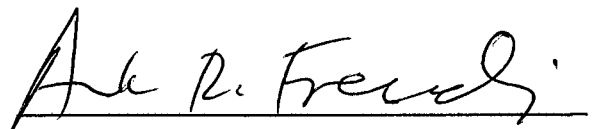
If yes, state the person's name, address, and telephone number:

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

I am living on \$1,011/month social security that barely covers basic expenses. I was hit and run over by a truck on August 26, 2014. I underwent 13 surgeries and was hospitalized for 3 months, then had out-patient therapy and surgeries from 2015-2017. My medical expenses exceeded \$800,000. I have a medical lien of \$68,000. The injuries continue to be debilitating, including worsening glaucoma.

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

Executed on: November 2, 2020


(Signature)