

No. _____

IN THE
SUPREME COURT OF THE UNITED STATES

MICHAEL T. Brooks — PETITIONER
(Your Name)

VS.
RE: 6:14-cv-01424-mc U.S. DISTRICT COURT FOR THE DISTRICT OF OREGON
CENTRE CORPORATION d/b/a AVATE RESOURCES — 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):

6:15-cv-00983-TG

6:14-cv-01424-AG/mc

19-35547

~~THE COURT'S GRANT & DENIES IN FORMA PAUPERIS GRANTED~~
 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

Micheal 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>0</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>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>2143 50</u>	\$ <u>0</u>	\$ <u>2143 80</u>	\$ <u>0</u>
Disability (such as social security, insurance payments)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</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>2273</u>	\$ <u>0</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

ABATE REPAIRS
MEDICAL COSTS FOR IN
THE JOB INJURIES
TAXES OF BUSINESSES, FEDERAL,
LICENCES

Amount owed to you

\$ 1,300
\$
\$ 5,000

Amount owed to your spouse

\$ 0
\$
\$ 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

C.
K. B. ; C. P. ; F. H.
S. Q.

Relationship

ADULT CHILD CHILDREN
GRAND CHILDREN
GRAND CHILD

Age

40
15 ; 14 ; 11
- - - 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.

Rent or home-mortgage payment
(include lot rented for mobile home)

Are real estate taxes included? Yes No
Is property insurance included? Yes No

You

\$ 1500

Your spouse

\$

Utilities (electricity, heating fuel,
water, sewer, and telephone)

\$ 4 \$ (1200) **

Home maintenance (repairs and upkeep)

\$ 4 \$ (600) **

Food *

\$ 200 \$ 200

Clothing *

\$ 4 \$ 4

Laundry and dry-cleaning

\$ 20 \$

Medical and dental expenses

\$ \$

DENTAL 400 \$ 300

DENTAL \$ 50 / mo. **
PLUS \$ 1500 \$ 1500

POSTAGE - 50.25 \$ 50

WHEEL CHAIR 324 MILE 840 \$ 840

	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	\$ 50
Life	\$ 0	\$ 50
Health	\$ 0	\$ 3
Motor Vehicle	\$ 154	\$ 74
Other: 154 154	\$ 200	\$ 50
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) Best Buy Costco Mail	\$ 100	\$ 0
Other: PAPER, ZONEZ	\$ 75	\$ 0
Alimony, maintenance, and support paid to others	\$ 0	\$ 0
Regular expenses for operation of business, profession, or farm (attach detailed statement)		
Other (specify): 6,456 (BILL FROM OCTOBER 2013) UNEMPLOYMENT PAID IN	\$ 0	\$ 0
Total monthly expenses:	\$ 3,504.00	\$ (2,470) 50
* SEE ATTACHED		

* WASTY SUPPLY WHEN I FILED A. APPCA
 WITH THIS COURT. THEY REPRENTS OREGON
 IN THIS MATTER, TOO. DRESD SUPPLIED THE
 STD. SUPPLY FURNITURE + 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 5th St	2/2003 - 6/2022	\$ 1000 -
	HARRISBURG, PA		\$ 4163
	97446		

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
INVESTMENT	\$ 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

Motor Vehicle #2

Value 10,000

Year, make & model 112 2017

Other assets

Description COMPUTER, LAPTOP, 2016

SURFACE 672

Value 400

250

IN VALERIE WILSON

* Home has been in a trust w/ wife & children.
Names since 2010, ths, w/ & gift from
Grandfather, we live here and ap,
the, utilities, and maintenance w/ my ex.

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.

WIFE (WIFE) SHOULD SEE
FEBRUARY 2023

"1,300 A MONTH REQUIREMENT TO

NUMBER 2023

HE SHOULD GET SOCIAL SECURITY IN

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 INSURED AT HIGHTEC. FORCED TO WORK AT HIGHTEC DUE TO COORDINATE WORK AT 5:00 AM. I WORKED AS A DSA FROM \$10.00 A.M. UNTIL 6:15 PM. THEN WORKED AS A JANITOR UNTIL 8:00 PM. IN THE END, WHEN WORKED AS A JANITOR UNTIL 8:00 PM. I FELT MY BACK (SEE APPENDIX) AND BREAKING FELT. NO MEDICAL PRACTICE SEE, DOCTOR AND BREAKING

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

Executed on: 2/15/2023 15, 2023

Michael T Banks
(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 d/b/a TELLUM

Commonwealth HEALTH PLAN, et al
 (Enter full name of ALL defendant(s))

Defendant(s).

Civil Case No. 1:15-cv-983-T
 (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: NET RESOURCES dba TRILLIUM CHIP

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: HARRIS BURG SCHOOL DISTRICT

Employer's address: 215 LaSalle St

Amount of take-home pay or wages: \$ 1600 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: \$ _____

Amount expected in future: \$ _____

c. Pensions, annuities, or life insurance payments

If "Yes," state: Amount received: \$ 80 month

Yes No

\$ 80 month

d. Disability or workers compensation payments

If "Yes," state: Amount received: \$ 46 month

Yes No

\$ 46 month

e. Gifts or inheritances

If "Yes," state: Amount received: \$ _____

Yes No

\$ _____

f. Any other sources

If "Yes," state: Source: \$ _____

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
Another Robin	team 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, ELECTRIC, WATER	" my portion \$ 300
PENT	" my portion \$ 1000
MEDICAL (ON GOING SERVICES, ETC)	\$ 300+
FOOD + WERNER BECOMING HIS EXPENSES FOR THIS COVER CASE	\$ 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.

GRANDELL	EDWARD BEERS	\$ 300
medical, books, plane, PX Account		

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

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

~~43000~~ ~~6000~~ ~~8000~~ ~~DEBT~~ ~~MEDICAL + MISC.~~

NOTE - I RECEIVE AN \$180 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. DIAZ
SIGNATURE OF APPLICANT

MICHAEL T. DIAZ
PRINTED NAME OF APPLICANT