

20-7620

No. (To Be Assigned)

U.S. 9th Cir. 20-35989, U.S. Dist. Ct. Or. 3:20-cv-00871-NK

IN THE
SUPREME COURT OF THE UNITED STATES

Supreme Court, U.S.
FILED

MAR 22 2021

OFFICE OF THE CLERK

Andrew Guy Moret — PETITIONER
(Your Name)

VS.

Patrick Garrett, 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):

Oregon Appellate Court, Oregon Supreme Court, U.S. Dist. Ct.,
U.S. 9th Cir. Ct. of Appeals, U.S. 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.

CJ
(Signature)

RECEIVED

MAR 30 2021

OFFICE OF THE CLERK
SUPREME COURT, U.S.

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

I, Andrew Guy Moret, 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>50.00</u>	\$ _____	\$ <u>0</u>	\$ _____
Self-employment	\$ _____	\$ _____	\$ _____	\$ _____
Income from real property (such as rental income)	\$ _____	\$ _____	\$ _____	\$ _____
Interest and dividends	\$ _____	\$ _____	\$ _____	\$ _____
Gifts	\$ <u>25.00</u>	\$ _____	\$ _____	\$ _____
Alimony	\$ _____	\$ _____	\$ _____	\$ _____
Child Support	\$ _____	\$ _____	\$ _____	\$ _____
Retirement (such as social security, pensions, annuities, insurance)	\$ _____	\$ _____	\$ _____	\$ _____
Disability (such as social security, insurance payments)	\$ _____	\$ _____	\$ _____	\$ _____
Unemployment payments	\$ _____	\$ _____	\$ _____	\$ _____
Public-assistance (such as welfare)	\$ _____	\$ _____	\$ _____	\$ _____
Other (specify): _____	\$ _____	\$ _____	\$ _____	\$ _____
Total monthly income:	\$ <u>75.00</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
ODOC	OSP 2605 State St Salem, OR 97310	2019 - 2021	\$ 70.00
			\$
			\$

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? \$ _____
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
	\$	\$
	\$	\$
	\$	\$

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

<input type="checkbox"/> Home Value _____	<input type="checkbox"/> Other real estate Value _____
<input type="checkbox"/> Motor Vehicle #1 Year, make & model _____ Value _____	<input type="checkbox"/> Motor Vehicle #2 Year, make & model _____ Value _____
<input type="checkbox"/> Other assets Description _____ Value _____	

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
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

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
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

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.

Prison has left me destitute. You are welcome to all that I have if you fight the other government agencies for scraps from my prison account. See Attached: Monthly account statement.

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

Executed on: 3/22/21, 2021



(Signature)

SHEFFIEL

OREGON DEPARTMENT OF CORRECTIONS
TRUST ACCOUNT STATEMENTOTRTASTB
12.1.1.0.1.4 ODOCSIP# 0016301890 Name: MORET, ANDREW GUY
LOCATION: OSP-D-D_228B

BKG# 3360261

Account Balance Today (19-JAN-21))	Current : 329.92
		Hold : 0.00
		<hr/> Total : 329.92

Account Balance as of 18-JAN-21 363.38

12/19/2020 01/18/2021

SUB ACCOUNT	START BALANCE	END BALANCE
AIC SPENDING ACCOUNT	68.25	83.90
TRANSITIONAL SAVINGS	271.33	279.48

DEBTS AND OBLIGATIONS

TYPE	PAYABLE	INFO NUMBER	AMOUNT OWING	AMOUNT PAID	WRITE-OFF AMOUNT
COPA	COPY ADVANCE	04222019	0.00	79.20	0.00
MEDA	MEDICAL ADVANCE	01312020	0.00	2.50	0.00
LPDOCA	LEGAL COPIES DOC ADVANCE	01302020	27.40	37.90	0.00
ORUSFF	OREGON US FILING FEE	APP19-36109	397.20	107.80	0.00
FDISA	DISCIPLINARY FINES ADVANCE	12062019	0.00	40.00	0.00
REST	OJD - RESTITUTION, FINES & FEES	03102020	9920.81	60.96	0.00
LPOSFA	LEGAL POSTAGE OSP ADVANCE	05042020	0.00	0.44	0.00
OSPA	OSP POSTAGE ADVANCE	12042020	0.00	1.20	0.00

TRANSACTION DESCRIPTION

COURT ORDERD OBLIGATIONS

DATE	TYPE	TRANSACTION DESCRIPTION	TRANSACTION AMT
03/01/2020	REST	New Debt Received	0.00
08/01/2020	REST	New Debt Received	2,111.00

TRANSACTION DESCRIPTIONS --

AIC SPENDING SUB-ACCOUNT
ACCOUNT

DATE	TRANSACTION DESCRIPTION	RECETPT#	TRANSACTION AMT	BALANCE
12/19/2020	GINGER MORALES	ODOC3378019	100.00	168.25

FOR U.S. Supreme Ct.
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SHEFFIEL

OREGON DEPARTMENT OF CORRECTIONS
TRUST ACCOUNT STATEMENTOTRTASTB
12.1.1.0.1.4 ODOCSID# 0016301890 Name: MORET, ANDREW GUY
LOCATION: OSP-D-D_228B

BKG# 3360261

DATE	TRANSACTION DESCRIPTION	RECEIPT#	TRANSACTION AMT	BALANCE
12/19/2020	Deduction-REST-03102020 D D		(10.00)	158.25
12/19/2020	Deduction-TRSA-03022019 D D		(5.00)	153.25
12/21/2020	Legal Priority Copies DOC Sale		(4.20)	149.05
12/21/2020	Legal Priority Copies DOC Sale		(0.80)	148.25
12/21/2020	Legal Priority Copies DOC Sale		(8.50)	139.75
12/21/2020	OSP Postage Sales		(0.20)	139.55
12/23/2020	Copy Sales		(1.30)	138.25
12/28/2020	Pay. ICS Corrections Comm System (Reg)		(3.00)	135.25
12/28/2020	CRS SAL ORD #8959053		(41.56)	93.69
12/30/2020	Payable Public Records Request		(22.16)	71.53
12/30/2020	Legal Priority Copies DOC Sale		(0.10)	71.43
12/30/2020	Legal Priority Copies DOC Sale		(1.50)	69.93
12/30/2020	Legal Priority Copies DOC Sale		(0.30)	69.63
01/05/2021	CRS SAL ORD #8968015		(13.80)	55.83
01/05/2021	Interest Distribution		0.19	56.02
01/05/2021	Deduction-TRSA-03022019 D D		(0.01)	56.01
01/06/2021	Pay. ICS Corrections Comm System (Reg)		(3.00)	53.01
01/07/2021	AWARDS 12/2020 OSP		62.70	115.71
01/07/2021	Deduction-REST-03102020 D D		(6.27)	109.44
01/07/2021	Deduction-TRSA-03022019 D D		(3.14)	106.30
01/07/2021	Deduction-CLR-03022019 D D		(31.35)	74.95
01/07/2021	Deduction-CLR-03022019 D D		31.35	106.30
01/12/2021	Deduction-ORUSFF-APP19-36109 D D		(10.00)	96.30
01/12/2021	Legal Priority Copies DOC Sale		(0.20)	96.10
01/12/2021	Legal Priority Copies DOC Sale		(4.20)	91.90
01/12/2021	Legal Priority Copies DOC Sale		(0.20)	91.70
01/12/2021	Legal Priority Copies DOC Sale		(3.00)	88.70
01/12/2021	Legal Priority Copies DOC Sale		(4.80)	83.90

TRANSACTION DESCRIPTIONS -- TRANSITIONAL SUB-ACCOUNT SAVINGS

DATE	TRANSACTION DESCRIPTION	RECEIPT#	TRANSACTION AMT	BALANCE
12/19/2020	Deduction-TRSA-03022019 D D		5.00	276.33
01/05/2021	Deduction-TRSA-03022019 D D		0.01	276.34
01/07/2021	Deduction-TRSA-03022019 D D		3.14	279.48

IF THE DEPARTMENT HAS COLLECTED MONEY FROM YOUR ACCOUNT FOR . . .

SHEFFIEL

OREGON DEPARTMENT OF CORRECTIONS
TRUST ACCOUNT STATEMENTOTRTASTB
12.1.1.0.1.4 ODOCSID# 0016301890 Name: MORET, ANDREW GUY
LOCATION: OSP-D-D_228B

. . . DEBT, YOU MAY OBTAIN AN ADMIN REVIEW PER OAR 291-158-065.