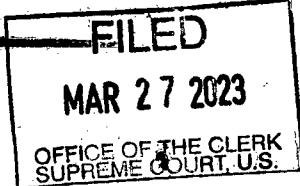


No. 23-6125 **ORIGINAL**

In the Supreme Court of the United States

WALTER LANCASTER
Petitioner



-v-

BEATS ELECTRONICS et al
Respondent

On Petition for Writ of Certiorari to
State of California
Second District Court of Appeals Division Four

REQUEST FOR LEAVE TO
PROCEED IN *FORMA PAUPERIS*

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(Respondents)

(Petitioner)

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Petitioner herein asks for leave to file the accompanying petition for a Writ of Certiorari without prepayment of costs and to proceed in *Forma Pauperis.*

Petitioner herein in keeping with the Order of the Court dated July 18, 2023 which reads "If you intend to submit your petition on 8 1/2 by 11 - inch paper, you must submit a motion for leave to proceed in forma pauperis with your petition".

Petitioner herein in keeping with the Order of the Court dated July 18, 2023 which reads "The petition must bear a suitable cover consisting of heavy paper, front and back, Rule 33.1(c)".

Petitioner herein in keeping with the Order of the Court dated July 18, 2023 which reads "You must submit an appendix for each copy of the petition."

SWORN DECLARATION

Petitioner herein motions for Leave to Proceed in *Forma Pauperis* in keeping with Rule 24 "Proceeding in *Forma Pauperis*" which holds at **(3) Prior Approval** [that], "A party who was permitted to proceed in *Forma Pauperis* in the district court action, or who was determined to be financially unable to obtain adequate defense in a criminal case, may proceed on appeal in *Forma Pauperis* without further authorization".

Petitioner received the civil case equivalent of Fee Waivers.

Petitioner herein states that Authority to allow prosecution of (*citation omitted*) in *Forma Pauperis* is vested in (*citing*) (**28 U.S.C. 1915(a)**) - "any Court of the United States."

Petitioner directs to proof of "Prior Authorization".

Petitioner herein states no indigent circumstances have changed.

Petitioner herein swears the foregoing to be true and correct.

Respectfully Submitted,

Dated:

NOV. 18-23

Signed:



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

I, Walter Lancaster, 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>0</u>	\$ <u>0</u>	\$ <u>0</u>
Self-employment	\$ <u>0</u>	\$ <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>	\$ <u>0</u>
Interest and dividends	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Gifts	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Alimony	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Child Support	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>111</u>	\$ <u>0</u>	\$ <u>111</u>	\$ <u>0</u>
Disability (such as social security, insurance payments)	\$ <u>1158</u>	\$ <u>0</u>	\$ <u>1158</u>	\$ <u>0</u>
Unemployment payments	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Public-assistance (such as welfare)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Other (specify): _____	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Total monthly income:	\$ <u>1269</u>	\$ <u>0</u>	\$ <u>1269</u>	\$ <u>0</u>

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
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

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
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

4. How much cash do you and your spouse have? \$ _____

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
Debit Card	\$ 900	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

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

Home
Value _____

Other real estate
Value _____

Motor Vehicle #1
Year, make & model GM 2002
Value 3,000

Motor Vehicle #2
Year, make & model none
Value _____

Other assets
Description none
Value _____

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	\$ <input type="text"/>	\$ <input type="text"/>
	\$ <input checked="" type="text"/>	\$ <input checked="" type="text"/>
	\$ <input type="text"/>	\$ <input type="text"/>

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	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input checked="" type="text"/>
	<input type="text"/>	<input type="text"/>

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)	\$ <input type="text"/>	\$ <input type="text"/>
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)	\$ <input type="text"/>	\$ <input type="text"/>
Home maintenance (repairs and upkeep)	\$ <input type="text"/>	\$ <input type="text"/>
Food	\$ <u>400</u>	\$ <input type="text"/>
Clothing	\$ <u>80</u>	\$ <input type="text"/>
Laundry and dry-cleaning	\$ <u>40</u>	\$ <input type="text"/>
Medical and dental expenses	\$ <input type="text"/>	\$ <input type="text"/>

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 300	\$ <input type="text"/>
Recreation, entertainment, newspapers, magazines, etc.	\$ 150	\$ <input type="text"/>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <input type="text"/>	\$ <input type="text"/>
Life	\$ <input type="text"/>	\$ <input type="text"/>
Health	\$ 250	\$ <input type="text"/>
Motor Vehicle	\$ 120	\$ <input type="text"/>
Other: _____	\$ <input type="text"/>	\$ <input type="text"/>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ <input type="text"/>	\$ <input type="text"/>
Installment payments		
Motor Vehicle	\$ <input type="text"/>	\$ <input type="text"/>
Credit card(s)	\$ <input type="text"/>	\$ <input type="text"/>
Department store(s)	\$ <input type="text"/>	\$ <input type="text"/>
Other: _____	\$ <input type="text"/>	\$ <input type="text"/>
Alimony, maintenance, and support paid to others	\$ <input type="text"/>	\$ <input type="text"/>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <input type="text"/>	\$ <input type="text"/>
Other (specify): _____	\$ <input type="text"/>	\$ <input type="text"/>
Total monthly expenses:	\$ 1,090	\$ <input type="text"/>

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.

SSDI / V.A.

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

Executed on: November 18, 2023


(Signature)