

20-7671

ORIGINAL

IN THE SUPREME COURT OF THE UNITED STATES
D.C. 5:20-CV-03017-SAC

FILED
MAR 17 2021

OFFICE OF THE CLERK
SUPREME COURT, U.S.

RONALD E. JOHNSON EL
Petitioner

VS.

OCTOBER TERM
2021

DEREK SCHMIDT, et al
Defendant(s)

MOTION TO PROCEED IN FORMA PAUPERIS

COMES NOW, Ronald E. Johnson El, Petitioner Pro-se, and hereby informs the Court that due to his poverty, he is unable to pre-pay the docketing fee for his Petition For Writ of Certiorari, and prays that this Honorable Court will permit him to docket it in Forma Pauperis.

Respectfully Submitted,
Ronald E. Johnson El
Ronald E. Johnson El
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AFFIRMATION OF FACT

I, Ronald E. Johnson El, hereby affirm, under the threat of penalty for perjury pursuant to 28 U.S.C. 1746, that the foregoing statement is true in fact.

Ronald E. Johnson El
Ronald E. Johnson El
"All Rights Reserved"

RECEIVED

MAR 25 2021

OFFICE OF THE CLERK
SUPREME COURT, U.S.

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

I, Ronald Johnson, 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.

RECEIVED Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
APR - 6 2021 OFFICE OF THE CLERK SUPREME COURT, U.S.	\$ 300.00	\$ 0	\$ 250.00	\$ 0
Employment	\$ 0	\$ 0	\$ 0	\$ 0
Self-employment	\$ 0	\$ 0	\$ 0	\$ 0
Income from real property (such as rental income)	\$ 0	\$ 0	\$ 0	\$ 0
Interest and dividends	\$ 0	\$ 0	\$ 0	\$ 0
Gifts	\$ 0	\$ 0	\$ 0	\$ 0
Alimony	\$ 0	\$ 0	\$ 0	\$ 0
Child Support	\$ 0	\$ 0	\$ 0	\$ 0
Retirement (such as social security, pensions, annuities, insurance)	\$ 0	\$ 0	\$ 0	\$ 0
Disability (such as social security, insurance payments)	\$ 0	\$ 0	\$ 0	\$ 0
Unemployment payments	\$ 0	\$ 0	\$ 0	\$ 0
Public-assistance (such as welfare)	\$ 0	\$ 0	\$ 0	\$ 0
Other (specify): <u>0</u>	\$ 0	\$ 0	\$ 0	\$ 0
Total monthly income:	<u>\$ 300.00</u>	<u>\$ 0</u>	<u>\$ 250.00</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
Impact Design	P.O. Box 311, EDCF El Dorado, KS 67042 U.S.A.	2/20/20-2/21 <i>current</i>	\$ 400.00
			\$
			\$

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
N/A	N/A	N/A	\$ N/A
			\$ N/A
			\$ N/A

4. How much cash do you and your spouse have? \$ N/A
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.

Home
Value N/A

Other real estate
Value N/A

Motor Vehicle #1
Year, make & model N/A
Value 0

Motor Vehicle #2
Year, make & model N/A
Value 0

Other assets
Description N/A
Value 0

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)

\$ *N/A* \$ *N/A*

Are real estate taxes included? Yes No

Is property insurance included? Yes No

Utilities (electricity, heating fuel,
water, sewer, and telephone)

\$ *N/A* \$ *0*

Home maintenance (repairs and upkeep)

\$ *25%* to prison of all checks

Food

\$ *\$200.00* \$ *N/A*

Clothing

\$ *0* \$ *0*

Laundry and dry-cleaning

\$ *0* \$ *0*

Medical and dental expenses

\$ *40* \$ *0*

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <input type="text"/>	\$ <input type="text"/>
Recreation, entertainment, newspapers, magazines, etc.	\$ <input type="text"/>	\$ <input type="text"/>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <input type="text"/>	\$ <input type="text"/> N/A
Life	\$ <input type="text"/>	\$ <input type="text"/>
Health	\$ <input type="text"/>	\$ <input type="text"/>
Motor Vehicle	\$ <input type="text"/>	\$ <input type="text"/>
Other: <u>N/A</u>	\$ <input type="text"/>	\$ <input type="text"/>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>N/A</u>	\$ <input type="text"/>	\$ <input type="text"/>
Installment payments		
Motor Vehicle	\$ <input type="text"/>	\$ <input type="text"/> N/A
Credit card(s)	\$ <input type="text"/>	\$ <input type="text"/>
Department store(s)	\$ <input type="text"/>	\$ <input type="text"/>
Other: <u>0</u>	\$ <input type="text"/>	\$ <input type="text"/>
Alimony, maintenance, and support paid to others	\$ <input type="text"/>	\$ <input type="text"/>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <input type="text"/> N/A	\$ <input type="text"/>
Other (specify): <u>0</u>	\$ <input type="text"/>	\$ <input type="text"/>
Total monthly expenses:	\$ <u>200.00</u> Food	\$ <input type="text"/>

Jonathan Lawrants was also paid by my Mother
on a color of law constitutional issue then he
INVOKED K.S.A. 21-4639/21-6628(c) (816)421-5200

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.

I will be releasing, I have
Faith in the Law.

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? _____

on Criminal side

5,000.00

in Payments

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

(402)440-6314 Wendie Miller

1540 N. Broadway St
Wichita, Kansas 67217, U.S.A.

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? _____

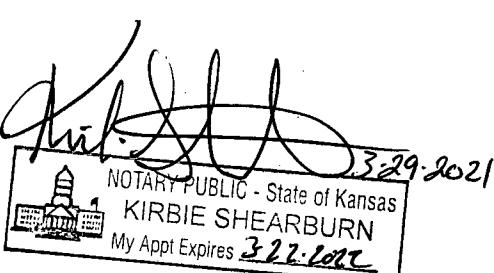
If yes, state the person's name, address, and telephone number:

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

NA May I pay in Pay plan?

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

Executed on: March 29th, 2021



Donald Johnson-El
(Signature)
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