

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

I, Neil G. Leeds, 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 | \$ 0 | \$ N/A | \$ 0 | \$ N/A |
| Self-employment | \$ 0 | \$ N/A | \$ 0 | \$ N/A |
| Income from real property (such as rental income) | \$ 0 | \$ N/A | \$ 0 | \$ N/A |
| Interest and dividends | \$ 0 | \$ N/A | \$ 0 | \$ N/A |
| Gifts | \$ 0 | \$ N/A | \$ 0 | \$ N/A |
| Alimony | \$ 0 | \$ N/A | \$ 0 | \$ N/A |
| Child Support | \$ 0 | \$ N/A | \$ 0 | \$ N/A |
| Retirement (such as social security, pensions, annuities, insurance) | \$ 0 | \$ N/A | \$ 0 | \$ N/A |
| Disability (such as social security, insurance payments) | \$ 0 | \$ N/A | \$ 0 | \$ N/A |
| Unemployment payments | \$ 16,800 | \$ N/A | \$ 0 | \$ N/A |
| Public-assistance (such as welfare) | \$ 0 | \$ N/A | \$ 0 | \$ N/A |
| Other (specify): | \$ 0 | \$ N/A | \$ 0 | \$ N/A |
| Total monthly income: | \$ 0 | \$ N/A | \$ 0 | \$ N/A |

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 |
|----------------|---|---------------------------|-------------------|
| Leeds Mattress | 1126 Crenshaw Blvd Torrance, CA 90501 | 8-30-1996 - 10-01-2021 | \$ 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 |
|----------|---------|---------------------|-------------------|
| N/A | N/A | N/A | \$ N/A |

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

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 |
|---|-----------------|------------------------|
| Wells Fargo Checking | \$ 130.00 | \$ N/A |
| Wells Fargo Savings | \$ 16.23 | \$ N/A |

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

| | |
|---|--|
| <input type="checkbox"/> Home Value _____ | <input type="checkbox"/> Other real estate Value _____ |
| <input checked="" type="checkbox"/> Motor Vehicle #1 Year, make & model 2015 Jeep Sport Value 7000.00 | <input type="checkbox"/> Motor Vehicle #2 Year, make & model _____ Value _____ |
| <input type="checkbox"/> Other assets Description _____ Value _____ | <input type="checkbox"/> _____ |

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>N/A</u> | \$ <u>N/A</u> | \$ <u>N/A</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>N/A</u> | <u>N/A</u> | <u>N/A</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>700.00</u> | \$ <u>N/A</u> |
| 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 | | |
| Utilities (electricity, heating fuel, water, sewer, and telephone) | \$ <u>50.00</u> | \$ <u>N/A</u> |
| Home maintenance (repairs and upkeep) | \$ <u>0</u> | \$ <u>0</u> |
| Food | \$ <u>450.00</u> | \$ <u>N/A</u> |
| Clothing | \$ <u>0</u> | \$ <u>N/A</u> |
| Laundry and dry-cleaning | \$ <u>0</u> | \$ <u>N/A</u> |
| Medical and dental expenses | \$ <u>0</u> | \$ <u>N/A</u> |

| | You | Your spouse |
|---|----------------|---------------|
| Transportation (not including motor vehicle payments) | \$ 100.00 | \$ N/A |
| Recreation, entertainment, newspapers, magazines, etc. | \$ 0 | \$ N/A |
| Insurance (not deducted from wages or included in mortgage payments) | | |
| Homeowner's or renter's | \$ 0 | \$ N/A |
| Life | \$ 0 | \$ N/A |
| Health | \$ 0 | \$ N/A |
| Motor Vehicle | \$ 150.00 | \$ N/A |
| Other: | \$ 0 | \$ N/A |
| Taxes (not deducted from wages or included in mortgage payments) | | |
| (specify): | \$ 0 | \$ N/A |
| Installment payments | | |
| Motor Vehicle | \$ 0 | \$ N/A |
| Credit card(s) | \$ 2250 | \$ N/A |
| Department store(s) | \$ 0 | \$ N/A |
| Other: (LOAN ME) for Appeal, Leeds Mattress, Hamm. Bank | \$ 1200 | \$ N/A |
| Alimony, maintenance, and support paid to others | \$ N/A | \$ N/A |
| Regular expenses for operation of business, profession, or farm (attach detailed statement) | \$ 0 | \$ N/A |
| Other (specify): | \$ N/A | \$ N/A |
| Total monthly expenses: | \$ 4900 | \$ 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:

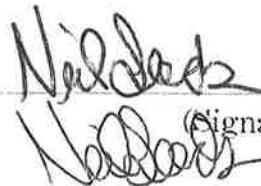
12. Provide any other information that will help explain why you cannot pay the costs of this case.

I went bankrupt chapter 7 December 30, 2014. A chapter 7. I tried to hold on to my last store of 28 Locations I once had. I can't go, and will be closing the last store. I owe my landlord and bills of over \$15000 and can't declare bankrupt legally till Dec. 2024. I am seeking help. As of today I am out of all funds.

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

Executed on: October 29, 2021

SEE ATTACHED FOR NOTARIZATION


Neil Deeks
(Signature)

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 Los Angeles

Subscribed and sworn to (or affirmed) before me on this 29
day of October , 20 21 , by Neil H. Leeds

proved to me on the basis of satisfactory evidence to be the person(s)
who appeared before me.



(Seal)

Signature

A handwritten signature of the name "YESICA BARROSO" in black ink.