

21-7823

No.

ORIGINAL

SUPREME COURT OF THE UNITED STATES

Supreme Court, U.S.
FILED

APR 22 2022

OFFICE OF THE CLERK

ROBERT L. ALLUM,

Petitioner,

vs.

STATE OF MONTANA,

Respondent.

MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

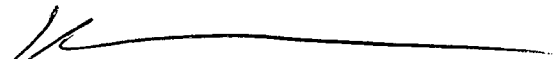
Petitioner asks leave to file the attached petition for writ of certiorari *in forma pauperis*, without payment of costs and to proceed *in forma pauperis*.

Mr. Allum has previously been granted leave to proceed *in forma pauperis*, without payment of fees, in the following court:

Montana Supreme Court

DA 21-0641

Granted December 15, 2021


Robert L. Allum

DECLARATION OF ROBERT L. ALLUM

I, Robert L. Allum, 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 therefore; and I believe I am entitled to redress.

Income source	You	Spouse	Average monthly amount during the past 12 months	Amount expected next month
Employment	\$NONE	\$NONE	\$NONE	\$NONE
Self-employment	\$NONE	\$NONE	\$NONE	\$NONE
Income from real property (such as rental income)	\$NONE	\$NONE	\$NONE	\$NONE
Interest and dividends	\$NONE	\$NONE	\$NONE	\$NONE
Gifts	\$NONE	\$NONE	\$NONE	\$NONE
Alimony	\$NONE	\$NONE	\$NONE	\$NONE
Child support	\$NONE	\$NONE	\$NONE	\$NONE
Retirement (such as social security, pensions, annuities, insurance)	\$1,050	\$1,251	\$1,050	\$1,251
Disability (such as social security, insurance payments)	\$NONE	\$NONE	\$NONE	\$NONE
Unemployment payments	\$NONE	\$NONE	\$NONE	\$NONE
Public-assistance (such as welfare)	\$NONE	\$NONE	\$NONE	\$NONE
Other (specify):SNAP (Food Assistance	\$	\$20	\$	\$20

Total monthly income:	\$1,050	\$1,271	\$1,050	\$1,271
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2. *List your 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
NONE			\$
			\$
			\$

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
NONE			\$
			\$
			\$

4. *How much cash do you and your spouse have? \$100.00*

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial Institution	Type of Account	Amount you have	Amount your spouse has
First Security Bank	checking	\$200	\$1,000
NONE		\$	\$
NONE		\$	\$

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

Home	Other real estate	Motor vehicle #1
(Value) \$350,000	(Value) \$NONE	(Value) \$3,000
		Make and year: Buick, 2005
		Model: Lacrosse
		Registration #: 2G4WC532X511311387

Motor vehicle #2	Other assets	Other assets
(Value) \$1,000	(Value) \$NONE	(Value) \$NONE
Make and year: Dodge, 2004		
Model: Grand Caravan		
Registration #: 1D4GP24R44B595172		

- 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
NONE	\$NONE	\$NONE
	\$	\$
	\$	\$
	\$	\$

7. *State the persons who rely on you or your spouse for support.*

Name [or, if under 18, initials only]	Relationship	Age
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NONE		
NONE		
NONE		

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, semiannually, or annually to show the monthly rate.*

	You	Your Spouse
Rent or home-mortgage payment (include lot rented for mobile home) Are real estate taxes included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Is property insurance included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$NONE	\$464
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$200	\$150
Home maintenance (repairs and upkeep)	\$100	\$NONE
Food	\$150	\$100
Clothing	\$20	\$20
Laundry and dry-cleaning	\$10	\$10
Medical and dental expenses	\$75	\$100
Transportation (not including motor vehicle payments)	\$125	\$50
Recreation, entertainment, newspapers, magazines, etc.	\$IN UTIL	\$IN UTIL
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's:	\$NONE	\$NONE
Life:	\$	\$
Health:	\$300	\$225

Motor vehicle:	\$45	\$45
Other:	\$	\$
Taxes (not deducted from wages or included in mortgage payments) (specify):	\$NONE	\$NONE
Installment payments		
Motor Vehicle:	\$NONE	\$NONE
Credit card (name):	\$NONE	\$NONE
Department store (name):	\$NONE	\$NONE
Other: American Express (paid off monthly)	\$NONE	\$NONE
Alimony, maintenance, and support paid to others	\$NONE	\$NONE
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$NONE	\$NONE
Other (specify):	\$	\$NONE
Total monthly expenses:	\$1025	\$1,164

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 spent — or will you be spending — any money for expenses or attorney fees in connection with this lawsuit?* ☒ Yes ☐ No

If yes, how much? \$ 1,000 (Original filing fee, serving summons fee, printing and postage.)

12. *State the city and state of your legal residence.*

Belgrade, Montana

11. *Provide any other information that will help explain why you cannot pay the docket fees for your appeal.*

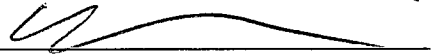
My wife and I are on social security only.

Your daytime phone number: (406) 580-3912

Your age: 71 *Your years of schooling:* 15

Last four digits of your social-security number: 1789

I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct, (; 18 U.S.C. § 1621).

Signed: 

ROBERT L. ALLUM

Pro Se

132 West Magnolia Drive

Belgrade, Montana 59714

Tel.: (406) 580-3912