

20-6785

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No. _____

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U.S. DISTRICT COURT
STATE OF WASHINGTON

IN THE

SUPREME COURT OF THE UNITED STATES
OFFICE OF THE CLERK, WASHINGTON D.C. 20543-0001

Timothy R. Petrozzi — PETITIONER
(Your Name)

VS.

United States Supreme Court RESPONDENT(S)
United States District Court, Tacoma WA, ETC.
MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS
THE JUSTICE SYSTEM WASHINGTON TO WASHINGTON

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 District Court Tacoma WA,
Thurston County Superior 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:

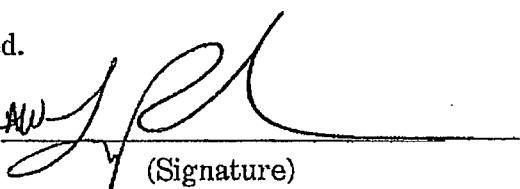
The appointment was made under the following provision of law: _____

_____, or

a copy of the order of appointment is appended.

X81 IFP CREATED TO ABIDE BY MENTAL HEALTH LAW

2020 Book of Timothy Mental Health Review


(Signature)

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

I, Timothy J. Kneze, 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>3600.00</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>701.89</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>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Total monthly income:	\$ <u>3058</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
TRUE LIGHT ELECTRIC GAR TECHNOLOGY STEPHEN'S FAB.	7425 120TH ST.E 3525 QUAIL CREEK 3400A PL. S. B	11/18 - 8/19 10/18 - 11/18 3/18 - 4/18	\$ 4583.00 \$ 2680.00 \$ 580.00

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
			\$
			\$
			\$

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
CHECKING	\$ 2000	\$
CHECKING BACKED CREDIT	\$ 1000	\$
SAVINGS BACKED CREDIT	\$ 2000	\$

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 *2002 HONDA CIVIC LX*
Value *\$ 3000*

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

Other assets
Description *WASHER + DRYER, LOG BED, CAPTAINS CHAIRS, TRADE TOOLS + INSTRUMENTS*
Value *\$ 2000*

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>100</u>	\$ _____
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>20</u>	\$ _____
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>30</u>	\$ _____
Life	\$ <u>0</u>	\$ _____
Health	\$ <u>0</u>	\$ _____
Motor Vehicle	\$ <u>450</u>	\$ _____
Other: _____	\$ _____	\$ _____
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ _____	\$ _____
Installment payments		
Motor Vehicle	\$ _____	\$ _____
Credit card(s)	\$ <u>200</u>	\$ _____
Department store(s)	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Alimony, maintenance, and support paid to others	\$ <u>1000</u>	\$ _____
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ _____	\$ _____
Other (specify): _____	\$ _____	\$ _____
Total monthly expenses:	\$ <u>2585</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.

CODE OF FEDERAL REGULATIONS 42 CFR 482.13 DEMANDS WASHINGTON STATE "IMMEDIATELY" INFORMS AND COMPLETES A REVIEW HEARING BEFORE THE PRACTICE OF MEDICINE AT A STATE RUN MENTAL HEALTH FACILITY. RCW'S 10.77.230, 10.77.240, 10.77.020, PATIENT RIGHTS #22,

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

Executed on: April 13, 2020

"MEDICATION RIGHTS" #5 AND "RIGHT'S TO BE HEARD"
#1 AND #2. I PAID THE FEE'S FOR COMPLAINT,

APPEAL TO 9TH CIRCUIT AND FILLED OUT MULTIPLE "INFORMA PAUPERIS". WASHINGTON STATE NEEDED TO DO THIS BEFORE THEY EVER TOUCHED ME WITH A NEEDLE, TECHNICALLY NEEDED TO BE IN PLACE BEFORE OPENING AND ACCEPTING PATIENTS AT THIS HOSPITAL. THEY SHOULD PAY THE FEE.

(Signature)