

No. 21-5079

Lower Courts
20-16650

ORIGINAL

IN THE

SUPREME COURT OF THE UNITED STATES

Supreme Court, U.S.
FILED

JUL - 6 2021

OFFICE OF THE CLERK

Donnell Bledsoe SR PETITIONER
(Your Name)

JUDGE GUBLANT VS. JUDGE RONALD NORTHUP
STACY DEMAN AND CHRISTINA MCKEE, 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):

EASTERN DISTRICT CALIFORNIA, Court of Appeals
NINTH DISTRICT AND UNITED STATES NORTHERN

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.

Donnell Bledsoe

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

I, Donnell Blewett, 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>0</u> | \$ _____ | \$ _____ | \$ <u>N/A</u> |
| Self-employment | \$ <u>0</u> | \$ _____ | \$ _____ | \$ <u>N/A</u> |
| Income from real property (such as rental income) | \$ <u>0</u> | \$ _____ | \$ _____ | \$ <u>N/A</u> |
| Interest and dividends | \$ <u>0</u> | \$ _____ | \$ _____ | \$ <u>12.18</u> |
| Gifts | \$ <u>0</u> | \$ _____ | \$ _____ | \$ <u>N/A</u> |
| Alimony | \$ <u>0</u> | \$ _____ | \$ _____ | \$ _____ |
| Child Support | \$ <u>0</u> | \$ _____ | \$ _____ | \$ _____ |
| Retirement (such as social security, pensions, annuities, insurance) | \$ <u>1011.00</u> | \$ _____ | \$ _____ | \$ _____ |
| Disability (such as social security, insurance payments) | \$ <u>0</u> | \$ _____ | \$ _____ | \$ _____ |
| Unemployment payments | \$ <u>0</u> | \$ _____ | \$ _____ | \$ _____ |
| Public-assistance (such as welfare) | \$ <u>0</u> | \$ _____ | \$ _____ | \$ _____ |
| Other (specify): _____ | \$ <u>0</u> | \$ _____ | \$ _____ | \$ _____ |
| Total monthly income: | \$ <u>1011.00</u> | \$ _____ | \$ _____ | \$ <u>1011.00</u> |

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 |
|---------------------------------------|--------------------|----------------------------|
| <u>D</u> | \$ <u>0</u> | \$ <u>0</u> |
| | \$ <u> </u> | \$ <u> </u> |
| | \$ <u> </u> | \$ <u> </u> |

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 |
|---------------|-----------------|-----------|
| <u>M.O.B.</u> | <u>Daughter</u> | <u>6</u> |
| <u>K.O.B.</u> | <u>Son</u> | <u>14</u> |

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) | \$ <u>0</u> | \$ <u>0</u> |
| 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) | \$ <u>350.00</u> | \$ <u> </u> |
| Home maintenance (repairs and upkeep) | \$ <u>100.00</u> | \$ <u> </u> |
| Food | \$ <u>150.00</u> | \$ <u> </u> |
| Clothing | \$ <u>100.00</u> | \$ <u> </u> |
| Laundry and dry-cleaning | \$ <u>40.00</u> | \$ <u> </u> |
| Medical and dental expenses | \$ <u> </u> | \$ <u> </u> |

| | You | Your spouse |
|---|------------------|---------------|
| Transportation (not including motor vehicle payments) | \$ 30.00 | \$ N.R. |
| Recreation, entertainment, newspapers, magazines, etc. | \$ 40.00 | \$ N.A. |
| Insurance (not deducted from wages or included in mortgage payments) | | |
| Homeowner's or renter's | \$ 0 | \$ |
| Life | \$ 0 | \$ |
| Health | \$ 0 | \$ |
| Motor Vehicle | \$ 0 | \$ |
| Other: _____ | \$ 0 | \$ |
| Taxes (not deducted from wages or included in mortgage payments) | | |
| (specify): _____ | \$ 0 | \$ |
| Installment payments | | |
| Motor Vehicle | \$ 0 | \$ N.A. |
| Credit card(s) | \$ 0 | \$ N.A. |
| Department store(s) | \$ 0 | \$ N.A. |
| Other: _____ | \$ 0 | \$ N.A. |
| Alimony, maintenance, and support paid to others | \$ 0 | \$ N.A. |
| Regular expenses for operation of business, profession, or farm (attach detailed statement) | \$ 0 | \$ N.A. |
| Other (specify): _____ | \$ 0 | \$ N.A. |
| Total monthly expenses: | \$ 810.00 | \$ N/A |

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.

I receive SSA / disability retirement

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

Executed on: July 5, 2021

Donnell Blackard Jr.

(Signature)

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of SAN JOAQUIN)

On 07/05/2021 before me, JORGE GONZALEZ NOTARY PUBLIC
(insert name and title of the officer)

personally appeared DONNELL BLEDSOE
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are
subscribed to the within instrument and acknowledged to me that he/she/they executed the same in
his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the
person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing
paragraph is true and correct.

WITNESS my hand and official seal.

Signature

(Seal)

