

20-6785

No. \_\_\_\_\_

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IN THE

SENATE JUDICIAL  
ATTORNEY GENERAL  
STATE OF WASHINGTON

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, TALOMA 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 TALOMA 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 K. Heizer, 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>36000.00</u>	\$ _____	\$ <u>Ø</u>	\$ _____
Self-employment	\$ <u>Ø</u>	\$ _____	\$ <u>Ø</u>	\$ _____
Income from real property (such as rental income)	\$ <u>Ø</u>	\$ _____	\$ <u>Ø</u>	\$ _____
Interest and dividends	\$ <u>701.89</u>	\$ _____	\$ <u>Ø</u>	\$ _____
Gifts	\$ <u>Ø</u>	\$ _____	\$ <u>Ø</u>	\$ _____
Alimony	\$ <u>Ø</u>	\$ _____	\$ <u>Ø</u>	\$ _____
Child Support	\$ <u>Ø</u>	\$ _____	\$ <u>Ø</u>	\$ _____
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>Ø</u>	\$ _____	\$ <u>Ø</u>	\$ _____
Disability (such as social security, insurance payments)	\$ <u>Ø</u>	\$ _____	\$ <u>Ø</u>	\$ _____
Unemployment payments	\$ <u>Ø</u>	\$ _____	\$ <u>Ø</u>	\$ _____
Public-assistance (such as welfare)	\$ <u>Ø</u>	\$ _____	\$ <u>Ø</u>	\$ _____
Other (specify): _____	\$ <u>Ø</u>	\$ _____	\$ <u>Ø</u>	\$ _____
<b>Total monthly income:</b>	\$ <u>3058</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	7425 128TH ST. E.	11/18 - 8/19	\$ 4583.00
GAR. TECHNOLOGY	3525 QUINCY AVE	10/18 - 11/18	\$ 2880.00
STEPHENS TUE.	34008 PL. S. B	3/18 - 4/18	\$ 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 \$300

☐ Motor Vehicle #2  
Year, make & model \_\_\_\_\_  
Value \_\_\_\_\_

☒ Other assets  
Description WASHER + DRYER, LOG BED, CAPTAINS CHAIRS, TRADE TOOLS + MISC TOOLS  
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): _____	\$ _____	\$ _____
<b>Total monthly expenses:</b>	\$ <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" INFORM IS 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

(Signature)

"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.