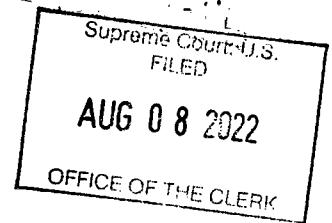


No. 22-5664

IN THE
SUPREME COURT OF THE UNITED STATES

Wayne Nicholson --PETITIONER
(Your Name)



VS.

State of Minnesota --RESPONDENT(S)

MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

The petitioner asks leave to file the attached petition for 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 formal pauperis* in the following court(s):

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 provisions of law: _____, or _____
 a copy of the order of appointment is appended.

Wayne Nicholson
(Signature)

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

I, Wynne Nicola, 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 or 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>	\$ _____	\$ _____	\$ _____
Self-employment	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Income from real property (such as rental income)	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Interest and dividends	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Gifts	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Alimony	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Child Support	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Unemployment payments	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Public-assistance (such as welfare)	\$ <u>11.00 per month</u>	\$ _____	\$ _____	\$ _____
Other (specify):	\$ <u>0</u>	\$ _____	\$ _____	\$ _____

Total monthly income: \$ 110.00 \$ _____ \$ _____ \$ _____

2. List your employment history for the past two years, most recent first. (Gross monthly pay in before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross monthly pay
<u>None</u>	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

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.)

<u>None</u>	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

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]
<u>N/A</u>	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

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

Home
Value 0

Other real estate
Value 0

Motor Vehicle #1
Year, make & model 0

Motor Vehicle #2
Year, make & model 0

Other assets
Description 0

Value 0

6. State every person, business, or organizations owing you or your spouse money, and the amount owed.

Person owing you or your spouse	Amount owed to you	Amount owed to your spouse
<u>0</u>	\$ _____	\$ _____
<u>0</u>	\$ _____	\$ _____
<u>0</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
_____	_____	_____
_____	_____	_____
_____	_____	_____

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)	\$ _____	\$ _____
Are real estate taxes included?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is property insurance included?	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <u>20.00</u> <i>per month</i>	\$ _____
Home maintenance (repairs and upkeep)	\$ <u>0</u>	\$ _____
Food	\$ <u>50.00</u> <i>per month</i>	\$ _____
Clothing	\$ <u>30.00</u> <i>per month</i>	\$ _____

Laundry and dry-cleaning \$ 0 \$ _____

Medical and dental expenses \$ 14.00 \$ _____

Transportation (not including motor vehicle payments) \$ 0 \$ _____

Recreation, entertainment, newspapers, magazines, etc. \$ 4.00 \$ _____

Insurance (not deducted from wages or included in mortgage payments)

Homeowner's or renter's \$ 0 \$ _____

Life \$ 0 \$ _____

Health \$ 0 \$ _____

Motor Vehicle \$ 0 \$ _____

Other: _____ \$ 0 \$ _____

Taxes (not deducted from wages or included in mortgage payment(s))

Installment payments

Motor Vehicle \$ 0 \$ _____

Credit card(s) \$ 0 \$ _____

Department store(s) \$ 0 \$ _____

Other: _____ \$ 0 \$ _____

Alimony, maintenance, support paid to others \$ 0 \$ _____

Regular expenses for operation of business, profession, or farm (attach detailed statement) \$ 0 \$ _____

Other (specify): _____ \$ 0 \$ _____

Total monthly expenses \$ 24.00 \$ _____

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 any money for services in connection with this case, including the completion of this form? Yes No

If yes, how much? _____

12. Provide any other information that will help explain why you cannot pay the costs of this case. *I'm defining civil commitment*

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

Executed on: _____, 20_____

Wayne West

(Signature)

HENNEPIN CNTY ECONOMIC ASSIST.
PO BOX 107
MINNEAPOLIS MN 55440-0107

9992284306972120

August 16, 2022 11:30 AM

CASE NUMBER: 291975

WAYNE C NICOLAISON
1111 HIGHWAY 73
MOOSE LAKE MN 55767-9452

IMPORTANT INFORMATION REGARDING THIS DOCUMENT:

- * This information is available in other forms to people with disabilities by calling your county worker, * HSPH ES TEAM 252 at (612) 596-1300.
- * For TTY/TDD users, contact your county worker through the Minnesota Relay at 711 or (800) 627-3529. For the Speech-to-Speech Relay, call (877) 627-3848.
- * The back of this page lists your appeal rights and responsibilities.

NOTICE: A DECISION ABOUT YOUR GENERAL ASSISTANCE

Your GA redetermination was processed. You remain eligible for GA.

BUDGET FOR SEPTEMBER BENEFIT

HOUSEHOLD SIZE (1)

INCOME:	ALLOWABLE DISREGARDS/DEDUCTIONS:
EARNED	0.00
STD EI DISREGARD . . .	65.00
UNEARNED	0.00
EI DISREGARD 50% . . .	0.00
COUNTED SCHOOL INCOME.	0.00
TOTAL DEDUCTIONS . . .	0.00
DEEMED INCOME.	0.00

PAYMENT STD.	111.00
NET COUNTABLE INCOME . .	0.00
COMMUNITY LIVING ADJ . .	0.00
BUDGET DEFICIT	111.00
PRORATED AMOUNT.	0.00
RECOUPMENT AMOUNT. . . .	0.00
VENDOR AMOUNT.	0.00
AMOUNT ALREADY ISSUED. .	0.00
AMOUNT TO BE PAID. . . .	111.00

NOTE: If you are a pregnant woman you may be eligible for the MFIP cash program and medical assistance. Call your financial worker right away.

******* IMPORTANT APPEAL RIGHTS! READ THIS NOW! *******

If you don't agree with the action taken on your case, you can appeal. To keep your benefits until the appeal, you must appeal:

- * Within 10 days or
- * Before the first day of the month when the action takes place.

If you miss the 10 day deadline, you can appeal within 30 days from the date you get this notice (90 days for Supplemental Nutrition Assistance Program (SNAP)), but your benefits will not start again unless you win the appeal. To find out more, read the back of the first page of this notice.

WORKER: * HSPH ES TEAM 252 TELEPHONE: (612) 596-1300

Client Banking Transaction Receipt

Date: 8/8/2022

Account #: 12399P6

Receipt #: 82205282

Client Name: **Nicolaison,Wayne Carl**

Location 6-FO02-UNIT B-ML

Transaction Type: **DEPOSIT-CHECK**
ST OF MN GA CK

Transaction AMT: 111.00