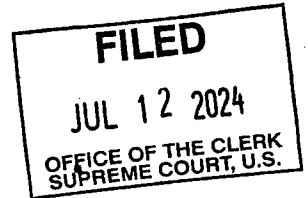


24-5475

ORIGINAL

IN THE
SUPREME COURT OF THE UNITED STATES



JOSHUA JOEL LAMORA GONZALES PETITIONER
(Your Name)

CALIFORNIA VICTIM
COMPENSATION BOARD
"ET AL." VS.
— 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):

NIA

☒ 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.

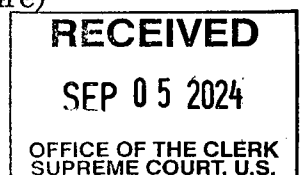
☐ Petitioner's affidavit or declaration is **not** attached because the court below appointed counsel in the current proceeding, and:

☐ The appointment was made under the following provision of law: _____

NIA, or

☐ a copy of the order of appointment is appended.

Joshua Gonzales
(Signature)



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

I, JOSHUA GONZALES, 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>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Disability (such as social security, insurance payments)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</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>0</u>	\$ <u>0</u>	\$ <u>0</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
I AM A IDMAK CONFINE IN A INSTITUTION			\$ 0
for the last 15 MONTHS AND IS IN A PROGRESS			\$ 0
OF DIVORCE			\$ 0

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	\$ 0
N/A	N/A	N/A	\$ 0
N/A	N/A	N/A	\$ 0

4. How much cash do you and your spouse have? \$ 0
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
N/A	\$ 0	\$ 0
N/A	\$ 0	\$ 0
N/A	\$ 0	\$ 0

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

<input type="checkbox"/> Home Value 0	<input type="checkbox"/> Other real estate Value 0
<input type="checkbox"/> Motor Vehicle #1 Year, make & model N/A Value 0	<input type="checkbox"/> Motor Vehicle #2 Year, make & model N/A Value 0
<input type="checkbox"/> Other assets Description N/A Value 0	

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
N/A	\$ 0	\$ 0
N/A	\$ 0	\$ 0
N/A	\$ 0	\$ 0

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
E.G.	DAUGHTER	4
N.G.	DAUGHTER	3
J.N	SON	14
J.N.	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. N/A

	You	Your spouse
Rent or home-mortgage payment (include lot rented for mobile home)	\$ 0	\$ 0
Are real estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 0	\$ 0
Home maintenance (repairs and upkeep)	\$ 0	\$ 0
Food	\$ 0	\$ 0
Clothing	\$ 0	\$ 0
Laundry and dry-cleaning	\$ 0	\$ 0
Medical and dental expenses	\$ 0	\$ 0

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

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? N/A

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

N/A

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? N/A

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

N/A

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

IN REFERENCE TO QUESTION #2 I HAVE BEEN INCARCERATED FOR THE LAST 15 MONTHS AND IN A PROCESS OF DIVORCE. I HAVE ATTACH A INMATE TRUST ACCOUNT CAN YOU PLEASE REDACT MY SOCIAL. THANK YOU

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

Executed on: July 1, 2024

Justin Gonzalez
(Signature)

FRESNO COUNTY SHERIFF'S DEPARTMENT
Trust Accounting: Inmate Account Statement

0DCCROT70EPI617

May 25, 2024

Begin Date: 04/18/2024

End Date: 05/25/2024

Offender: GONZALEZ-ZAMORA, JOSHUA JOEL

ID: 7105233

SID: 28918541

Housing: FRESNO COUNTY JAIL, MJ, 06, 0D, 12

FBI ID: 355015VC0

SSN:

110 CASH

TransDate	Transaction #	Transaction	Amount	Balance	Check No	Payee	Comments
04/18/2024		STARTING BALANCE		0.00			
04/21/2024	2024042100094	DEPOSIT FROM TOUCHPA'	186.00	186.00	161357448		
04/23/2024	2024042300115	CANTEEN PURCHASE	(130.30)	55.70			CANTEEN PURCHASE
04/23/2024	2024042300668	KC	(2.50)	53.20			
04/29/2024	2024042900028	DEPOSIT FROM TOUCHPA'	50.00	103.20	162445310		
04/30/2024	2024043000175	CANTEEN PURCHASE	(102.45)	0.75			CANTEEN PURCHASE
05/06/2024	2024050600015	DEPOSIT FROM TOUCHPA'	50.00	50.75	163481312		
05/06/2024	2024050600233	DEPOSIT FROM TOUCHPA'	26.00	76.75	163562880		
05/07/2024	2024050700289	CANTEEN PURCHASE	(50.43)	26.32			CANTEEN PURCHASE
05/13/2024	2024051300204	DEPOSIT FROM TOUCHPA'	50.00	76.32	164541166		
05/14/2024	2024051400292	CANTEEN PURCHASE	(76.20)	0.12			CANTEEN PURCHASE
05/16/2024	2024051600166	DEPOSIT FROM TOUCHPA'	110.00	110.12	164963146		
05/21/2024	2024052100076	CANTEEN PURCHASE	(110.05)	0.07			CANTEEN PURCHASE
		Ending Balance		0.07			

THE WITHIN INSTRUMENT IS
A CORRECT COPY OF THE
TRUST ACCOUNT MAINTAINED BY
COUNTY OF FRESNO SHERIFF-CORONER'S OFFICE



BY SCOTT M. ROSALES #1348