

FP 2
No. 23-5703

IN THE

SUPREME COURT OF THE UNITED STATES

FESTUS O. DHAN — PETITIONER
(Your Name)

Supreme Court, U.S.
FILED

SEP 29 2023

OFFICE OF THE CLERK

VS.

ABEN AMRO GRAY 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]
(Signature)

like others,
shrink and no gaps

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 D. 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	You	Spouse
Employment	\$1200	\$	\$2000	\$
Self-employment	\$0	\$	\$0	\$
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)	\$670.00	\$	\$0	\$
Disability (such as social security, insurance payments)	\$0	\$	\$0	\$
Unemployment payments	\$0	\$	\$0	\$
Public-assistance (such as welfare)	\$0	\$	\$0	\$
Other (specify):	\$0	\$	\$0	\$
Total monthly income:	\$1,800	\$	\$670.00	\$

Schools were closed for summer

UNMARRIED

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	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>140/mo</u>	\$ _____
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>30/mo</u>	\$ _____
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>Ø</u>	\$ _____
Life	\$ <u>Ø</u>	\$ _____
Health	\$ <u>Ø</u>	\$ _____
Motor Vehicle	~ \$100/mo \$ <u>720 Semi-Annually</u>	\$ _____
Other: _____	\$ _____	\$ _____
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ _____	\$ _____
Installment payments		
Motor Vehicle	\$ <u>Ø</u>	\$ _____
Credit card(s)	\$ <u>180⁰⁰</u>	\$ _____
Department store(s)	\$ <u>Ø</u>	\$ _____
Other: _____	\$ <u>Ø</u>	\$ _____
Alimony, maintenance, and support paid to others	\$ <u>Ø</u>	\$ _____
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ _____	\$ _____
Other (specify): <u>CONSULTANT CONSULTING CORP. - THIS CASE!</u>	\$ <u>1,000/mo</u>	\$ _____
Total monthly expenses:	\$ <u>1,770⁰⁰</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 (SUBSTITUTE TEACHER)	5530 E. NORTHERN LIGHTS BLVD ANCHORAGE ALASKA 99504 3135	10/18/2022	SUBSTITUTE TEACHER \$ 0 - \$3,000 LESS \$ SUMMER, MEETINGS \$ 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 VERY TROUBLESOME CAR.
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	\$ 1,000	\$
	\$	\$

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 COMMEMORABLE COINS
Value \$10 MUST WAIT 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

NONE AT THIS TIME

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)

CHARGES

\$332⁰⁰/mo

\$ _____

Are real estate taxes included? ☐ Yes ☒ No

Is property insurance included? ☐ Yes ☒ No

Utilities (electricity, heating fuel, water, sewer, and telephone)

\$ Ø

\$ _____

Home maintenance (repairs and upkeep)

\$ Ø

\$ _____

Food

\$300⁰⁰/mo

\$ _____

Clothing

\$50/mo

\$ _____

Laundry and dry-cleaning

\$20⁰⁰/mo

\$ _____

Medical and dental expenses

\$30/mo

\$ _____

FP

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

☐ Yes ☒ No

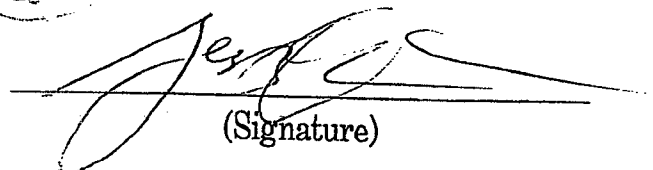
If yes, how much? _____

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 20th, 2023
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 OKWUDIL OHAN

(b) County of Residence of First Listed Plaintiff

(EXCEPT IN U.S. PLAINTIFF CASES)

ANCHORAGE AK

(c) Attorneys (Firm Name, Address, and Telephone Number)

(360) 390-8724
1280 E. 17th AVENUE, #121,
ANCHORAGE, AK 99501 ROSE

DEFENDANTS

(4) REMARK/OLSON (5) LACO SUPERVISORS

(2) BACA-SHERIFF LACO

JACKIE LACEY-ATTORNEY LACO

County of Residence of First Listed Defendant

TROY, MT.

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.

Attorneys (If Known)

II. BASIS OF JURISDICTION

(Place an "X" in One Box Only)

☐ 1 U.S. Government Plaintiff☒ 3 Federal Question

(U.S. Government Not a Party)

☐ 2 U.S. Government Defendant☐ 4 Diversity

(Indicate Citizenship of Parties in Item III)

III. CITIZENSHIP OF PRINCIPAL PARTIES

(For Diversity Cases Only)

(Place an "X" in One Box for Plaintiff and One Box for Defendant)

Citizen of This State

PTF

DEF

☒ 1☒ 1

Incorporated or Principal Place of Business In This State

PTF

DEF

☐ 4☐ 4

Citizen of Another State

☐ 2☐ 2

Incorporated and Principal Place of Business In Another State

☐ 5☐ 5

Citizen or Subject of a Foreign Country

☐ 3☐ 3

Foreign Nation

☐ 6☐ 6

IV. NATURE OF SUIT

(Place an "X" in One Box Only)

Click here for: [Nature of Suit Code Descriptions.](#)

CONTRACT	TORTS	FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES
<input type="checkbox"/> 110 Insurance	<input type="checkbox"/> 310 Airplane	<input type="checkbox"/> 625 Drug Related Seizure	<input type="checkbox"/> 422 Appeal 28 USC 158	<input type="checkbox"/> 375 False Claims Act
<input type="checkbox"/> 120 Marine	<input type="checkbox"/> 315 Airplane Product Liability	<input type="checkbox"/> 690 Other	<input type="checkbox"/> 423 Withdrawal 28 USC 157	<input type="checkbox"/> 376 Qui Tam (31 USC 3729(a))
<input type="checkbox"/> 130 Miller Act	<input type="checkbox"/> 320 Assault, Libel & Slander			<input type="checkbox"/> 400 State Reapportionment
<input type="checkbox"/> 140 Negotiable Instrument	<input type="checkbox"/> 330 Federal Employers' Liability			<input type="checkbox"/> 410 Antitrust
<input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment	<input type="checkbox"/> 340 Marine			<input type="checkbox"/> 430 Banks and Banking
<input type="checkbox"/> 151 Medicare Act	<input type="checkbox"/> 345 Marine Product Liability			<input type="checkbox"/> 450 Commerce
<input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans)	<input type="checkbox"/> 350 Motor Vehicle			<input type="checkbox"/> 460 Deportation
<input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits	<input type="checkbox"/> 355 Motor Vehicle Product Liability			<input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations
<input checked="" type="checkbox"/> 160 Stockholders' Suits	<input type="checkbox"/> 360 Other Personal Injury			<input type="checkbox"/> 480 Consumer Credit (15 USC 1681 or 1692)
<input type="checkbox"/> 190 Other Contract	<input type="checkbox"/> 362 Personal Injury - Medical Malpractice			<input type="checkbox"/> 485 Telephone Consumer Protection Act
<input type="checkbox"/> 195 Contract Product Liability				<input type="checkbox"/> 490 Cable/Sat TV
<input type="checkbox"/> 196 Franchise				<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 checked="" 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

V. ORIGIN

(Place an "X" in One Box Only)

☐ 1 Original Proceeding☐ 2 Removed from State Court☒ 3 Remanded from Appellate Court☐ 4 Reinstated or Reopened☐ 5 Transferred from Another District (specify)☐ 6 Multidistrict Litigation - Transfer☐ 8 Multidistrict Litigation - Direct File

VI. CAUSE OF ACTION

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

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.

DEMAND \$

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

JURISDICTION ISSUE - LATE FILING

JUDGE TALLMAN, NIK. SMITH + COLLINS

DOCKET NUMBER 23-35471

DATE

SIGNATURE OF ATTORNEY OF RECORD

FOR OFFICE USE ONLY

RECEIPT #

AMOUNT

APPLYING IFP

JUDGE

MAG. JUDGE