

22 - 7668
No. _____

FILED
MAR 20 2023
OFFICE OF THE CLERK
SUPREME COURT, U.S.

IN THE
SUPREME COURT OF THE UNITED STATES

NIKI HAMIDI — PETITIONER
(Your Name)

VS.

IKE M. IQBAL — 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):

All California state courts on appeal.

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.

Niki Hamidi

RECEIVED MAY 23 2023 OFFICE OF THE CLERK SUPREME COURT, U.S.	(Signature)	RECEIVED MAR 23 2023 U.S. OFFICE OF THE CLERK SUPREME COURT, U.S.
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**AFFIDAVIT OR DECLARATION
IN SUPPORT OF MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS***

I, Niki Hamidi, 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>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Self-employment	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Income from real property (such as rental income)	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Interest and dividends	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Gifts	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Alimony	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Child Support	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Disability (such as social security, insurance payments)	\$ <u>—</u>	\$ <u>N/A</u>	\$ <u>—</u>	\$ <u>N/A</u>
Unemployment payments	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Public-assistance (such as welfare)	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Other (specify): _____	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Total monthly income:	\$ <u>—</u>	\$ <u>N/A</u>	\$ <u>—</u>	\$ <u>N/A</u>

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	\$ N/A	\$ 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
N/A	N/A	N/A

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)	\$ —	\$ N/A
Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ —	\$ N/A
Home maintenance (repairs and upkeep)	\$ N/A	\$ N/A
Food	\$ —	\$ N/A
Clothing	\$ N/A	\$ N/A
Laundry and dry-cleaning	\$ N/A	\$ N/A
Medical and dental expenses	\$ N/A	\$ N/A

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

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.

Fee waiver on file with State Court. Medi-Cal.

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

Executed on: March 18, 2023

Niki Hamidi

(Signature)

Order on Court Fee Waiver (Court of Appeal or Supreme Court)

Clerk stamps date here when form is filed.

1 Person who asked the court to waive court fees:

Name: NIKI HAMIDIStreet address: PO BOX 18801City: ENCINO State: CA Zip: 91416Phone number: 805-602-43352 Lawyer, if person in 1 has one: (Name, address, phone number, e-mail, and State Bar number):

_____3 On (date): 01/04/2023 you filed a Request to Waive Court Fees (form FW-001).

4 The court reviewed your request and makes the following order:

- a. The court grants your request and waives your court fees and costs listed below. You do not have to pay fees for the following:
 • Filing notice of appeal, petition for writ, or petition for review
 Other (specify): _____

- b. The court denies your request for the following reasons:

- (1) Your request is incomplete. You have 10 days from the date this notice was sent to:
 • Pay your fees and costs, or
 • File a new revised request that includes the items listed below (specify incomplete items):

- (2) The information you provided on the request shows that you are not eligible for the fee waiver you requested (specify reasons):

You have 10 days from the date this notice was sent to:

- Pay your fees and costs, or
- File more information that shows you are eligible.

- (3) The court finds there is substantial question regarding your eligibility (describe issue regarding eligibility):

You have 10 days from the date this notice was sent to:

- Pay your fees and costs, or
- File the following additional documents to support your request:

Warning! If you miss the deadline for paying your fees and costs or providing the additional items required by the court and you are the appellant, your appeal may be dismissed.

Fill in court name and street address:

2nd Dist Court of Appeal Div 6
 200 E Santa Clara St
 Ventura, CA 93001

Court of Appeal or Supreme Court
 Case Number:

B325245

- 4 c. The court needs more information. You must go to court on the date below.

Hearing Date	→ Date: _____	Time: _____	Dept.: _____
Name and address of the court if different from page 1: _____ _____ _____			

- Bring the following proof to support your request, if it is reasonably available:

Warning! If item 4 c. is checked and you do not go to court on your hearing date, the court will deny your request to waive court fees and you will have 10 days to pay your fees. If you are the appellant and you do not pay your filing fees, your appeal may be dismissed.

Date: _____

Signature of (check one): Judicial Officer Clerk, Deputy