

23-6284  
No. \_\_\_\_\_

ORIGINAL

Supreme Court, U.S.  
FILED  
DEC 11 2023  
OFFICE OF THE CLERK

IN THE  
SUPREME COURT OF THE UNITED STATES

David S. Pontier, Pro se. - PETITIONER  
VS.

The State Bar of California: California Corporation  
State of California :California Corporation  
GEICO Insurance, Maryland Corporation: Farmers Inc, California Corporation  
JP Morgan Chase Bank, N.A. a Delaware Corporation Joseph Dang, an individual; PHIA GROUP, LLC;  
Glenn C. Nusbaum, an individual; Paul E. Kim, MD Inc., A California corporation;  
Dr. Kevin Yoo, an individual. Does 1-10, Individual - 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.

*David Pontier*  
(Signature)

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

I, David Pontier , 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>\$ 0.00</u>	<u>N/A Single</u>	<u>\$ 0.00</u>	<u>N/A Single</u>
Self-employment	<u>\$ 0.00</u>	<u>N/A Single</u>	<u>\$ 0.00</u>	<u>N/A Single</u>
Income from real property (such as rental income)	<u>\$ 0.00</u>	<u>N/A Single</u>	<u>\$ 0.00</u>	<u>N/A Single</u>
Interest and dividends	<u>\$20.00</u>	<u>N/A Single</u>	<u>\$20.00</u>	<u>N/A Single</u>
Gifts	<u>\$ 0.00</u>	<u>N/A Single</u>	<u>\$ 0.00</u>	<u>N/A Single</u>
Alimony	<u>\$ 0.00</u>	<u>N/A Single</u>	<u>\$ 0.00</u>	<u>N/A Single</u>
Child Support	<u>\$ 0.00</u>	<u>N/A Single</u>	<u>\$ 0.00</u>	<u>N/A Single</u>
Retirement (such as social security, pensions, annuities, insurance)	<u>\$ 0.00</u>	<u>N/A Single</u>	<u>\$ 0.00</u>	<u>N/A Single</u>
Disability (such as social security, insurance payments)	<u>\$ 0.00</u>	<u>N/A Single</u>	<u>\$ 0.00</u>	<u>N/A Single</u>
Unemployment payments	<u>\$ 0.00</u>	<u>N/A Single</u>	<u>\$ 0.00</u>	<u>N/A Single</u>
Public-assistance (such as welfare)	<u>\$ 0.00</u>	<u>N/A Single</u>	<u>\$ 0.00</u>	<u>N/A Single</u>
Other (specify):	<u>\$ 0.00</u>	<u>N/A Single</u>	<u>\$ 0.00</u>	<u>N/A Single</u>
<b>Total monthly income:</b>	<u>\$ 20.00</u>	<u>N/A Single</u>	<u>\$ 20.00</u>	<u>N/A Single</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
<u>Disabled\Unemployed</u>	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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
<u>N/A Single</u>	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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
Retirement CD Wells Fargo	\$6,615.57	<u>\$ N/A Single</u>
Checking	\$2,081.21	<u>\$ N/A Single</u>
		<u>\$ N/A Single</u>

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

<u>Home</u>	<u>Other real estate</u>
Value <u>\$114,900.00 Purchase Price</u>	Value <u>NONE</u>

<u>Motor Vehicle #1</u>	<u>Motor Vehicle #2</u>
Year, make & model <u>2001 Ford Explorer</u>	Year, make & model <u>2006 BMW X5</u>
Value <u>\$2,500.00</u>	Value <u>\$1,500.00</u>

Other assets Prior to covid-19 I started business to resell liquidation items. I was building inventory and  
Description storing at public storage, extra space storage looking for location to open small outlet store.  
Value COVID-19 hit and I could not sell any of the items due to quarantine. Then my spinal injuries and  
hip osteonecrosis deteriorated my health to where I could not lift, move, assemble items any more.  
Items like razor scooters battery operated deteriorated storage facilities keep raising storage fees  
doubled I pay \$1,500.00 month for storage. Have made many attempts to find someone to buy items in  
desperation considering donating all so that I no longer have to pay monthly storage fees which result in  
negative monthly income.

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	\$	\$ N\A Single
\$	\$	\$
\$	\$	\$

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
Tyler Pontier	SON	11

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)		\$1,000.00	\$
Are real estate taxes included?			\$
Is property insurance included?			\$
Utilities (electricity, heating fuel, water, sewer, and telephone)		\$500.00	\$
Home maintenance (repairs and upkeep)		\$400.00	\$
Food		\$400.00	\$
Clothing		\$100.00	\$
Laundry and dry-cleaning		\$50.00	\$
Medical and dental expenses		\$Undetermined *	\$

- I am presently disabled with herniated disc in spine and need spinal surgery.  
I presently suffer from hip osteonecrosis and required surgery for total hip replacement.  
The surgical costs is prohibitive as to my present disability I am unable to work so can't make money or get insurance to pay for surgeries to improve health so I can work.

	You	Your Spouse
Transportation (not including motor vehicle payments)	<u>\$50.00</u>	<u>\$ N/A Single</u>
Recreation, entertainment, newspapers, magazines, etc.	<u>\$50.00</u>	<u>\$ N/A Single</u>
Insurance (not deducted from wages or included in mortgage payments)		<u>\$ N/A Single</u>
Homeowner's or renter's	<u>\$130.00</u>	<u>\$ N/A Single</u>
Life	<u>\$0.00</u>	<u>\$ N/A Single</u>
Health	<u>\$0.00</u>	<u>\$ N/A Single</u>
Motor Vehicle	<u>\$100.00</u>	<u>\$ N/A Single</u>
Other: _____	<u>\$0.00</u>	<u>\$ N/A Single</u>
Taxes (not deducted from wages or included in mortgage payments)		<u>\$ N/A Single</u>
(specify): _____	<u>\$0.00</u>	<u>\$ N/A Single</u>
Installment payments		<u>\$ N/A Single</u>
Motor Vehicle	<u>\$0.00</u>	<u>\$ N/A Single</u>
Credit card(s)	<u>\$300.00</u>	<u>\$ N/A Single</u>
Department stores(s)	<u>\$0.00</u>	<u>\$ N/A Single</u>
Other: _____	<u>\$0.00</u>	<u>\$ N/A Single</u>
Alimony, maintenance, and support paid to others		<u>\$ N/A Single</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement) * see below	<u>\$1,500.00</u>	<u>\$ N/A Single</u>
	<u>\$0.00</u>	<u>\$ N/A Single</u>
Other (specify):	<u>\$4,180.00</u>	<u>\$ N/A Single</u>
<b>Total monthly expenses:</b>		

\*\_Prior to covid-19 I started business to resell liquidation items. I was building inventory and storing at public storage, extra space storage looking for location to open small outlet store. COVID-19 hit and I could not sell any of the items due to quarantine. Then my spinal injuries and hip osteonecrosis deteriorated my health to where I could not lift, move, assemble items any more. Items like razor scooters battery operated deteriorated storage facilities keep raising storage fees doubled since I purchased items prior to covid-19 I pay \$1,500.00 month for storage. Have made many attempts to find someone to buy items as a lot in desperation considering donating all items to charity so that I no longer have to pay monthly storage fees which result in negative monthly income.

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

X Yes \_\_\_ No If yes, describe on an attached sheet.

I am disabled cannot walk without cane or crutches and need two surgeries spinal surgery to correct disc herniation so spine is as straight as possible prior to second surgery total right hip replacement. Possibly, my ability to walk, stand, sit for period of time can be restored so I can find employment or start business. Presently, I am 59 living off retirement funds, I was self-employed so I have no retirement from past employment, and hopefully I can get medical treatment so that I can start working again before my retirement funds run out.

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 X

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?

X Yes \_\_\_ No

If yes, how much? \$1,320.00 per year for subscription to casetext.com to do legal research. I am disabled so I cannot use local law library any longer it is too difficult to get there.

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 am disabled and facing serious financial difficulty with no income. I believe I can pay some costs like \$300 filing fee, postage, copy costs but I have talked to several attorney's fees are \$10,000.00 or more retainer, \$200 or more per hour. I have choice of taking care of my child and myself or depleting my retirement to pay an attorney. I have no legal advisor and just trying best I can to file paperwork. I will pay filing fee but I am not sure what other costs are involved in a case like this so I am filing the forms as I cannot hire an attorney and must represent myself pro se.

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

Executed on: December 11, 2023

Donald Pontieri  
(Signature)