

COPY

No. 23-5442

ORIGINAL

IN THE SUPREME COURT OF THE UNITED STATES

Wayne Johnson — PETITIONER (Your Name)

VS.

State of California — 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):

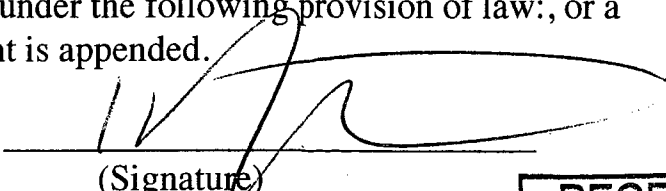
The California Supreme Court case number: S276932, S279161

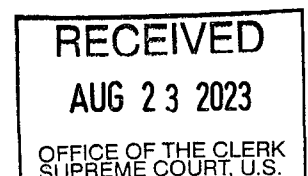
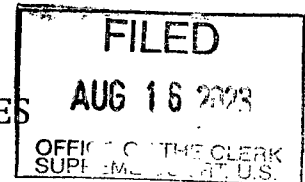
☐ Petitioner has not previously been granted leave to proceed in forma pauperis in any other court.

☒ 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, Wayne Johnson, 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, semi annually, or annually to show the monthly rate. Petitioner does not have a spouse.

Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

| Income source | Average monthly amount during past 12 months | | Amount expected the next month | |
|--|---|--------|-----------------------------------|--------|
| | You | Spouse | You | Spouse |
| Employment | \$ | \$ N/A | \$ | \$ |
| Self-employment | \$18000 | \$ N/A | \$ 1500 | \$ N/A |
| Income from real property (such as rental income) | \$ 0 | \$ | \$ 0 | \$ |
| Interest and dividends | \$ 0 | \$ | \$ 0 | \$ |
| Gifts | \$ 0 | \$ | \$ 0 | \$ |
| Alimony | \$ 0 | \$ | \$ 0 | \$ |
| Child Support | \$ 0 | \$ | \$ 0 | \$ |
| Retirement (such as social security, pensions, annuities, insurance) | \$ 0 | \$ | \$ 0 | \$ |
| Disability (such as social security, insurance payments) | \$ 0 | \$ | \$ 0 | \$ |
| Unemployment payments | \$ 0 | \$ | \$ 0 | \$ |
| Public-assistance (such as welfare) | \$ 0 | \$ | \$ 0 | \$ |

| | | | | |
|-----------------------|--------|----|--------|----|
| Other (food stamps): | \$1500 | \$ | \$ 0 | \$ |
| Total monthly income: | \$1500 | \$ | \$1500 | \$ |

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 |
|----------|---------|---------------------|-------------------|
| Self | | Past Two Years | \$1500 \$ |

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? \$150. I do not have a spouse.

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 | \$1500 \$ | \$ N/A \$ |

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

Home N/A
Value

Other real estate N/A
Value

Motor Vehicle # 1
Year, make & model 2001Kawasaki ZR&S
Value \$250

Motor Vehicle #2
Year, make & model 1993 MB
Value \$? Restoring after
being Wrecked/Salvaged

Other assets None
Description
Value

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

Person owing you money

Amount owed to you
None

Amount owed to your or your spouse
money (No Spouse)

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 "JohnSmith").

| Name | Relationship | Age |
|------|--------------|-----|
| None | | |

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. (No 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) | \$400 | \$ N/A |

Are real estate taxes included? ☐ Yes ☒ No

Is property insurance included? ☐ Yes ☒ No

| | | |
|--|-------|----|
| Utilities (electricity, heating fuel, water, sewer, and telephone) | \$150 | \$ |
|--|-------|----|

| | | |
|---------------------------------------|-------|----|
| Home maintenance (repairs and upkeep) | \$100 | \$ |
|---------------------------------------|-------|----|

| | | |
|------|-------|----|
| Food | \$300 | \$ |
|------|-------|----|

| | | |
|----------|------|----|
| Clothing | \$15 | \$ |
|----------|------|----|

| | | |
|--------------------------|------|----|
| Laundry and dry-cleaning | \$25 | \$ |
|--------------------------|------|----|

| | | |
|-----------------------------|-----|----|
| Medical and dental expenses | \$0 | \$ |
|-----------------------------|-----|----|

| | You | Your spouse |
|--|-------|-------------|
| Transportation | \$100 | \$ |
| (not including motor vehicle payments) | \$ | \$ |
| Recreation, entertainment, newspapers, magazines, etc. | \$5 | \$ |

Insurance (not deducted from wages or included in mortgage payments)

| | | |
|-------------------------|-------|----|
| Homeowner's or renter's | \$ | \$ |
| Life | \$ | \$ |
| Health | \$ | \$ |
| Motor Vehicle | \$100 | \$ |

| | | |
|--------|----|----|
| Other: | \$ | \$ |
|--------|----|----|

Taxes (not deducted from wages or included in mortgage payments)

| | | |
|--------------------------|--------|----|
| (Self-Employment Taxes): | \$ 400 | \$ |
|--------------------------|--------|----|

Installment payments

| | | |
|---------------|-----|----|
| Motor Vehicle | \$0 | \$ |
|---------------|-----|----|

| | | |
|----------------|-----|----|
| Credit card(s) | \$0 | \$ |
|----------------|-----|----|

| | | |
|---------------------|-----|----|
| Department store(s) | \$0 | \$ |
|---------------------|-----|----|

Other:

| | | |
|--|-----|----|
| Alimony, maintenance, and support paid to others | \$0 | \$ |
|--|-----|----|

| | | |
|---|-----|----|
| Regular expenses for operation of business, profession, or farm (attach detailed statement) | \$0 | \$ |
|---|-----|----|

| | | |
|------------------|-----|----|
| Other (specify): | \$0 | \$ |
|------------------|-----|----|

| | | |
|-------------------------|-----|----|
| Total monthly expenses: | \$0 | \$ |
|-------------------------|-----|----|

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? I do not have the funds to pay an attorney

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?

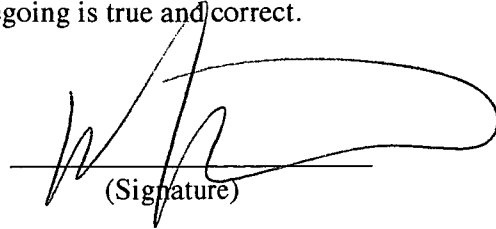
☒ I do not have the funds to pay an attorney

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 recently had open heart surgery and I am in recovery. I do not have a reliable source of income.

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

Executed on: August 15, 2023

A handwritten signature in black ink, consisting of a series of loops and strokes, positioned above a horizontal line.

(Signature)