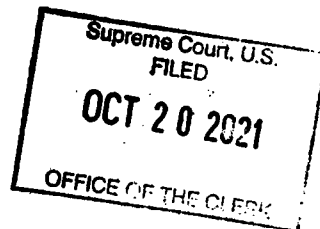


21-6079

ORIGINAL

IN THE
SUPREME COURT OF THE UNITED STATES

Austin Callahan Brand, pro se — PETITIONER
(Your Name)



VS.
THE STATE OF OREGON — 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):

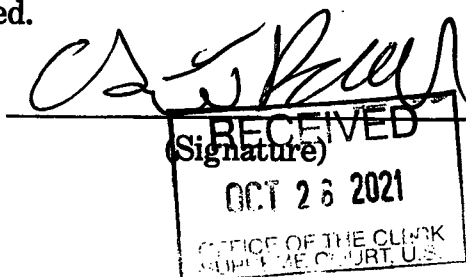
☒ Petitioner has **not** previously been granted leave to proceed *in forma pauperis* in any other court.

☒ 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.



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

I, Austin C. Brand, 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>0</u>	\$ _____
Self-employment	\$ <u>300</u>	\$ _____	\$ <u>0</u>	\$ _____
Income from real property (such as rental income)	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Interest and dividends	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Gifts	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Alimony	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Child Support	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Disability (such as social security, insurance payments)	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Unemployment payments	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Public-assistance (such as welfare)	EPT \$ <u>234.00</u>	\$ _____	\$ <u>234.00</u>	\$ _____
Other (specify): <u>Stimulus check</u>	\$ <u>1,400.00</u>	\$ _____	\$ <u>0</u>	\$ _____
Total monthly income:	\$ <u>1,634.00</u>	\$ _____	\$ <u>234.00</u>	\$ _____

2. List your employment history for the past two years, most recent first. (Gross monthly pay is before taxes or other deductions.)

I/mate #16154492
 Employer Oregon Department of Collections Address 747 Stanford Blvd. Ontario, OR 97014 Dates of Employment 2019-2020 Gross monthly pay \$ 30.00
 \$ _____
 \$ _____
 \$ _____

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 NA Address _____ Dates of Employment _____ Gross monthly pay _____
 \$ _____
 \$ _____
 \$ _____

4. How much cash do you and your spouse have? \$ 1,100.00
 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
<u>0</u>	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

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 _____
 Value _____

☐ Motor Vehicle #2
 Year, make & model _____
 Value _____

☒ Other assets
 Description _____
 Value \$80.00

2 pigs \$80.00, 2 ducks, \$ chickens

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

NA

\$ _____
\$ _____
\$ _____

\$ _____
\$ _____
\$ _____

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
NA

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.

Rent or home-mortgage payment
(include lot rented for mobile home)

Are real estate taxes included? ☐ Yes ☐ No

Is property insurance included? ☐ Yes ☐ No

You

Your spouse

\$ 0

\$ _____

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

\$ 0

\$ _____

Home maintenance (repairs and upkeep)

\$ 0

\$ _____

Food

\$ 234.00

\$ _____

Clothing

\$ 0

\$ _____

Laundry and dry-cleaning

\$ 0

\$ _____

Medical and dental expenses

\$ 0

\$ _____

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>0</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>0</u>	\$ _____
Life	\$ <u>0</u>	\$ _____
Health	\$ <u>0</u>	\$ _____
Motor Vehicle	\$ <u>0</u>	\$ _____
Other: _____	\$ <u>0</u>	\$ _____
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>one \$1,400.00 stimulus check</u>	\$ <u>1,400.00</u>	\$ _____
Installment payments		
Motor Vehicle	\$ <u>0</u>	\$ _____
Credit card(s)	\$ <u>0</u>	\$ _____
Department store(s)	\$ <u>0</u>	\$ _____
Other: _____	\$ <u>0</u>	\$ _____
Alimony, maintenance, and support paid to others	\$ _____	\$ _____
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>0</u>	\$ _____
Other (specify): _____	\$ <u>0</u>	\$ _____
Total monthly expenses:	\$ <u>20 + stimulus check</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.

Release From Confinement
Attached-Here-to 12-11-2020

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

Executed on: October 19th, 2021



(Signature)

IN THE CIRCUIT COURT OF THE STATE OF OREGON FOR THE COUNTY OF MULTNOMAH
RELEASE ORDER AND AGREEMENT

777714 MCIJ-1103

State of Oregon vs.

BRAND, AUSTIN CALLAHAN
Defendant

Offense:

KIDNAP-IDV (15)

DV:

☒

Case No:

14CR0021

Aka: TN

8809 SE 190TH AVE

Address

DAMASCUS, OR 97089

City/State/Zip

(503) 933-8488

503 933-8988

Phone #

DOB

10/7/89

SWIS

777714 403

103

RELEASE AGREEMENT

Pursuant to ORS 135.250, the Defendant must comply with the following conditions of release:

1. Appear in person at all times and places ordered by the Court until discharge or final order of the Court.
2. Do not leave the State of Oregon without permission of the Court.
3. Obey all laws and Court orders and comply with any conditions the Court may impose.
4. Keep Defendant's attorney advised of Defendant's whereabouts.
5. Security posted on Defendant's behalf will be applied to any fine, costs, or restitution imposed on this case or any other case.
6. Waive extradition on the above listed offenses if arrested outside the State of Oregon.
7. DO NOT HAVE CONTACT WITH THE VICTIMS WITHOUT THE COURT'S WRITTEN PERMISSION. This ban includes direct contact (by you) or indirect contact (through third parties). The ban also includes any harassing, stalking, or threatening conduct against the victim(s), and any actual, threatened, or attempted use of physical force against the victim(s) reasonably expected to cause bodily injury. Any prior Federal Firearms Findings remain in effect for purposes of the no contact order.

8. Additional Conditions: UPON RELEASED CALL (503) 988-3714 OR CALL SAME PHONE # BY NEXT BUSINESS DAY

☐ The Defendant is to report IN PERSON to PSP, room 358, on _____ (date) at _____ (time).

Violation of these conditions will have the following consequences:

1. Revocation of this Release Order, forfeiture of any security posted under this Order, arrest, and possible punishment by contempt of Court or a separate criminal charge for failure to appear, or both.
2. Immediate arrest by a peace officer if there is probable cause you have had any unauthorized contact with the victim.
3. Failure to Appear (FTA) conviction - For any appearance for an offense declared to be a violation by the District Attorney, the Court may enter a conviction and monetary judgment up to the maximum amount of fines, assessments, restitution, and other costs allowed by law.

I have read, understand, and agree to obey these listed conditions. I understand the consequences for violating these conditions. I agree to waive extradition on the above listed offenses if I violate any condition of this agreement and I am arrested outside of this State. I agree that if I willfully violate a term of this release agreement and a warrant is issued for my arrest that I expressly consent to any delay or postponement in the prosecution of my case. This includes any delay in a subsequent prosecution which arises from the incident related to my initial arrest or citation, on any form of accusatory instrument, including but not limited to subsequently filed indictments.

Defendant

Date

Witness

Full Security \$ 250,000 100% 0 10% \$25,000 Security Receipt # 657000

I hereby certify that my total unencumbered assets are equal to no less than double the total amount of security set above. I understand that if the Defendant fails to comply with any of the conditions set on this Release Order, I am liable for the full amount of the security set. I further understand that security release costs plus any fines or other financial obligations assessed against the Defendant in this case or any other case will be taken out of the security amount posted.

Name (Print): BRAND, KENT EDWARD

Signature: [Signature]

Address: 8809 SE 190TH AVE

Date: 12/11/2020

City/State/Zip: DAMASCUS, OR 97089

Phone #: (503) 780-2339

SUPERVISORY AGREEMENT - THIRD PARTY CUSTODIAN

I agree to supervise and be responsible for the above named Defendant and to notify the Court immediately of any breach of this agreement. I agree to make every effort to assure that the Defendant appears at all scheduled hearings. I understand that to knowingly aid the Defendant in any breach of this agreement or to knowingly fail to report such breach is punishable as contempt of Court

☐ PRETRIAL SUPERVISION PROGRAM

Room 358, 1120 SW THIRD AVENUE, PORTLAND OREGON 97204

(503)988-5042

Name (Print):

Signature:

Address:

Date:

City/State/Zip:

Phone #:

Courtroom #3 at 9:00AM on 1/08/2021 NEXT COURT DATE AND TIME CALL (503) 988-9555

JUSTICE CENTER: 1120 SW Third Avenue, Portland, OR 97204

☐ COURTHOUSE: 1200 SW First Avenue, Portland, OR 97204

DEFENSE ATTORNEY'S NAME AND PHONE NUMBER

Name:

Phone #:

SUBSCRIBED AND SWORN TO OR AFFIRMED BEFORE ME AND RELEASE ORDERED THIS

DAY OF

, 20

TAPASA/4041

Form Prepared by (Judge/Recognizance Staff/Officer)

Authorized by (Judge/Recognizance Staff/Officer)