

23-5613

ORIGINAL

SUPREME COURT OF THE UNITED STATES

ROBERT L. ALLUM,

Petitioner,

vs.

MONTANA STATE FUND and
STATE OF MONTANA,

Respondents.

MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

Petitioner asks leave to file the attached petition for writ of certiorari *in forma pauperis*, without payment of costs and to proceed *in forma pauperis*.

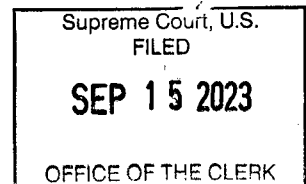
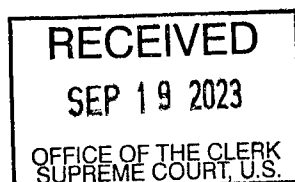
Mr. Allum has previously been granted leave to proceed *in forma pauperis*, without payment of fees, in the following court:

Montana Supreme Court
U.S. Supreme Court

DA 21-0641
No. 21-7823

Granted December 15, 2021
Granted May 10, 2022


Robert L. Allum



DECLARATION OF ROBERT L. ALLUM

I, Robert L. Allum, 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 therefore; and I believe I am entitled to redress.

| Income source | Average monthly amount during the past 12 months | | Amount expected next month | |
|--|--|---------|----------------------------|---------|
| | You | Spouse | You | Spouse |
| Employment | \$NONE | \$NONE | \$NONE | \$NONE |
| Self-employment | \$NONE | \$NONE | \$NONE | \$NONE |
| Income from real property (such as rental income) | \$NONE | \$NONE | \$NONE | \$NONE |
| Interest and dividends | \$NONE | \$NONE | \$NONE | \$NONE |
| Gifts | \$NONE | \$NONE | \$NONE | \$NONE |
| Alimony | \$NONE | \$NONE | \$NONE | \$NONE |
| Child support | \$NONE | \$NONE | \$NONE | \$NONE |
| Retirement (such as social security, pensions, annuities, insurance) | \$1,111 | \$1,325 | \$1,111 | \$1,325 |
| Disability (such as social security, insurance payments) | \$NONE | \$NONE | \$NONE | \$NONE |
| Unemployment payments | \$NONE | \$NONE | \$NONE | \$NONE |
| Public-assistance (such as welfare) | \$NONE | \$NONE | \$NONE | \$NONE |
| Other (specify):SNAP (Food Assistance | \$ | \$0 | \$ | \$0 |

| | | | | |
|------------------------------|----------------|----------------|----------------|----------------|
| Total monthly income: | \$1,111 | \$1,325 | \$1,111 | \$1,325 |
|------------------------------|----------------|----------------|----------------|----------------|

2. *List your employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)*

| Employer | Address | Dates employment | of | 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 employment | of | Gross monthly pay |
|-----------------|----------------|-------------------------|-----------|--------------------------|
| NONE | | | | \$ |
| | | | | \$ |
| | | | | \$ |

4. *How much cash do you and your spouse have?* \$10,400.00

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

| Financial Institution | Type of Account | Amount you have | Amount your spouse has |
|------------------------------|------------------------|------------------------|-------------------------------|
| First Security Bank | checking | \$400 | \$1,000 |
| NONE | | \$ | \$ |
| NONE | | \$ | \$ |

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

| Home | Other real estate | Motor vehicle #1 |
|-------------------|-------------------|------------------------------------|
| (Value) \$400,000 | (Value) \$NONE | (Value) \$3,000 |
| | | Make and year: Buick, 2005 |
| | | Model: Lacrosse |
| | | Registration #: 2G4WC532X511311387 |

| Motor vehicle #2 | Other assets | Other assets |
|-----------------------------------|----------------|----------------|
| (Value) \$1,000 | (Value) \$NONE | (Value) \$NONE |
| Make and year: Dodge, 2004 | | |
| Model: Grand Caravan | | |
| Registration #: 1D4GP24R44B595172 | | |

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 |
|---------------------------------------|--------------------|----------------------------|
| NONE | \$NONE | \$NONE |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |

7. *State the persons who rely on you or your spouse for support.*

| Name [or, if under 18, initials only] | Relationship | Age |
|---------------------------------------|--------------|-----|
| NONE | | |
| NONE | | |
| NONE | | |

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, semiannually, or annually to show the monthly rate.*

| | You | Your Spouse |
|--|-----------|-------------|
| Rent or home-mortgage payment (include lot rented for mobile home) 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 | \$NONE | \$560 |
| Utilities (electricity, heating fuel, water, sewer, and telephone) | \$100 | \$300 |
| Home maintenance (repairs and upkeep) | \$100 | \$NONE |
| Food | \$200 | \$100 |
| Clothing | \$20 | \$20 |
| Laundry and dry-cleaning | \$10 | \$10 |
| Medical and dental expenses | \$75 | \$100 |
| Transportation (not including motor vehicle payments) | \$200 | \$100 |
| Recreation, entertainment, newspapers, magazines, etc. | \$IN UTIL | \$IN UTIL |
| Insurance (not deducted from wages or included in mortgage payments) | | |
| Homeowner's or renter's: | \$NONE | \$NONE |

| | | |
|---|----------------|----------------|
| Life: | \$ | \$ |
| Health: | \$300 | \$225 |
| Motor vehicle: | \$45 | \$45 |
| Other: / | \$ | \$ |
| Taxes (not deducted from wages or included in mortgage payments) (specify): | \$NONE | \$NONE |
| Installment payments | | |
| Motor Vehicle: | \$NONE | \$NONE |
| Credit card (name): | \$NONE | \$NONE |
| Department store (name): | \$NONE | \$NONE |
| Other: American Express (paid off monthly) | \$NONE | \$NONE |
| Alimony, maintenance, and support paid to others | \$NONE | \$NONE |
| Regular expenses for operation of business, profession, or farm (attach detailed statement) | \$NONE | \$NONE |
| Other (specify): | \$ | \$NONE |
| Total monthly expenses: | \$1,050 | \$1,460 |

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 spent — or will you be spending — any money for expenses or attorney fees in connection with this lawsuit?* ☒ Yes ☐ No
If yes, how much? \$ 1,000 (Original filing fee, serving summons fee, printing and postage.)
12. *State the city and state of your legal residence.*
 Belgrade, Montana
11. *Provide any other information that will help explain why you cannot pay the docket fees for your appeal.*
 My wife and I are on social security only.

Your daytime phone number: (406) 580-3912

Your age: 73 *Your years of schooling:* 15

Last four digits of your social-security number: 1789

I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct, (; 18 U.S.C. § 1621).

Signed: 

ROBERT L. ALLUM

Pro Se

132 West Magnolia Drive

Belgrade, Montana 59714

Tel.: (406) 580-3912