

22-6574

No. USCA9

IN THE
SUPREME COURT OF THE UNITED STATES

ORIGINAL

Supreme Court, U.S.
FILED

SEP 08 2022

OFFICE OF THE CLERK

EDDIE TURNER — PETITIONER
(Your Name)

VS.

DIAZ, SEC, CA DOC, 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):

Supreme Court of California Case No. S257883; U.S.D.C. Central District Case No. 2:20-cv-00830-AB-KS; U.S. Court of Appeal Case No. 21-55710

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: _____
_____, or

a copy of the order of appointment is appended.



(Signature)

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

I, Eddie Turner, 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	\$ N/A	\$ SINGLE	\$ 0.00	\$ _____
Self-employment	\$ UNEMPLOYED	\$ _____	\$ _____	\$ _____
Income from real property (such as rental income)	\$ 0.00	\$ _____	\$ _____	\$ _____
Interest and dividends	\$ _____	\$ _____	\$ _____	\$ _____
Gifts	\$ _____	\$ _____	\$ _____	\$ _____
Alimony	\$ _____	\$ _____	\$ _____	\$ _____
Child Support	\$ _____	\$ _____	\$ _____	\$ _____
Retirement (such as social security, pensions, annuities, insurance)	\$ _____	\$ _____	\$ _____	\$ _____
Disability (such as social security, insurance payments)	\$ _____	\$ _____	\$ _____	\$ _____
Unemployment payments	\$ 1,200	\$ _____	\$ 1,200	\$ _____
Public-assistance (such as welfare)	\$ _____	\$ _____	\$ _____	\$ _____
Other (specify): _____	\$ _____	\$ _____	\$ _____	\$ _____
Total monthly Income:	\$ 1,200	\$ _____	\$ 1,200	\$ _____

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
SELECT STAFFING	LOS ANGELES, CA	2021-2022	\$ 2,400
			\$
			\$

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			\$
			\$
			\$

4. How much cash do you and your spouse have? \$ 500.00
 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
CHECKING AND CASH	\$ 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 _____

Other real estate
 Value _____

Motor Vehicle #1
 Year, make & model 1997 JEEP WAGLER
 Value 1,500

Motor Vehicle #2
 Year, make & model 2007 NISSAN TITAN
 Value 2,500

Other assets
 Description _____
 Value _____

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
N.A.	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

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
B. J.	SON	17
_____	_____	_____

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)	\$ HOMELESS	\$ _____
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)	\$ _____	\$ _____
Home maintenance (repairs and upkeep)	\$ _____	\$ _____
Food	\$ 400.00	\$ _____
Clothing	\$ _____	\$ _____
Laundry and dry-cleaning	\$ _____	\$ _____
Medical and dental expenses	\$ _____	\$ _____

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 400.00	\$ _____
Recreation, entertainment, newspapers, magazines, etc.	\$ _____	\$ _____
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ _____	\$ _____
Life	\$ _____	\$ _____
Health	\$ _____	\$ _____
Motor Vehicle	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ _____	\$ _____
Installment payments		
Motor Vehicle	\$ _____	\$ _____
Credit card(s)	\$ _____	\$ _____
Department store(s)	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Alimony, maintenance, and support paid to others	\$ _____	\$ _____
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ _____	\$ _____
Other (specify): _____	\$ _____	\$ _____
Total monthly expenses:	\$ 800.00	\$ _____

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 (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 AM UNEMPLOYED AND COLLECTING UNEMPLOYMENT

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

Executed on: SATURDAY NOVEMBER 5TH, 2022

FRIDAY JANUARY 13TH 2023


(Signature)

345

E. TURNER
CLAIM EXPIRES

07-08-23

WEEK PAID

11-19-22 \$316.00
11-26-22 \$316.00

YOUR CLAIM BALANCE AFTER THIS PAYMENT IS \$519.00
UNEMPLOYMENT COMPENSATION IS TAXABLE. A QUESTION ON THE CLAIM FORM ALLOWS YOU TO REQUEST
FEDERAL INCOME TAX WITHHOLDING AT 10% OF YOUR PAYABLE AMOUNT. YOU MAKE A NEW WITHHOLDING
CHOICE ON EACH CLAIM FORM YOU SUBMIT.

51906525

DO NOT COMPLETE OR RETURN THIS FORM.
DISREGARD THE PRE-PRINTED TEXT ON THE BACK.

NO COMPLETE O REGRESE ESTE FORMULARIO.
NO PONGA ATENCIÓN AL TEXTO PRE-IMPRESO EN EL DORSO.

- NOT A CLAIM FORM -
- ESTE NO ES UN FORMULARIO DE SOLICITUD -

I am on Unemployment

CU-PA202 Rev. 17 (2-22)

VERIFY THE AUTHENTICITY OF THIS TRI-COLOR SECURITY DOCUMENT THIS IS A WATERMARKED PAPER. HOLD TO LIGHT TO VERIFY

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PO BOX 19008
SAN BERNARDINO CA 92423-9008

U000345

PERIOD ENDING

11-26-22 828

90-1342

1211

STATE OF CALIFORNIA
FIONA MA, CPA, TREASURER



07-10-22 A
EMPLOYMENT DEVELOPMENT DEPARTMENT
VOID IF OVER \$2900, OR IF NOT CASHED
WITHIN 1 YEAR FROM DATE ISSUED

PAY
ONLY
ICE 200
THREE TWO CTS CTS

PAY TO
THE ORDER OF: **SIX HUNDRED THIRTY TWO DOLLARS***

\$632.00**



EDDIE TURNER
428 CONCHA ST
ALTADEA CA 91001-1413

Nancy Janice Wrenck

DIRECTOR
UNEMPLOYMENT INSURANCE ACCOUNT

10828 12113423 519065253

THE BACK OF THIS DOCUMENT CONTAINS A SECURITY MARK.

HOLD AT AN ANGLE TO VIEW