

FEB 09 2022

OFFICE OF THE CLERK

David Lopez Gonzales 284159

Florence South. Unit. 6 A 13L

P.O. Box 8400

Florence Arizona 85132

21-7499

IN THE SUPREME COURT OF THE UNITED STATES

David Lopez Gonzales

No:

Petitioner

NINTH CIRCUIT COURT OF APPEALS NO. 20-17173

vs.

David Shinn et al.,

MOTION FOR LEAVE TO PROCEED IN FORMA

PAUPERIS

Respondent

I am respectfully requesting leave to file the attach petition for a Writ of Certiorari without prepayment of cost and proceed in forma pauperis.

I have previously been granted leave in forma pauperis in the Arizona Superior Court, Court of Appeals and Supreme Court.

My affidavit or declaration in support of this motion is attached hereto:

I requested the Ninth Circuit Court of Appeals to appoint a Counsel to represent me in this matter, however, they did not answer me yet. Hopefully they will grant me one.

Respectfully submitted this 18th day of March 2022

ORIGINAL *David Lopez Gonzales*

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

I, David Lopez Gonzales, 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>182.25</u>	\$ <u>NA</u>	\$ <u>0</u>	\$ <u>NA</u>
Self-employment	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Income from real property (such as rental income)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Interest and dividends	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Gifts	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Alimony	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Child Support	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Disability (such as social security, insurance payments)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Unemployment payments	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Public-assistance (such as welfare)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Other (specify): <u>NA</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Total monthly income:	\$ <u>182.25</u>	\$ <u>0</u>	\$ <u>0</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
DOC	Florence South Unit P.O. Box 8400 Florence, Arizona 85132	2020-2022	\$ \$ \$

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
NA	NA	NA	\$ 0 \$ 0 \$ 0

4. How much cash do you and your spouse have? \$ 0

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
DOC retention fund	\$ 250	\$ NA
	\$	\$ 0
	\$	\$ 0

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

Home
Value NA

Other real estate
Value NA

Motor Vehicle #1
Year, make & model NA
Value 0

Motor Vehicle #2
Year, make & model NA
Value 0

Other assets
Description NA
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
NA	\$ 0	\$ 0
NA	\$ 0	\$ 0
NA	\$ 0	\$ 0

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
NA	NA	NA

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)	\$ 0	\$ NA
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)	\$ 0	\$ 0
Home maintenance (repairs and upkeep)	\$ 0	\$ 0
Food	\$ 0	\$ 0
Clothing	\$ 0	\$ 0
Laundry and dry-cleaning	\$ 0	\$ 0
Medical and dental expenses	\$ 0	\$ 0

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

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? 0

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.
Because of a heart attack I am no longer working, the medical nurse says she will not let me work for a minimum of four months. All the money I had saved I used to make copies of and mailed this petition. I have no more money. In addition, I will owe DOC for the mailing of this petition. Because I can no longer pay the expense of mailing this petition.

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

Executed on: March 10, 2022

David Lopez Gonzales
(Signature)
David Lopez Gonzales

Number 9

I am hoping to be able to go back to work in about four months.