

No. _____

21-6728

IN THE
SUPREME COURT OF THE UNITED STATES

ORIGINAL

David Schied

(Your Name)

PETITIONER
BENEFICIARY

VS.

U-HAUL INTERNATIONAL, ET ALIA

RESPONDENT(S)
CO-TRUSTEES

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):

U.S. DISTRICT COURT FOR THE WESTERN DISTRICT OF SOUTH DAKOTA

U.S. COURT OF APPEALS FOR THE EIGHTH CIRCUIT

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.



Beneficiary/

/s/ David Schied Relator

(Signature) Autograph

Submitted by a "totally and permanently disabled quad-amputee" and crime victim.

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

I, David Schied, am the ^{petitioner} "totally and permanently disabled" BENEFICIARY and 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.

[No spouse]

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	
"Income" is a tax word and I am NOT a "Taxpayer". I am a BENEFICIARY of the Employment WELFARE System	You	Spouse	You	Spouse
	\$ <u>N/A</u>	\$ _____	\$ _____	\$ _____
Self-employment	\$ <u>N/A</u>	\$ _____	\$ _____	\$ _____
Income from real property (such as rental income)	\$ <u>N/A</u>	\$ _____	\$ _____	\$ _____
Interest and dividends	\$ <u>N/A</u>	\$ _____	\$ _____	\$ _____
Gifts	\$ <u>N/A</u>	\$ _____	\$ _____	\$ _____
Alimony	\$ <u>N/A</u>	\$ _____	\$ _____	\$ _____
Child Support	\$ <u>N/A</u>	\$ _____	\$ _____	\$ _____
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>N/A</u>	\$ _____	\$ _____	\$ _____
PRE-TAXED SS EARNINGS				
Disability (such as social security, insurance payments)	\$ <u>1099</u>	\$ _____	\$ _____	\$ _____
Unemployment payments	\$ <u>N/A</u>	\$ _____	\$ _____	\$ _____
Public-assistance SNAP for food purchase (such as welfare)	\$ <u>N/A</u>	\$ _____	\$ _____	\$ _____
Other (specify): ENERGY ASSISTANCE	\$ <u>N/A</u>	\$ _____	\$ _____	\$ _____
Total monthly income:	\$ <u>N/A</u>	\$ _____	\$ _____	\$ _____

"Income" is a tax word and I am NOT a "Taxpayer". I am a BENEFICIARY of the WELFARE System and recipient of "pre-taxed" money that I previously earned and had deducted from take-home pay to have entrusted to the EXECUTIVE BRANCH of the UNITED STATES.

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
N/A			\$ N/A
I have been a "totally and permanently disabled QUAD-AMPUTEE" for 3 1/2 years			\$
			\$

N/A 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? \$ 20

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
HUNTINGTON NATIONAL BANK	\$ 272	\$
BLACK HILLS CREDIT UNION	\$ 209	\$
	\$	\$

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

Home N/A
Value _____

Other real estate N/A
Value _____

NOTE: I am NOT licensed to drive and DO NOT DRIVE

Motor Vehicle #1 Motor Vehicle #2
Year, make & model 2008 CHEVY UPLANDER Year, make & model N/A
Value \$500 Value _____

NOTE: I am NOT licensed auto appraiser and have not have paid for
any appraisal for "motor vehicle value".

Other assets N/A
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
UNITED STATES, (CO-TRUSTEES) et alia	more than \$ 1 TRILLION \$ (currently in dispute) \$	\$ \$ \$

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 N/A	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)	\$ 422	\$ _____
Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	varies monthly	
	\$ 125 on avg.	\$ _____
Home maintenance (repairs and upkeep)	\$ 10 / month	\$ _____
Food	\$ 200 / mo	\$ _____
Clothing	\$ 15 / mo	\$ _____
Laundry and dry-cleaning	\$ 30 / mo	\$ _____
Medical and dental expenses	\$ 1200 / mo	\$ _____

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>30</u> / mo	\$ _____
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>0</u>	\$ _____
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>8</u> / mo	\$ _____
Life	\$ <u>0</u>	\$ _____
Health	\$ <u>80</u> / mo avg <u>past year</u> (stolen by UNITED STATES)	\$ _____
Motor Vehicle	\$ <u>60</u> / MO	\$ _____
Other: _____	\$ _____	\$ _____
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>N/A Sales taxes only are incalculable</u>	\$ _____	\$ _____
I am otherwise NOT A TAXPAYER but instead, a Installment payments	DISABLED WELFARE RECIPIENT	
Motor Vehicle	\$ <u>0</u>	\$ _____
Credit card(s)	\$ <u>300</u>	\$ _____
Department store(s)	\$ <u>0</u>	\$ _____
Other: _____	\$ _____	\$ _____
Alimony, maintenance, and support paid to others	\$ <u>N/A</u>	\$ _____
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>N/A</u>	\$ _____
Other (specify): _____	\$ <u>N/A</u> more than	\$ _____
Total monthly expenses:	\$ <u>1099</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.

Only possibility is if the UNITED STATES does the right thing; and that is highly unlikely

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.
Three and a half years ago, I was the victim of an attempted murder.

"Law enforcement" and "courts" refused to investigate; Thus the "targeting" continued and I was criminally EVICTED from my home (since 2012) in spite of my being "totally and permanently disabled quad-amputee", in spite of COVID PANDEMIC, in spite of EVICTION MORATORIUM, and in spite of Winter & Blizzard

I declare under penalty of perjury that the foregoing is true and correct. Hence, the instant Additional statements attached via an accompanying

CO-TRUSTEES.
NOTE: I also declare that, as one of the Sovereign People,
I hold ALL government "servants" to their OATHS and DUTIES of office.

David M. Ogle
University of Oregon

Signature is by totally and /s/ David Schied
permanently disabled QUAD-AMPUTEE (Signature)
(by request of "reasonable accommodations" equal to the
standard for attorneys "signing" documents digitally
and otherwise required by the LEGISLATIVE and EXECUTIVE
"BRANCHES" under the ADA)