

FP 2  
No. 23-5703

IN THE  
SUPREME COURT OF THE UNITED STATES

FESTUS O. OHAN — PETITIONER  
(Your Name)

Supreme Court, U.S.  
FILED

SEP 29 2023

OFFICE OF THE CLERK

VS.  
ABC AMRO Group ET AL — 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):  
\_\_\_\_\_  
\_\_\_\_\_

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)

Take others  
Shrink and no paper

FPB

\* I DID NOT WORK THIS  
SUMMER FOR SCHOOL IS  
CLOSED (ASD) Day to day  
Substitute Teacher

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

I, FESTUS O. OHAN, 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         |                            |
| Employment   | \$ <u>1200</u>                                   | \$ <u>1200</u> | \$ <u>12000</u>            |
| Self-employment  | \$ <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>                |
| Interest and dividends   | \$ <u>0</u>                                      | \$ <u>0</u>    | \$ <u>0</u>                |
| Gifts  | \$ <u>0</u>                                      | \$ <u>0</u>    | \$ <u>0</u>                |
| Alimony  | \$ <u>0</u>                                      | \$ <u>0</u>    | \$ <u>0</u>                |
| Child Support  | \$ <u>0</u>                                      | \$ <u>0</u>    | \$ <u>0</u>                |
| Retirement (such as social security, pensions, annuities, insurance) | \$ <u>670<sup>00</sup></u>                       | \$ <u>0</u>    | \$ <u>0</u>                |
| Disability (such as social security, insurance payments)             | \$ <u>0</u>                                      | \$ <u>0</u>    | \$ <u>0</u>                |
| Unemployment payments  | \$ <u>0</u>                                      | \$ <u>0</u>    | \$ <u>0</u>                |
| Public-assistance (such as welfare)                                  | \$ <u>0</u>                                      | \$ <u>0</u>    | \$ <u>0</u>                |
| Other (specify): _____   | \$ <u>0</u>                                      | \$ <u>0</u>    | \$ <u>0</u>                |
| Total monthly income:  | \$ <u>1200</u>                                   | \$ <u>0</u>    | \$ <u>670<sup>00</sup></u> |

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|   | You  | Your spouse |
|---|--|-------------|
| Transportation (not including motor vehicle payments)                                       | \$ 140/mo                                    | \$ _____    |
| Recreation, entertainment, newspapers, magazines, etc.                                      | \$ 30/mo                                     | \$ _____    |
| Insurance (not deducted from wages or included in mortgage payments)                        |  |             |
| Homeowner's or renter's   | \$ 0   | \$ _____    |
| Life  | \$ 0   | \$ _____    |
| Health  | \$ 0   | \$ _____    |
| Motor Vehicle   | ~ \$120/mo    \$720 <sup>SEMI-ANNUALLY</sup> | \$ _____    |
| Other: _____  | \$ _____                                     | \$ _____    |
| Taxes (not deducted from wages or included in mortgage payments)                            |  |             |
| (specify): _____  | \$ _____                                     | \$ _____    |
| Installment payments  |  |             |
| Motor Vehicle   | \$ 0   | \$ _____    |
| Credit card(s)  | \$ 180 <sup>00</sup>                         | \$ _____    |
| Department store(s)   | \$ 0   | \$ _____    |
| Other: _____  | \$ 0   | \$ _____    |
| Alimony, maintenance, and support paid to others  | \$ 0   | \$ _____    |
| Regular expenses for operation of business, profession, or farm (attach detailed statement) | \$ _____                                     | \$ _____    |
| Other (specify): <u>CONSULTANT CONSULTANT</u><br><u>Corp. — THIS CASE!</u>                  | \$ 1,000/mo                                  | \$ _____    |
| <b>Total monthly expenses:</b>  | <u>\$ 1,770 <sup>00</sup></u>                | \$ _____    |

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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  |
|---|---|---------------------|--|
| ANCHORAGE SCHOOL DISTRICT<br>(SUBSTITUTE TEACHER) | 5530 E. NORTHERN LIGHTS BLVD<br>ANCHORAGE<br>ALASKA 99504<br>3135 | 10/18/2022          | Substitute Teacher<br>\$0 - \$3,000 less<br>Summer, meetings<br>and when I am sick |

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.)

UNMARRIED!

| Employer | Address | Dates of Employment | Gross monthly pay |
|----------|---------|---------------------|-------------------|
|          |         |                     | \$                |
|          |         |                     | \$                |
|          |         |                     | \$                |

4. How much cash do you and your spouse have? \$1,000 I Am TRYING TO CHANGE MY  
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                                     | \$310           | \$                     |
| CHECKINGS                                   | \$1,100         | \$                     |
|   | \$              | \$                     |

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

Home  
Value NONE

Other real estate  
Value NONE

Motor Vehicle #1  
Year, make & model CHRYSLER PT CRUISER 2001  
Value \$300

Motor Vehicle #2  
Year, make & model \_\_\_\_\_  
Value \_\_\_\_\_

Other assets  
Description AMERICAN MINT Commemorative COINS  
Value \$0 must await for 20 years to try to sell it to \$3,000

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

Person owing you or your spouse money  
ONLY FOR THIS CASE IN QUESTION

| Amount owed to you | Amount owed to your 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 "John Smith").

| Name                     | Relationship | Age   |
|--------------------------|--------------|-------|
| <u>NONE AT THIS TIME</u> | _____        | _____ |
|                          | _____        | _____ |
|                          | _____        | _____ |

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<br>(include lot rented for mobile home)                               | <u>CHARGES</u> \$ <u>332.00</u> /mo | \$ _____    |
| 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)                                  | \$ <u>0</u>                         | \$ _____    |
| Home maintenance (repairs and upkeep)   | \$ <u>0</u>                         | \$ _____    |
| Food  | \$ <u>300.00</u> /mo                | \$ _____    |
| Clothing  | \$ <u>50</u> /mo                    | \$ _____    |
| Laundry and dry-cleaning  | \$ <u>20.00</u> /mo                 | \$ _____    |
| Medical and dental expenses   | \$ <u>30</u> /mo                    | \$ _____    |

PPD

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.

ANCHORAGE SCHOOL DISTRICT WILL BE CLOSED  
DURING THE SUMMER. I AM A PART-TIME DAY TO DAY  
SUBSTITUTE TEACHER.

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?

*was fancy and I did the typing by myself even though paid.*

Yes  No

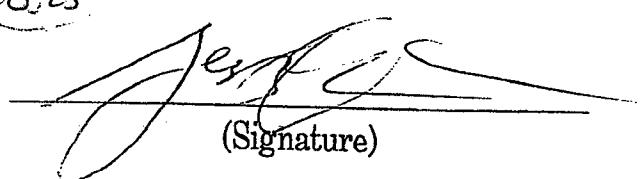
If yes, how much? \_\_\_\_\_

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.

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

Executed on: AUGUST 20<sup>th</sup>, 2023  
*Signs same SEPTEMBER 25, 2023*

  
(Signature)

## CIVIL COVER SHEET

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

## I. (a) PLAINTIFFS

FESTUS OKWUDILU OTAN

(b) County of Residence of First Listed Plaintiff ANCHORAGE  
(EXCEPT IN U.S. PLAINTIFF CASES)

DEFENDANTS  
 (1) ABN AMRO, LEE  
 (2) BACA - SHERIFF LACO  
 (3) JACKIE LACEY - ATTORNEY LACO  
 County of Residence of First Listed Defendant TROY, N.Y.  
 (4) GLASSCO, JR., U.S. ATTORNEY (U.S. PLAINTIFF CASES ONLY) CONNECTICUT  
 (5) OSON OFFICE  
 NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.

Atorneys (If Known)

(c) Attorneys (Firm Name, Address, and Telephone Number)  
 1280 E. 17th AVENUE, #121,  
 ANCHORAGE, AK 99501 PRO SE  
 (360) 390-8921

## II. BASIS OF JURISDICTION (Place an "X" in One Box Only)

|  |  |
|--|--|
| <input type="checkbox"/> 1 U.S. Government Plaintiff | <input checked="" type="checkbox"/> 3 Federal Question (U.S. Government Not a Party) |
| <input type="checkbox"/> 2 U.S. Government Defendant | <input type="checkbox"/> 4 Diversity (Indicate Citizenship of Parties in Item III)   |

| III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant)  |   |
|--|---|
| Citizen of This State <input checked="" type="checkbox"/> U.S.   | PTF <input checked="" type="checkbox"/> DEF <input type="checkbox"/> 1 Incorporated or Principal Place of Business In This State <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 4 |
| Citizen of Another State <input type="checkbox"/> 2 <input type="checkbox"/> 2 Incorporated and Principal Place of Business In Another State <input type="checkbox"/> 5 <input type="checkbox"/> 5 |   |
| Citizen or Subject of a Foreign Country <input type="checkbox"/> 3 <input type="checkbox"/> 3 Foreign Nation <input type="checkbox"/> 6 <input type="checkbox"/> 6                                 |   |

## IV. NATURE OF SUIT (Place an "X" in One Box Only)

| CONTRACT   | TORTS   | FORFEITURE/PENALTY   | BANKRUPTCY   | OTHER STATUTES   |
|--|---|--|--|--|
| <input type="checkbox"/> 110 Insurance   | PERSONAL INJURY <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability | PERSONAL INJURY <input type="checkbox"/> 365 Personal Injury - Product Liability <input type="checkbox"/> 367 Health Care/Pharmaceutical Personal Injury Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability | <input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 690 Other  | <input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157  |
| <input type="checkbox"/> 120 Marine  |   |  |  | <b>PROPERTY RIGHTS</b>   |
| <input type="checkbox"/> 130 Miller Act  |   |  |  | <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 835 Patent - Abbreviated New Drug Application <input type="checkbox"/> 840 Trademark <input type="checkbox"/> 880 Defend Trade Secrets Act of 2016  |
| <input type="checkbox"/> 140 Negotiable Instrument                                   |   |  |  | <b>SOCIAL SECURITY</b>   |
| <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment       |   |  |  | <input type="checkbox"/> 861 HIA (1395ff) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(g))  |
| <input type="checkbox"/> 151 Medicare Act  |   |  |  | <b>FEDERAL TAX SUITS</b>   |
| <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans) |   |  |  | <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS—Third Party 26 USC 7609  |
| <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits           | PERSONAL PROPERTY <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury <input type="checkbox"/> 362 Personal Injury - Medical Malpractice   | <b>LABOR</b> <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability                     | <input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Management Relations <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 751 Family and Medical Leave Act <input type="checkbox"/> 790 Other Labor Litigation | <input type="checkbox"/> 375 False Claims Act <input type="checkbox"/> 376 Qui Tam (31 USC 3729(a)) <input type="checkbox"/> 400 State Reapportionment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 480 Consumer Credit (15 USC 1681 et 1692) <input type="checkbox"/> 485 Telephone Consumer Protection Act <input type="checkbox"/> 490 Cable/Sat TV <input type="checkbox"/> 850 Securities/Commodities/ Exchange <input type="checkbox"/> 890 Other Statutory Actions <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 896 Arbitration <input type="checkbox"/> 899 Administrative Procedure Act/Review or Appeal of Agency Decision <input type="checkbox"/> 950 Constitutionality of State Statutes |
| <input type="checkbox"/> 160 Stockholders' Suits                                     |   |  |  |  |
| <input checked="" type="checkbox"/> 190 Other Contract                               |   |  |  |  |
| <input type="checkbox"/> 195 Contract Product Liability                              |   |  |  |  |
| <input type="checkbox"/> 196 Franchise   |   |  |  |  |
| REAL PROPERTY  | CIVIL RIGHTS  | PRISONER PETITIONS   |  |  |
| <input type="checkbox"/> 210 Land Condemnation                                       | <input type="checkbox"/> 440 Other Civil Rights   | Habeas Corpus: <input type="checkbox"/> 463 Alien Detainee <input type="checkbox"/> 510 Motions to Vacate Sentence <input type="checkbox"/> 530 General <input type="checkbox"/> 535 Death Penalty   | <input type="checkbox"/> 791 Employee Retirement Income Security Act   |  |
| <input type="checkbox"/> 220 Foreclosure   | <input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing Accommodations <input type="checkbox"/> 445 Amer. w/ Disabilities Employment   | Other: <input type="checkbox"/> 540 Mandamus & Other <input type="checkbox"/> 550 Civil Rights <input type="checkbox"/> 555 Prison Condition <input type="checkbox"/> 560 Civil Detainee - Conditions of Confinement                               |  |  |
| <input type="checkbox"/> 230 Rent Lease & Ejectment                                  |   |  |  | <b>IMMIGRATION</b>   |
| <input type="checkbox"/> 240 Torts to Land   |   |  |  | <input type="checkbox"/> 462 Naturalization Application <input type="checkbox"/> 465 Other Immigration Actions   |
| <input type="checkbox"/> 245 Tort Product Liability                                  |   |  |  |  |
| <input type="checkbox"/> 290 All Other Real Property                                 |   |  |  |  |

## V. ORIGIN (Place an "X" in One Box Only)

|  |   |   |   |  |  |   |
|--|---|---|---|--|--|---|
| <input type="checkbox"/> 1 Original Proceeding | <input type="checkbox"/> 2 Removed from State Court | <input checked="" type="checkbox"/> 3 Remanded from Appellate Court | <input type="checkbox"/> 4 Reinstated or Reopened | <input type="checkbox"/> 5 Transferred from Another District (specify) _____ | <input type="checkbox"/> 6 Multidistrict Litigation - Transfer | <input type="checkbox"/> 8 Multidistrict Litigation - Direct File |
|--|---|---|---|--|--|---|

Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity):

## VI. CAUSE OF ACTION

190, 896, FDCPA, RESPA  
 Brief description of cause: Defendants agreed to pay me and settle this case in State Court PC038515. "ERRONEOUS FORECLOSURE".

## VII. REQUESTED IN COMPLAINT:

CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P. DEMANDS  
 >20 million  
 CHECK YES only if demanded in complaint: JURY DEMAND:  Yes  No

## VIII. RELATED CASE(S)

CA: PC038515, D.C. NO. 3:22-cv-00212-RRB, NO. 23-35471 9th Circuit.  
 IF ANY (See instructions) FOR IT WAS WAITING FOR THE SUPREME COURT MAILS.  
 JUDGE TALLMAN, N.R. SMITH + COLLINS DOCKET NUMBER 23-35471

\* JURISDICTION ISSUE - LATE FILING  
DATE

SIGNATURE OF ATTORNEY OF RECORD

## FOR OFFICE USE ONLY

RECEIPT # \_\_\_\_\_ AMOUNT \_\_\_\_\_

APPLYING IFF \_\_\_\_\_

JUDGE \_\_\_\_\_

MAG. JUDGE \_\_\_\_\_