

No. _____

IN THE
SUPREME COURT OF THE UNITED STATES

MICHAEL T. BROOKS — PETITIONER
(Your Name)

VS.
US DISTRICT COURT FOR THE DISTRICT OF OREGON
RE: 6:14-cv-01424-mc — RESPONDENT(S)
CENTENE CORPORATION dba ANATE RESOURCES

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):

6:15-cv-00983-TC ; 6:14-cv-01424-AA/mc
19-35547

* THE COURTS GRANT & DISMIS IN FORMA PAUPERIS APPROPRIATELY
☐ 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. _____, or

Michael T. Brooks
(Signature)

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

I, MICHAEL T BROOKS, 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>4 25.00</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>7</u>	\$ <u>7</u>
Child Support	\$ <u>0</u>	\$ <u>0</u>	\$ <u>7</u>	\$ <u>7</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>2193 80</u>	\$ <u>0</u>	\$ <u>2193 80</u>	\$ <u>0</u>
Disability (such as social security, insurance payments)	\$ <u>0</u>	\$ <u>7</u>	\$ <u>7</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>7</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Total monthly income:	\$ <u>2273</u>	\$ <u>4 25.00</u>	\$ <u>2273</u>	\$ <u>0</u>

* EARLY RETIREMENT, FAMILY EMERGENCY
SEE APPENDIX

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
ABATE RESOURCES	\$ 1.3 million	\$ 0
MEDICAL COSTS FOR ON THE JOB INJURIES	\$	\$
THEIRS IF BATES, COMASTER, LICENSES	\$ 5,000	\$ 0

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
C.	ADULT SPOUSE	40
K. B. ; C. P. ; F. H.	GRAND CHILDREN	15 ; 14 ; 11
B. Q	GRAND CHILD	1 yr.

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)	\$ 1500	\$
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)	\$ 0	\$ (1200) **
Home maintenance (repairs and upkeep)	\$ 0	\$ (600) **
Food *	\$ 200	\$ 200
Clothing *	\$ 0	\$ 0
Laundry and dry-cleaning	\$ 20	\$
Medical and dental expenses	\$	\$
DRUGS 400 / mo		
DENTAL \$57 / mo		
PWS \$ 1521		
POSTAGE - 50000		
WHEEL CHAIR PAYMENT 240 / mo		

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 200	\$ 500 *
Recreation, entertainment, newspapers, magazines, etc.	\$ 0	\$ 0
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ 0	\$ 30
Life	\$ 0	\$ 2
Health <small>MEDICARE B JULY - PAID DENTAL SUPPLEMENT JANUARY - PAID</small>	\$ 55 A	\$ 40
Motor Vehicle	\$ 154	\$ 7.14
Other: <u>ANY OTHER</u>	\$ 2000	\$ 100
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ 0	\$ 0
Installment payments		
Motor Vehicle	\$ 0	\$ 0
Credit card(s)	\$ 350	\$ 0
Department store(s) <u>BCS B&B COMPANY</u>	\$ 100	\$ 0
<u>COFFER COINS - MAIL</u>	\$ 60	\$ 0
Other: <u>PAPER, TONER</u>	\$ 75	\$ 0
Alimony, maintenance, and support paid to others	\$ 0	\$ 0
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0	\$ 0
Other (specify): <u>6,456 (BILL FROM OREGON FOR UNEMPLOYMENT PAID IN 2013)</u>	\$ 6,456 **	\$ 0
Total monthly expenses:	\$ 3,504.00	\$ (2,140) **

* SEE ATTACHED

ALL CHARGED

WASTY SURPRISE WHEN I FILED AN AFFIDAVIT WITH THIS COURT. SDC RILEY REPORTS OREGON IN THIS MATTER, TOO. OREGON SUPPLIED THE NEW STD, SMC PAPER, TONER & SUPPLIES

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
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
HARRISBURG SCHOOL DISTRICT	642 SMITH ST HARRISBURG, OR 97446	2/2003 - 6/2022	\$ 0 \$ 1000 - \$ 4160

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
CHECKING	\$ 36	\$
SAVINGS	\$ 5	\$ 2000
MONEY MARKET	\$ 0	\$ 0

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 RAY 4, 2013
Value 10,000

☐ Motor Vehicle #2
Year, make & model 2017
Value 15,000

☐ Other assets
Description COMPUTER, MACBOOK, 2016 SURFACE GO 2
Value 400 250

* HOME HAS BEEN IN A TRUST FOR OUR CHILDREN'S NAMES SINCE 2010. THIS WAS A GIFT FROM THEIR GRANDFATHER. WE LIVE HERE AND PAY THE UTILITIES, AND MAINTENANCE AND TAXES.

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.

UNEMP (WIFE) SHOULD GET "1,200 A MONTH RETIREMENT IN
FEBRUARY 2023
NO SHOULD GET SOCIAL SECURITY IN
NOVEMBER 2023

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:

(SEE APPENDIX)
12. Provide any other information that will help explain why you cannot pay the costs of this case.
I WAS INJURED AT HOME, FORCED TO COME IN AND DO
CUSTODIAL WORK AT 5:00 AM. I WOKED AS A OSA FROM
4:00 A.M. UNTIL 6:00 PM. I THEN WORKED AS A JANITOR
UNTIL 8:00 PM. A BIG BOY WROTE ME A CHECK FOR
ONTO ME, DAMAGING MY BACK (SEE MAILED) AND BREAKING
MY FEEL. NO MEDICAL CARE WAS GIVEN. (SEE APPENDIX)

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

Executed on: 2/15/2023
FEB 15, 2023

Michael T Brooks
(Signature)

DISTRICT COURT GRANT IFP

UNITED STATES DISTRICT COURT
DISTRICT OF OREGON
PORTLAND DIVISION

MICHAEL T. BROOKS
(Enter full name of plaintiff(s))

Plaintiff(s),

v.

AGATE RESOURCES dba Tenthon
COMMUNITY HEALTH PLAN, et al
(Enter full name of ALL defendant(s))

Defendant(s).

Civil Case No. 6:15-cv-983-TZ
(to be assigned by Clerk of the Court)

APPLICATION TO PROCEED
IN FORMA PAUPERIS

I, MICHAEL T. BROOKS, declare that I am the plaintiff in the above-entitled proceeding; that, in support of my request to proceed without prepayment of fees under 28 U.S.C. § 1915, I declare that I am unable to pay the fees for these proceedings or give security therefor and that I am entitled to the relief sought in the complaint.

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

1. Are you currently incarcerated? ☐ Yes ☒ No

If "Yes" state the place of your incarceration: _____

If "Yes" and you are filing a civil action, have the institution fill out the Certificate portion of this application and attach a certified copy of your prison trust account showing transactions for the past six (6) months.

2. Are you currently employed? ☐ Yes ☒ No ☐ Self-employed

a. If the answer is "Yes," state:

Employer's name: _____

Employer's address: _____

Amount of take-home pay or wages: \$ _____ per _____ (specify pay period)

b. If the answer is "No," state:

Name of last employer: AGATE RESOURCES dba TRILLIUM C&P

Address of last employer: 1800 MILLRACE DR

Date of last employment: SEPT 27, 2013

Amount of take-home salary or wages: \$ 3300 per month (specify pay period)

3.

Is your spouse or significant-other employed? ☒ Yes ☐ No ☐ Self-employed ☐ Not applicable
If the answer is "Yes," state:

Employer's name: HARRISBURG SCHOOL DISTRICT

Employer's address: 365 LoSelle St; HARRISBURG, OR 97441

Amount of take-home pay or wages: \$ 1800 per month (specify pay period)

4.

In the past 12 months have you received any money from any of the following sources?

a. Business, profession or other self-employment ☐ Yes ☒ No

If "Yes," state: Amount received:

\$ _____

Amount expected in future:

\$ _____

b. Rent payments, interest, or dividends

If "Yes," state: Amount received:

☐ Yes ☒ No

\$ _____

Amount expected in future:

\$ _____

c. Pensions, annuities, or life insurance payments ☒ Yes ☒ No

If "Yes," state: Amount received:

\$ 80 month

Amount expected in future:

\$ 80 month

d. Disability or workers compensation payments

If "Yes," state: Amount received:

☐ Yes ☒ No

\$ _____

Amount expected in future:

\$ _____

e. Gifts or inheritances

If "Yes," state: Amount received:

☐ Yes ☒ No

\$ _____

Amount expected in future:

\$ _____

f. Any other sources

If "Yes," state: Source: _____

☐ Yes ☒ No

Amount received:

\$ _____

Amount expected in future:

\$ _____

5. Do you have cash or checking or savings accounts?
(including prison trust accounts)? ☒ Yes ☐ No

If "Yes," state the total amount: \$500

6. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property? ☐ Yes ☒ No

If "Yes," describe the asset(s) and state the value of each asset listed.

7. Do you have any other assets? ☒ Yes ☐ No

If "Yes," list the asset(s) and state the value of each asset listed.

Computer, MacBook Air, 2011 version	\$500
Amateur Radio, Icom 7600	\$800
Fishing rods, reels, fly tying supplies	2000
Equipment for making fly rods	10,000

8. Do you have any housing, transportation, utilities, or loan payments, or other regular monthly expenses? ☒ Yes ☐ No

If "Yes," describe and provide the amount of the monthly expense.

WEEKLY VISIT TO SON AT OREGON STATE PENITENTIARY	\$80
UTILITIES - CELL PHONE, INTERNET, GAS, ELECTRICITY, INTERVIEW	
Rent	
MEDICAL (ON GOING SURGERIES, ETC) - my portion	\$300
FOOD + PERSONAL GROOMING - my portion	\$1000
TRAVEL EXPENSES FOR THIS COURT CASE	\$300+
	\$300
	\$300/mo

9. List the persons (or, if under 18, initials only) who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

CAMELON EARNED BLOOD	
medical, books, phone, Rx Account	\$300

10. Do you have any debts or financial obligations? ☒ Yes ☐ No

If "Yes," describe the amounts owed and to whom they are payable.

\$5000 CREDIT CARD DEBT - MEDICAL + MISC.

NOTE - I RECEIVED AN F180 A MONTH
SOCIAL SECURITY CHECK, NO PLACE TO
ENTER IT, ABOVE

If I am incarcerated, I hereby authorize the agency having custody of me to collect from my trust account and forward to the Clerk of the United States District Court payments toward the full filing fee of \$350.00 for a prisoner civil rights complaint in accordance with 28 U.S.C. § 1915(b).

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

6/4/2015
DATE

Michael T. Brooks
SIGNATURE OF APPLICANT

MICHAEL T. BROOKS
PRINTED NAME OF APPLICANT