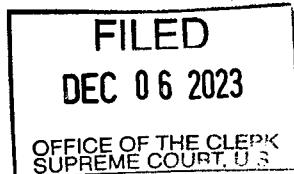


23-7320

ORIGINAL

No. _____

IN THE
SUPREME COURT OF THE UNITED STATES



DARAIN ESPINOSA — PETITIONER
(Your Name)

VS.

CONTRA COSTA COUNTY CA. — 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):

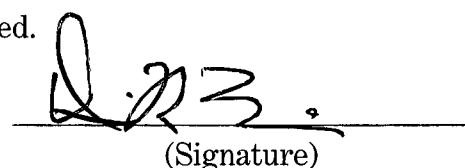
Petitioner has **not** previously been granted leave to proceed *in forma pauperis* in any other court.

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)

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

I, DARRIN ESPINOSA, 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>N/A</u> | \$ <u>0</u> | \$ <u>N/A</u> |
| Self-employment | \$ <u>0</u> | \$ <u> </u> | \$ <u>0</u> | \$ <u> </u> |
| Income from real property (such as rental income) | \$ <u>0</u> | \$ <u> </u> | \$ <u>0</u> | \$ <u> </u> |
| Interest and dividends | \$ <u>0</u> | \$ <u> </u> | \$ <u>0</u> | \$ <u> </u> |
| Gifts | \$ <u>0</u> | \$ <u> </u> | \$ <u>0</u> | \$ <u> </u> |
| Alimony | \$ <u>0</u> | \$ <u> </u> | \$ <u>0</u> | \$ <u> </u> |
| Child Support | \$ <u>0</u> | \$ <u> </u> | \$ <u>0</u> | \$ <u> </u> |
| Retirement (such as social security, pensions, annuities, insurance) | \$ <u>0</u> | \$ <u> </u> | \$ <u>0</u> | \$ <u> </u> |
| Disability (such as social security, insurance payments) | \$ <u>0</u> | \$ <u> </u> | \$ <u>0</u> | \$ <u> </u> |
| Unemployment payments | \$ <u>0</u> | \$ <u> </u> | \$ <u>0</u> | \$ <u> </u> |
| Public-assistance (such as welfare) | \$ <u>0</u> | \$ <u> </u> | \$ <u>0</u> | \$ <u> </u> |
| Other (specify): _____ | \$ <u>0</u> | \$ <u> </u> | \$ <u>0</u> | \$ <u> </u> |
| Total monthly income: | \$ <u>0</u> | \$ <u> </u> | \$ <u>0</u> | \$ <u> </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 |
|----------|---------|---------------------|-------------------|
| N/A | N/A | N/A | \$ Ø |
| | | | \$ |
| | | | \$ |

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 |
|----------|---------|---------------------|-------------------|
| N/A | N/A | N/A | \$ Ø |
| | | | \$ |
| | | | \$ |

4. How much cash do you and your spouse have? \$ 6,107⁹⁰

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 |
|---|------------------------|------------------------|
| CHECKING | \$ 6,107 ⁹⁰ | \$ N/A |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |

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

Home

Value 187,000

Other real estate

Value N/A

1997 CHEVY

Motor Vehicle #1 1982 CHEVY

Year, make & model EL CAMINO

Value \$ 400⁰⁰

Motor Vehicle #2

Year, make & model TRUCK

Value \$ 1,200

3 1979 BLAZER CHEVY 200⁰⁰

Other assets

Description MOTORCYCLE 1996 DAYNA

Value \$ 800⁰⁰

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 |
|---------------------------------------|--------------------|----------------------------|
| <u>N/A</u> | \$ <u>N/A</u> | \$ <u>N/A</u> |
| | \$ <u> </u> | \$ <u> </u> |
| | \$ <u> </u> | \$ <u> </u> |

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>N/A</u> | <u>N/A</u> | <u>N/A</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 (include lot rented for mobile home) | \$ <u>1598.00</u> | \$ <u>N/A</u> |
| 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 | | |
| Utilities (electricity, heating fuel, water, sewer, and telephone) | \$ <u>671.00</u> | \$ <u> </u> |
| Home maintenance (repairs and upkeep) | \$ <u>0</u> | \$ <u> </u> |
| Food | \$ <u>272.00</u> | \$ <u> </u> |
| Clothing | \$ <u>0</u> | \$ <u> </u> |
| Laundry and dry-cleaning | \$ <u>0</u> | \$ <u> </u> |
| Medical and dental expenses | \$ <u>0</u> | \$ <u> </u> |

| | You | Your spouse |
|---|------------------------------|--------------------|
| Transportation (not including motor vehicle payments) | \$ <u>0</u> | \$ <u>N/A</u> |
| Recreation, entertainment, newspapers, magazines, etc. | \$ <u>0</u> | \$ _____ |
| Insurance (not deducted from wages or included in mortgage payments) | | |
| Homeowner's or renter's | \$ <u>0</u> | \$ _____ |
| Life | \$ <u>0</u> | \$ _____ |
| Health | \$ <u>0</u> | \$ _____ |
| Motor Vehicle | \$ <u>96⁰⁰</u> | \$ _____ |
| Other: <u>N/A</u> | \$ <u>0</u> | \$ _____ |
| Taxes (not deducted from wages or included in mortgage payments) | | |
| (specify): <u>N/A</u> | \$ <u>0</u> | \$ _____ |
| Installment payments | | |
| Motor Vehicle | \$ <u>0</u> | \$ _____ |
| Credit card(s) | \$ <u>0</u> | \$ _____ |
| Department store(s) | \$ <u>0</u> | \$ _____ |
| Other: <u>N/A</u> | \$ <u>0</u> | \$ _____ |
| Alimony, maintenance, and support paid to others | \$ <u>0</u> | \$ _____ |
| Regular expenses for operation of business, profession, or farm (attach detailed statement) | \$ <u>0</u> | \$ _____ |
| Other (specify): <u>N/A</u> | \$ <u>0</u> | \$ _____ |
| Total monthly expenses: | <u>\$ 2,637⁰⁰</u> | \$ _____ |

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.

SEE ATTACHED

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? # 6,517⁰⁰

If yes, state the attorney's name, address, and telephone number:

LAW OFFICES OF RICHARD N. KOSS
600 ALLERTON ST #202
REDWOOD CITY, CA 94063-1570

650.722.7046 (Phone) • 650.399.0004 (Fax)

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? _____

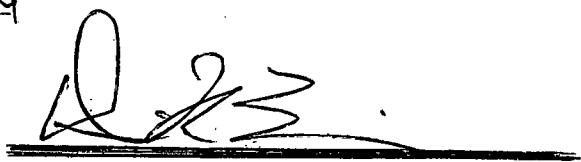
If yes, state the person's name, address, and telephone number:

12. Provide any other information that will help explain why you cannot pay the costs of this case.

SEE ATTACHED

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

Executed on: 4-23, 2024



(Signature)

Attachment Questions

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

Currently I have no offers of employment, but I am diligently looking for employment. I have applied for positions calling for my skillsets with all of my contiguous counties and to date have not received an offer of employment. I answered the question "Yes" because I continue to look for work that encompasses my skillsets. I own my own home, have a monthly mortgage payment and have no other notable assets.

12. Provide any other information that will help explain why you cannot pay the costs of this case.

As stated in question number nine, I currently do not have any income. I have been living on the settlement I received for the dog bite that cause my permanent and stationary disability. However, the settlement funds are nearing their end. I currently have enough to sustain my house payments for approximately another six months.

225

✓ Track Your Expenses...

- Auto/Travel Education Medical/Dental
- Business Entertainment Savings
- Charities Food Taxes
- Clothing Home Utilities
- Dependent Care Insurance Other

4-26-26

Law Offices of Richard D. Kress

Ninety Three Thousand Six Hundred Sixty

Duplicate is produced using soy-based materials.
Images may appear light. TAX DEDUCTIBLE ITEMMemo # 211

| BAL. | FOR'D |
|---------|--------|
| ITEM | AMOUNT |
| BALANCE | |
| | 3516 |
| DEPOSIT | |
| FOR'D | |

For enhanced security your account number will not be printed on this copy

NOT NEGOTIABLE

229

✓ Track Your Expenses...

- Auto/Travel Education Medical/Dental
- Business Entertainment Savings
- Charities Food Taxes
- Clothing Home Utilities
- Dependent Care Insurance Other

5-25-2-21

Law Offices of Richard D. Kress

Eighty Three Thousand Two Hundred Sixty

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| BAL. | FOR'D |
|---------|--------|
| ITEM | AMOUNT |
| BALANCE | |
| | 1316 |
| DEPOSIT | |
| FOR'D | |

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NOT NEGOTIABLE

233

✓ Track Your Expenses...

- Auto/Travel Education Medical/Dental
- Business Entertainment Savings
- Charities Food Taxes
- Clothing Home Utilities
- Dependent Care Insurance Other

6-25-2-21

Law Offices of Richard D. Kress

Ninety Three Thousand Six Hundred Sixty

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| BAL. | FOR'D |
|---------|--------|
| ITEM | AMOUNT |
| BALANCE | |
| | 143 |
| DEPOSIT | |
| FOR'D | |

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NOT NEGOTIABLE

254

✓ Track Your Expenses...

- Auto/Travel
- Education
- Medical/Dental
- Business
- Entertainment
- Savings
- Charities
- Food
- Taxes
- Clothing
- Home
- Utilities
- Dependent Care
- Insurance
- Other

| | |
|----------------|--|
| BAL. FOR'D | |
| ITEM AMOUNT | |
| BALANCE | |
| DEPOSIT | |
| FOR'D | |

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TAX DEDUCTIBLE ITEM

Memo 11/21/08 3:29

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NOT NEGOTIABLE

255

✓ Track Your Expenses...

- Auto/Travel
- Education
- Medical/Dental
- Business
- Entertainment
- Savings
- Charities
- Food
- Taxes
- Clothing
- Home
- Utilities
- Dependent Care
- Insurance
- Other

| | |
|----------------|--|
| BAL. FOR'D | |
| ITEM AMOUNT | |
| BALANCE | |
| DEPOSIT | |
| FOR'D | |

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TAX DEDUCTIBLE ITEM

Memo 11/21/08

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NOT NEGOTIABLE

224

✓ Track Your Expenses...

- Auto/Travel
- Education
- Medical/Dental
- Business
- Entertainment
- Savings
- Charities
- Food
- Taxes
- Clothing
- Home
- Utilities
- Dependent Care
- Insurance
- Other

| | |
|----------------|--|
| BAL. FOR'D | |
| ITEM AMOUNT | |
| BALANCE | |
| DEPOSIT | |
| FOR'D | |

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TAX DEDUCTIBLE ITEM

Memo 11/21/08

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