

22-5209
No. 1 Cir. Ct. App. 20-1321

ORIGINAL

DC No. 2:19-CV-00227-MTL

IN THE

SUPREME COURT OF THE UNITED STATES
Petition for Writ of Certiorari

Adam Paul Blomdahl — PETITIONER
(Your Name)

VS

Dr. Jaffe (cls) MCSO et al. — 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):

9th Cir. Ct. of Appeals and see:

(attached) order for US. Dist. Court for AZ

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:

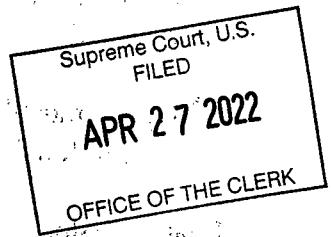
The appointment was made under the following provision of law: _____

a copy of the order of appointment is appended.

see: (attach) 5 pages to this affidavit



(Signature)



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

I, Adam P. Blomdahl, 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>N/A</u>	\$ <u>0</u>	\$ <u>0</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>7200</u>	\$ <u>0</u>	\$ <u>-600</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>1800</u>	\$ <u>0</u>	\$ <u>150</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>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Total monthly income:	\$ <u>5400</u>	\$ <u>0</u>	\$ <u>-450</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
Na			\$ 00
			\$ 00
			\$ 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	Address	Dates of Employment	Gross monthly pay
Na			\$ 00
			\$ 00
			\$ 00

4. How much cash do you and your spouse have? \$ 500
 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
	\$ 00	\$ 00
	\$ 00	\$ 00
Inmate Prison Account	\$ 500	\$ 00

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

Home
 Value \$ 00

Other real estate
 Value \$ 00

Motor Vehicle #1
 Year, make & model \$ 00
 Value _____

Motor Vehicle #2
 Year, make & model \$ 00
 Value _____

Other assets
 Description _____
 Value \$ 00

6. State every person, business, or organization owing you or your spouse money, and the amount owed. (lawsuits pending)

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
Dex Media	\$ 250,000	\$ <input checked="" type="checkbox"/>
Philip Morris	\$ 1 mil.	\$ <input checked="" type="checkbox"/>
R.J. Reynolds	\$ 1 mil	\$ <input checked="" type="checkbox"/>

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
SJ	Daughter	11

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)	\$ <input checked="" type="checkbox"/>	\$ <input checked="" type="checkbox"/>
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)	\$ <input checked="" type="checkbox"/>	\$ <input checked="" type="checkbox"/>
Home maintenance (repairs and upkeep)	\$ <input checked="" type="checkbox"/>	\$ <input checked="" type="checkbox"/>
Food	\$ <input checked="" type="checkbox"/>	\$ <input checked="" type="checkbox"/>
Clothing	\$ <input checked="" type="checkbox"/>	\$ <input checked="" type="checkbox"/>
Laundry and dry-cleaning	\$ <input checked="" type="checkbox"/>	\$ <input checked="" type="checkbox"/>
Medical and dental expenses	\$ 4 mil.	\$ <input checked="" type="checkbox"/>

	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>0</u>	\$ <u>0</u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ <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>0</u>	\$ <u>0</u>
Alimony, maintenance, and support paid to others	\$ <u>600</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>0</u>	\$ <u>0</u>
Total monthly expenses:	\$ <u>-450</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? _____

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? \$500

If yes, state the person's name, address, and telephone number:

"Tidy" Lawyers for Freedom

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

Mr. B. has been receiving Veterans benefits but since his wrongful imprisonment his benefits have been reduced from about 3K to \$150.

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

Executed on: BB BB 6/21/22
(Submitted: Jun. 21st, 2022)



(Signature)

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IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF ARIZONA

Adam Paul Blomdahl,

No. CV 22-00094-PHX-MTL (DMF).

Plaintiff,

v.

ORDER

Sheriff Paul Penzone, et al.,

Defendants.

Plaintiff Adam Paul Blomdahl, who is confined in a Maricopa County Jail, has filed a pro se civil rights Complaint pursuant to 42 U.S.C. § 1983 (Doc. 1) and an Application to Proceed In Forma Pauperis (Doc. 4). The Court will grant the Application to Proceed, order Defendant Cuevas to answer Count Two of the Complaint, order Defendant Chelsea to answer Count Three, and dismiss without prejudice Count One and Defendants Penzone and Munioz.

I. Application to Proceed In Forma Pauperis and Filing Fee

The Court will grant Plaintiff's Application to Proceed In Forma Pauperis. Plaintiff must pay the statutory filing fee of \$350.00. § 1915(a). The Court will not assess an initial partial filing fee. *Id.* The statutory filing fee will be collected monthly in payments of 20% of the previous month's income credited to Plaintiff's trust account each time the amount in the account exceeds \$10.00. § 1915(b)(2). The Court will enter a separate Order requiring the appropriate government agency to collect and forward the fees according to the statutory formula.

FEB 14 2022

I.L.S.
MAILED

Adam Blondahl T 121047
 Name and Prisoner/Booking Number

Maricopa Co. Sheriff's Office
 Place of Confinement

3250 W. Lower Buckeye Rd.
 Mailing Address

Phoenix, AZ 85009
 City, State, Zip Code

IN THE UNITED STATES DISTRICT COURT
 FOR THE DISTRICT OF ARIZONA

Adam P. Blondahl,

CASE NO. 2:22-cv-00094-MTL(DMF)

Plaintiff,

v.

Sheriff Paul Penzone et al.,

Defendant(s).

APPLICATION TO PROCEED
 IN FORMA PAUPERIS
 BY A PRISONER
 CIVIL (NON-HABEAS)

I, Adam P. Blondahl, declare, in support of my request to proceed in the above entitled case without prepayment of fees under 28 U.S.C. § 1915, that I am unable to pay the fees for these proceedings or to give security therefor and that I believe I am entitled to relief.

In support of this application, I answer the following questions under penalty of perjury:

1. Have you ever before brought an action or appeal in a federal court while you were incarcerated or detained? Yes No If "Yes," how many have you filed? 3. Were any of the actions or appeals dismissed because they were frivolous, malicious, or failed to state a claim upon which relief may be granted? Yes No If "Yes," how many of them? _____.
2. Are you currently employed at the institution where you are confined? Yes No If "Yes," state the amount of your pay and where you work. _____.
3. Do you receive any other payments from the institution where you are confined? Yes No If "Yes," state the source and amount of the payments. _____.

4. Do you have any other sources of income, savings, or assets either inside or outside of the institution where you are confined?

If "Yes," state the sources and amounts of the income, savings, or assets. Yes No
I/M has about \$500 dollars in ADC Trust account receives about \$150 dollars per month in reduced veterans (VA) compensation while in custody. (Disability)

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

Feb. 13th 2022

DATE

SIGNATURE OF APPLICANT

ACKNOWLEDGEMENT OF COLLECTION OF FILING FEES FROM TRUST ACCOUNT

I, Adam P. Blomdahl, acknowledge that upon granting this Application, the Court will order designated correctional officials at this institution, or any other correctional institution to which I am transferred, to withdraw money from my trust account for payment of the filing fee, as required by 28 U.S.C. § 1915(b).

The Court will require correctional officials to withdraw an initial partial payment equal to 20% of the greater of:

- (A) the average monthly deposits to my account for the six-month period preceding my filing of this action, or ...
- (B) the average monthly balance in my account for the six-month period preceding my filing of this action.

After the initial payment, if the amount in my account is at least \$10.00, the Court will require correctional officials to withdraw from my account 20% of each month's income and forward it to the Court until the required filing fee is paid in full. I understand that I am required to pay the entire fee, *even if my case is dismissed by the Court before the fee is fully paid.*

I further understand that if I file more than one action, correctional officials will be ordered to withdraw 20% of each month's income, for each action, simultaneously. Accordingly, if I have filed two actions, correctional officials will withdraw 40% of my income each month; three actions will require 60% of my income each month, etc.

2/13/22

DATE

SIGNATURE OF APPLICANT



CERTIFICATE OF CORRECTIONAL OFFICIAL
AS TO STATUS OF APPLICANT'S TRUST ACCOUNT

Blomdahl, Adam
T727047

I, A. Callaghan, certify that as of the date applicant signed this application:
(Printed name of official)

The applicant's trust account balance at this institution is: \$ 0

The applicant's average monthly deposits during the prior six months is: \$ 0

The applicant's average monthly balance during the prior six months is: \$ 0

The attached certified account statement accurately reflects the status of the applicant's account.

02/14/2022

DATE

A. Callaghan

AUTHORIZED SIGNATURE

LSS /B3853

TITLE/ID NUMBER

MCSO

INSTITUTION

Description	Beginning	Ending	Amount
Resident Id: T727047			
Last Name: Blomdahl			
First Name: Adam			
Total Deposits	8/14/2021 12:00:00 AM	2/14/2022 9:18:33 AM	\$0.00
Average Monthly Deposits	8/14/2021 12:00:00 AM	2/14/2022 9:18:33 AM	\$0.00
Total 1st Day Balances	8/14/2021 12:00:00 AM	2/14/2022 9:18:33 AM	\$0.00
Average 1st Day Balances	8/14/2021 12:00:00 AM	2/14/2022 9:18:33 AM	\$0.00
Balance as of		2/14/2022 9:18:33 AM	\$0.00
Current True Balance		2/14/2022 12:00:00 AM	(\$10.00)
FFF Initial Payment as of		2/14/2022 9:18:33 AM	\$0.00

**MARICOPA COUNTY SHERIFF'S OFFICE
INMATE LEGAL SERVICES**

CERTIFICATION

I hereby certify that on this date February 14, 2022

In accordance with the instruction received from the inmate and the rules of this Court, I mailed the original and one (1) copy to the Clerk of the United States District Court, District of Arizona.

I further certify that copies of the original have been forwarded to:

Hon _____ United States District Court, District of Arizona.
Hon _____ United States District Court, District of Arizona.
Attorney General, State of Arizona, _____
Judge _____ Superior Court, Maricopa County, State of Arizona.
County Attorney, Maricopa County, State of Arizona _____
Public Defender, Maricopa County, State of Arizona _____
Attorney _____
Other _____

A. Callaghan
Legal Support Specialist Signature

B3853
S/N

INMATE LEGAL SERVICES
Maricopa County Sheriff's Office
3250 W. Lower Buckeye Rd.
Phoenix, AZ 85009

**MARICOPA COUNTY SHERIFF'S OFFICE
INMATE LEGAL SERVICES**

CERTIFICATION

I hereby certify that on this date

June 24, 2022

In accordance with the instruction received from the inmate, and the requirements of this Court, I mailed the original to the Clerk of the Court of Supreme Court of United States, State of Washington, D.C.

I further certify that copies of the original have been forwarded to:

Clerk U.S. Court of Appeals, 9th Circuit, San Francisco, California

Hon United States District Court, District of Arizona.

Attorney General State of Arizona.

Judge/Comm. Superior Court, Maricopa County, State of Arizona.

Clerk of Superior Court, Maricopa County, State of Arizona

County Attorney, Maricopa County, State of Arizona Joseph Branco

Public Defender, Maricopa County, State of Arizona

Advisory Counsel

Other

a. Callaghan
Legal Support Specialist Signature

B3853
S/N

INMATE LEGAL SERVICES
Maricopa County Sheriff's Office
3250 W. Lower Buckeye Rd.
Phoenix, AZ 85009

B**INMATE LEGAL REQUEST****Petición Legal Para Recluso**

OF PAGES ATTACHED

(51) FIFTY-ONE B45/14

Last Name (Apellido) BlomdahlFirst Name (Primer Nombre) AdamBooking # (Número de Registro) T727047Date of Birth (Fecha de Nacimiento) 7-19-81Jail (Cárcel) 4th AveHouse (Casa) & Cell (Celda) 4B2,8 Current Date (Fecha de Hoy) 7/3/22 **PRO-PER**Criminal CR # _____
(# Del Caso Criminal)Justice/Municipal Court # _____
(# Justicia/Tribunal Municipal)CR Attorney _____
(Abogado Defensor Del Caso Criminal) **PRO-SE**Civil Action/AZ Superior Court CV # Appeal: 20-17321
(# Del Caso Civil/AZ Tribunal Superior)Civil Rights/USDC # D.C. 219-CV-00227-MTL
(# Del Caso De Derechos Civiles)Child Support Case DR/FN/FC # _____
(# Del Caso De Manutención De Los Hijos)**CHECK APPROPRIATE BOX (MARQUE LA OPCIÓN APROPIADA)****Inmate Legal Request (Petición Legal para Recluso):**

Court Filings (Archivar)
 Delivery of Documents (Entregar)
 Legal Supplies (Artículos Legales)
 Legal Research (Investigación Legal)

Legal Forms (Formularios Legales)
 Mailing (Envío Por Correo)
 Notary-specify type of document _____
(Notario)

I.L.S.**REC'D JUL 06 2022****RET'D JUL 06 2022****PRINT ONLY (IMPRIMA SOLAMENTE) AND PRINT CLEARLY (ESCRIBA CLARAMENTE)**

Please explain your request or questions (Por favor de explicar su solicitud o preguntas). No more than five (5) requests per request form (No más de cinco (5) peticiones por forma de petición para recluso).

1) I have made a Petition for Certiorari, please make copies & mail to parties in case:
*U.S. Supreme Court (Clerks Office)
9th Circuit Court of Appeals
(Civil Services Div. (Joseph Branco))
& Pro-Se Inmate

2) _____

3) _____

4) _____

5) _____

Inmate's Signature (Firma del Recluso)



Officer's Signature & Serial #

 Busia

Time and Date Rec'd

2144 7/3/22

DO NOT WRITE BELOW THIS LINE – FOR I.L.S. USE ONLY
(NO ESCRIBA DEBAJO DE ESTA LINEA – PARA USO EXCLUSIVO DE LA OFICINA DE ILS)

Action	Mailed 52 pages, appeal of 9th Circuit 20-17321
Document	Petition for Writ of Certiorari
Where	Supreme Court of the United States, Clerk of Court, 1 First Street, NE, Washington, DC 20543
Parties Copied	U.S. District Court of Appeals 9th Circuit Clerk, P. O. Box 193939, San Francisco, CA 94119-3939; Joseph Branco, County Attorney, Civil Services Division, 222 N Central Ave, Ste. 1100, Phoenix, AZ 85004

B3853