

No. _____

ORIGINAL

IN THE
SUPREME COURT OF THE UNITED STATES

Supreme Court, U.S.
FILED

JAN - 4 2021

OFFICE OF THE CLERK

MICHAEL T BROOKS — PETITIONER
(Your Name)

VS.
STOOL RIVES LLP, ALATE RESOURCES
DISTRICT COURT OF OREGON — RESPONDENT(S)
6:14-cv-01424-AA/MC

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):
US DISTRICT COURT, OREGON 6:14-cv-01424-AA/MC
US DISTRICT COURT, OREGON 6:15-cv-00983
NINTH CIRCUIT APPEAL OF THIS, 19-35547

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.

MICHAEL T. BROOKS
(Signature)

UNITED STATES DISTRICT COURT

DISTRICT OF OREGON

MICHAEL T BROOKS
Plaintiff(s),

v.

AGATE RESOURCES
Defendant(s).

Case No.: 6:15-cv-00983-TC

**ORDER TO PROCEED *IN FORMA
PAUPERIS*
and service instructions**

MICHAEL T BROOKS /

Plaintiff moves to proceed *in forma pauperis*. An examination of the application reveals that Plaintiff is unable to afford the costs of this action.

IT IS HEREBY ORDERED that the provisional *in forma pauperis* status given Plaintiff pursuant to LR 3-5(d) at the time this action was filed is confirmed. This action may go forward without the payment of any filing fees or costs associated with service.

IT IS FURTHER ORDERED THAT within 30 days of the filing date of this Order, Plaintiff shall:

- (1) Prepare an original summons for each defendant and submit it to the Clerk of Court for issuance;
- (2) Provide the original and sufficient service copies of the issued summons, the complaint, and any scheduling order for service upon each defendant to the Clerk of Court for service; and
- (3) Complete the U.S. Marshals Service Form (USM285) for each defendant and submit it to the Clerk of Court. Summons forms and the USM285 forms may be obtained on request from the Clerk of Court's Office.

IT IS FURTHER ORDERED that the Clerk of Court is directed to promptly issue summons in this case and forward the documents received from Plaintiff for service of process, including the completed USM285 form(s), to the U. S. Marshals Service.

Pursuant to 28 U.S.C. § 1915(d), the U.S. Marshals Service is directed to serve a copy of the summons and complaint, together with any scheduling order, as provided by Plaintiff, on the defendant pursuant to Fed. R. Civ. P. 4.

Plaintiff may choose to complete service pursuant to Fed. R. Civ. P. 4 without the aid of the U.S. Marshals Service. If so, return(s) of service should be filed promptly following completion of service.

IT IS SO ORDERED.

DATED this 8th day of June, 2015

/s/Thomas M. Coffin

Honorable Thomas M. Coffin
U.S. District Court Magistrate Judge

UNITED STATES DISTRICT COURT
 DISTRICT OF OREGON
 PORTLAND DIVISION

MICHAEL T. Brooks

(Enter full name of plaintiff(s))

Plaintiff(s),

v.

AGATE RESOURCES d/b/a TRILLIUM

COMMUNITY HEALTH PLAN, et al

(Enter full name of ALL defendant(s))

Defendant(s).

I, MICHAEL T. Brooks, declare that I am the plaintiff in the above-entitled proceeding; that, in support of my request to proceed without prepayment of fees under 28 U.S.C. § 1915, I declare that I am unable to pay the fees for these proceedings or give security therefor and that I am entitled to the relief sought in the complaint.

In support of this application, I answer the following questions:

1. Are you currently incarcerated? Yes No

If "Yes" state the place of your incarceration: _____

If "Yes" and you are filing a civil action, have the institution fill out the Certificate portion of this application and attach a certified copy of your prison trust account showing transactions for the past six (6) months.

2. Are you currently employed? Yes No Self-employed

a. If the answer is "Yes," state:

Employer's name: _____

Employer's address: _____

Amount of take-home pay or wages: \$ _____ per _____ (specify pay period)

b. If the answer is "No," state:

Name of last employer: AGATE RESOURCES dba TRILLIUM CHIP

Address of last employer: 1800 MILLRACE DR

Date of last employment: SEPT 27, 2013

Amount of take-home salary or wages: \$ 3300 per month (specify pay period)

3. Is your spouse or significant-other employed? Yes No Self-employed Not applicable
If the answer is "Yes," state:

Employer's name: HARRISBURG SCHOOL DISTRICT

Employer's address: 865 LaSalle St, HARRISBURG, OR 97446

Amount of take-home pay or wages: \$ 1800 per month (specify pay period)

4. In the past 12 months have you received any money from any of the following sources?

a. Business, profession or other self-employment Yes No

If "Yes," state: Amount received: \$ _____

Amount expected in future: \$ _____

b. Rent payments, interest, or dividends Yes No

If "Yes," state: Amount received: \$ _____

Amount expected in future: \$ _____

c. Pensions, annuities, or life insurance payments Yes No

If "Yes," state: Amount received: \$ 80 month

Amount expected in future: \$ 80 month

d. Disability or workers compensation payments Yes No

If "Yes," state: Amount received: \$ _____

Amount expected in future: \$ _____

e. Gifts or inheritances Yes No

If "Yes," state: Amount received: \$ _____

Amount expected in future: \$ _____

f. Any other sources Yes No

If "Yes," state: Source: _____

Amount received: \$ _____

Amount expected in future: \$ _____

5. Do you have cash or checking or savings accounts? (including prison trust accounts)? Yes No

If "Yes," state the total amount: \$500

6. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property? Yes No

If "Yes," describe the asset(s) and state the value of each asset listed.

7. Do you have any other assets? Yes No

If "Yes," list the asset(s) and state the value of each asset listed.

| | |
|---|--------|
| Computer, MacBook Air, 2011 version | \$500 |
| Amateur Radio, Icom 7600 | \$800 |
| Fishing rods, reels, fly tying supplies | 2000 |
| Equipment for making fly rods | 10,000 |

8. Do you have any housing, transportation, utilities, or loan payments, or other regular monthly expenses? Yes No

If "Yes," describe and provide the amount of the monthly expense.

| | |
|---|--------------------|
| WEEKLY VISIT TO SON AT OREGON STATE PENITENTIARY | \$80 |
| UTILITIES - CELL PHONE + INTERNET, GAS, ELECTRICITY, INTERNET | |
| RENT | - my portion \$300 |
| MEDICAL (ON GO-DO SURGERIES, ETC) | \$300+ |
| FOOD + PERSONAL GROOMING | \$300 |
| OTHER EXPENSES FOR THIS COURT CASE | * 300 / mo. |

9. List the persons (or, if under 18, initials only) who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

| | |
|-----------------------------------|-------|
| COMMUNAL OWNED BOOKS | \$300 |
| medical, books, phone, PX Account | |

10. Do you have any debts or financial obligations? Yes No

If "Yes," describe the amounts owed and to whom they are payable.

\$300 CREDIT CARD DEBT - MEDICAL + MISC.

NOTE - I RECEIVE AN \$180 A MONTH
SOCIAL SECURITY CHECK, DO PLACE TO
ENTER IT, ABOVE

If I am incarcerated, I hereby authorize the agency having custody of me to collect from my trust account and forward to the Clerk of the United States District Court payments toward the full filing fee of \$350.00 for a prisoner civil rights complaint in accordance with 28 U.S.C. § 1915(b).

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

6/4/2015
DATE

MICHAEL T. BROOKS
SIGNATURE OF APPLICANT

MICHAEL T. BROOKS
PRINTED NAME OF APPLICANT

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

I, _____, 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 | \$ 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) | \$ 1050 81 | \$ 0 | \$ 2050 81 | \$ 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): _____ | \$ 0 | \$ 0 | \$ 0 | \$ 0 |
| Total monthly income: | \$ 2131 | \$ 0 | \$ 2131 | \$ 0 |

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 |
|----------|---------|---------------------|-------------------|
| | | | \$ |
| | | | \$ |
| | | | \$ |

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 |
|---|-----------------|------------------------|
| CHECKING | \$ 70 | \$ |
| SAVINGS | \$ 6 | \$ |
| | \$ | \$ |

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

Home

Value 1/4

Other real estate

Value _____

Motor Vehicle #1

Year, make & model 2013 RAY4

Value 10,000

WHEEL CHAIR EQUIPPED

Motor Vehicle #2

Year, make & model _____

Value _____

Other assets

Description computer, 2014 MACBOOK

Value \$ 800

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)

900 70

\$ 1200

\$ NA

Are real estate taxes included? Yes No ~~2011~~

Is property insurance included? Yes No ~~2011~~

Utilities (electricity, heating fuel, water, sewer, and telephone) ~~20 + 10~~
~~40 + 80~~
~~1925 -~~
~~* ECR monitor~~

199 + ECR
mon

\$ _____

APPLE WATCH (FOR FALLS) 29
Home maintenance (repairs and upkeep)

\$ _____

\$ _____

Food

\$ 150 - 200

\$ _____

Clothing

\$ 75 - 90

\$ _____

Laundry and dry-cleaning

\$ 50

\$ _____

Medical and dental expenses

\$ 400

\$ _____

~~PRESCRIPTION~~

⑥ \$ 650

* CHALLENGE/ APPEAL. THIS SHOULD BE \$ 176 -
NEW INSURER AND VENDOR IS GOUGING, STILL PAYING \$ 700 +
PER MONTH AS OF 3/26/2021. THIS SHOULD HAVE DROPPED TO
\$ 100 - 120

| | You | Your spouse |
|---|---------------------|--------------|
| Transportation (not including motor vehicle payments) | \$ 250 | \$ <i>NA</i> |
| Recreation, entertainment, newspapers, magazines, etc. | \$ 35 ** | \$ <i> </i> |
| Insurance (not deducted from wages or included in mortgage payments) | | |
| Homeowner's or renter's | \$ <i> </i> | \$ <i> </i> |
| Life | \$ <i> </i> | \$ <i> </i> |
| Health PART D 50 MEDICARE 150 | \$ 200 | \$ <i> </i> |
| Motor Vehicle INSUR 0 / mo | \$ 50 | \$ <i> </i> |
| Other: _____ | \$ <i> </i> | \$ <i> </i> |
| Taxes (not deducted from wages or included in mortgage payments) | | |
| OR INCOME TAX | | |
| (specify): _____ | \$ 12 00 | \$ <i> </i> |
| Installment payments | | |
| Motor Vehicle SET ASIDE FOR REPAIRS AND OIL CHANGE | \$ 50 | \$ <i> </i> |
| Credit card(s) COURT / MEDICAL 105⁰⁰ BEST BUY COMPUTER 0 | \$ 150 | \$ <i> </i> |
| Department store(s) OREGON STATE OF REPAYMENT OF JI \$645⁰⁰ | \$ <i> </i> | \$ <i> </i> |
| Other: \$ 3,700.00 | \$ <i> </i> | \$ <i> </i> |
| Alimony, maintenance, and support paid to others | \$ <i> </i> | \$ <i> </i> |
| Regular expenses for operation of business, profession, or farm (attach detailed statement) | \$ <i> </i> | \$ <i> </i> |
| Other (specify): _____ | \$ <i> </i> | \$ <i> </i> |
| Total monthly expenses: | \$ 3,171.00 | \$ <i> </i> |

**
 POOL - PHYSICAL THERAPY. IT IS \$0⁰⁰.
 Right now because of COVID-19 lockdown
 we pay hourly under a medical exemption.
 IT IS NORMALLY \$35⁰⁰ A MONTH.

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 EITHER GET TREATMENT OR I DIE. I GO IN
THE HOLE EVERY MONTH

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.
SURGERY + MEDICAL COSTS. I ADDED A DECLARATION AND MEDICAL RECORDS. I HAVE MS FROM SPINAL INJURY. PARALYZED IN LEFT SIDE, NO SWALLOW REFLEX AND BRADY CARDIA. MAJOR SPINAL SURGERY 1/17/19, CAROTID SURGERY 7/23/19, HEART SURGERY JAWWET + AORTASION, 1/31/20, RETINA SURGERY COMING UP —

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

Executed on: 03/28, 2021

Mark T. Bl
(Signature)