

No. 22-7558

**ORIGINAL**

Supreme Court, U.S.  
FILED

**MAY 01 2023**

OFFICE OF THE CLERK

IN THE  
SUPREME COURT OF THE UNITED STATES

MIKE VIGIL

— PETITIONER

(Your Name)

vs.

VS.

**MIDAS INTERNATIONAL CORPORATION;  
OCEAN AUTOMOTIVE, LLC,  
Respondents.**

— 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): YES

District Court Clark County, Nevada Case NO. A-855737-C Visit attached  
SuPreme Court State Of Nevada NO. 85960 Visit Attached

Petitioner has **not** previously been granted leave to proceed *in forma pauperis* in any other court.

Above Info.

Petitioner's affidavit or declaration in support of this motion is attached hereto.

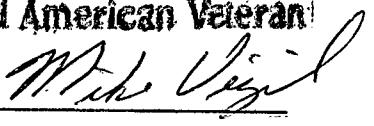
Petitioner's affidavit or declaration is **not** attached because the court below appointed counsel in the current proceeding, and:

The appointment was made under the following provision of law: \_\_\_\_\_  
Rec. Food Stamps SNAP Below Poverty Federal Attached \_\_\_\_\_, or

a copy of the order of appointment is appended. **Disabled American Veteran**

Dated May 10, 2023

MIKE VIGIL

  
(Signature)

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

MIKE VIGIL

I, \_\_\_\_\_, 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 Disabled \$ can't Work	Spouse Not Married \$ None	You	Spouse Not married \$ None
Employment			\$ 00.	\$ None
Self-employment	\$ NO	\$ //	\$ 00.	\$ //
Income from real property (such as rental income)	None	\$ //	\$ 00.	\$ //
Interest and dividends	None	\$ //	\$ 00.	\$ //
Gifts	None	\$ //	\$ 00.	\$ //
Alimony	None	\$ //	\$ 00.	\$ //
Child Support	None	\$ //	\$ 00.	\$ //
Retirement (such as social security, pensions, annuities, insurance)	\$ 00.	\$ //	\$ 00	\$ //
Disability (such as social security, insurance payments)	attached \$ 1,277.00	\$ //	attached \$ 1,277.00	\$ //
Unemployment payments	None	\$ //	\$ 00	\$ //
Public-assistance (such as welfare)	Food Stamps \$ 23.00 Month	\$ //	Food Stamps \$ 23.00	\$ //
Disability V.A. Pension	Attached		attached	
Other (specify): Attached	\$ 59.00	\$ //	Disability V.A. \$ 59.00	\$ //
<b>Total monthly income:</b>	<b>\$ 1,359.00</b>	<b>\$ //</b>	<b>\$ 1,359.00</b>	<b>\$ //</b>

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
Disabled Veteran Can't Work			\$ 00.00
Veterans Administration			\$ 00.00
Letter Attached Dated October 14, 2014 Attached			\$ 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
No spouse	Never Married		\$ 00.00
			\$
			\$

4. How much cash do you and your spouse have? \$ Petitioner \$ 26.00 Only  
 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
Savings 4411-0371-4560-4036	\$ 398.61	\$ No spouse 00.00
Visit Bwlow Chase BANK	\$	\$
	\$	\$

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

Home No Home  
 Value 00.00

Other real estate None  
 Value 00.00

Motor Vehicle #1  
 Year, make & model none  
 Value 00.00

Motor Vehicle #2  
 Year, make & model none  
 Value 00.00

Other assets T, V., Bed, Couch Dinning Set  
 Description Coffee Table  
 Value \$ 900.00

**CHASE**

05/04/23 10:02 AM Card# 4036  
 AID# A0000000980840  
 Application: US DEBIT  
 2393 E TROPICANA,  
 LAS VEGAS, NV Mike Vigil  
 Term ID: NV0174 4990 S. Tooraz  
 Las Vegas, NV 89120  
 Withdraw from Chk Acct 6506 \$398.61  
 Available Balance \$398.61  
 Present Balance \$398.61  
 May 7, 2023 B 398.61

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

<b>Person owing you or your spouse money</b>	<b>Amount owed to you</b>	<b>Amount owed to your spouse</b>
No Spouse	\$ 00.00	No Spouse
No Person Owes Me Petitioner Money	\$ 00.00	\$ 00.00
	\$	\$

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").

<b>Name</b>	<b>Relationship</b>	<b>Age</b>
Never had any Children	Never Married	None 00.00

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.

	<b>You</b>	<b>Your spouse</b>
	attached	No spouse
	( Monthly )	
Rent or home-mortgage payment (include lot rented for mobile home)	\$ 964.00	\$ 00.00
Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No None		
Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No none		
Utilities (electricity, heating fuel, water, sewer, and telephone)	N.V. Electric A attached	\$ 233.04 \$ 00.00
Home maintenance (repairs and upkeep)	\$ 00.00	\$ 00.00
Food	\$ 260.00	\$ 00.00
Clothing	\$ 50.00	\$ 00.00
Laundry and dry-cleaning	\$ 40.00	\$ 00.00
Medical and dental expenses	\$ 00.00	\$ 00.00

Covered Anthem Medblue Attached

	<b>You</b>	<b>Your spouse</b>
Transportation (not including motor vehicle payments)	\$ 50.00	No Spouse \$ 00.00
Recreation, entertainment, newspapers, magazines, etc.	\$ 00.00	\$ 00.00
Insurance (not deducted from wages or included in mortgage payments)		00.00
Homeowner's or renter's Rent Apartment <sup>34</sup> Agreement Attached	Monthly \$ 000.00	\$ 00.00
Life Veteran Burial No expense	\$ 00.00	\$ 00.00
Health Veteran Clinic No Expense	\$ 00.00	\$ 00.00
Motor Vehicle Do Not Own	\$ 00.00	\$ 00.00
Other: <u>None</u>	\$ 00.00	\$ 00.00
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>Do Not Own House</u>	\$ 00.00	\$ 00.00
Installment payments		00.00
Motor Vehicle Not buying Car or Own Car	\$ 00.00	\$ 00.00
Credit card(s) No Credit Cards	\$ 00.00	\$ 00.00
Department store(s) No Department Stores Paymts.	\$ 00.00	\$ 00.00
Other: <u>none</u>	\$ 00.00	\$ 00.00
Alimony, maintenance, and support paid to others	\$ 00.00	\$ 00.00
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 00.00	\$ 00.00
Other (specify): <u>Do NOT own any Business</u>	\$ 00.00	\$ 00.00
<b>Total monthly expenses:</b>	<b>\$ 1,547</b>	<b>\$ 00.00</b>

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? 00.00

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

None

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:

None

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

Disabled can't work

Veterans' Administration Letter Attached Dated

October 15, 2014

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

Executed on: May 10, 2023, 2023

M. L. C. L.

(Signature)

**Additional material  
from this filing is  
available in the  
Clerk's Office.**