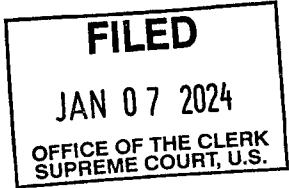


ORIGINAL

No. _____

~~24-5496~~

IN THE
SUPREME COURT OF THE UNITED STATES



JOSE MANUEL GALAN — PETITIONER
(Your Name)

VS.

STATE OF CALIFORNIA — 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):

In the United States District Court Central District of California.

In the United States Court of Appeals for the Ninth Circuit.

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, Jose Manuel Galan, 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	\$ _____	\$ _____	\$ _____	\$ _____
Self-employment	\$ _____	\$ _____	\$ _____	\$ _____
Income from real property (such as rental income)	\$ _____	\$ _____	\$ _____	\$ _____
Interest and dividends	\$ _____	\$ _____	\$ _____	\$ _____
Gifts	\$ _____	\$ _____	\$ _____	\$ _____
Alimony	\$ _____	\$ _____	\$ _____	\$ _____
Child Support	\$ _____	\$ _____	\$ _____	\$ _____
Retirement (such as social security, pensions, annuities, insurance)	\$ _____	\$ _____	\$ _____	\$ _____
Disability (such as social security, insurance payments)	\$ _____	\$ _____	\$ _____	\$ _____
Unemployment payments	\$ _____	\$ _____	\$ _____	\$ _____
Public-assistance (such as welfare)	\$ _____	\$ _____	\$ _____	\$ _____
Other (specify): _____	\$ _____	\$ _____	\$ _____	\$ _____
Total monthly income:	\$ 0	\$ 0	\$ 0	\$ 0

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
none			\$ 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)			\$ 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
none	\$ 0	\$ 0
	\$	\$
	\$	\$

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 _____
Value _____

Motor Vehicle #2
Year, make & model _____
Value _____

Other assets
Description _____
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	\$ 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
none	_____	_____
_____	_____	_____
_____	_____	_____

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

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. I am a presiner at Valley State Prison, Chochilla, California, and that I am an indigent and unable to afford counsel, and cannot pay the costs of this case. My total assets are \$ 0 and my income is \$ 0 per month.

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

Executed on: _____ August 25, 2024


(Signature)

Inmate Statement Report

Start Date: 7/9/2023

Revalidation Cycle: All

End Date: 1/9/2024

Housing Unit: All

Inmate/Group#: BF3487



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BY THIS OFFICE.
ATTEST:

CALIFORNIA DEPARTMENT OF CORRECTIONS

BY E. Hyareda

TRUST OFFICE

Inmate Statement Report

CDCR#	Inmate/Group Name	Institution	Unit	Cell/Bed
BF3487	GALAN, JOSE	VSP	C 004 1	016003

Current Available Balance: \$21.86

Transaction List

Transaction Date	Institution	Transaction Type	Source Doc#	Receipt#/Check#	Amount	Account Balance
07/09/2023	VSP	BEGINNING BALANCE				\$7.34
07/20/2023	VSP	SALES	60		(\$7.30)	\$0.04
08/04/2023	VSP	I/M PAY - SUPPORT	SKW.001.001 JUL23		\$13.98	\$14.02
08/04/2023	VSP	DIRECT ORDER PAYMENT	SKW.001.001 JUL23		(\$6.99)	\$7.03
08/21/2023	VSP	SALES	50		(\$5.60)	\$1.43
09/07/2023	VSP	I/M PAY - SUPPORT	SKW.001.001 AUG23		\$12.16	\$13.59
09/07/2023	VSP	DIRECT ORDER PAYMENT	SKW.001.001 AUG23		(\$6.08)	\$7.51
10/05/2023	VSP	I/M PAY - SUPPORT	SKW.001.001 SEP23		\$10.08	\$17.59
10/05/2023	VSP	DIRECT ORDER PAYMENT	SKW.001.001 SEP23		(\$5.04)	\$12.55
10/19/2023	VSP	SALES	27		(\$12.15)	\$0.40
11/06/2023	VSP	I/M PAY - SUPPORT	SKW.001.001 OCT23		\$11.38	\$11.78
11/06/2023	VSP	DIRECT ORDER PAYMENT	SKW.001.001 OCT23		(\$5.69)	\$6.09
12/06/2023	VSP	I/M PAY - SUPPORT	SKW.001.002 NOV23		\$17.55	\$23.64
12/06/2023	VSP	DIRECT ORDER PAYMENT	SKW.001.002 NOV23		(\$8.77)	\$14.87
12/06/2023	VSP	I/M PAY - SUPPORT	SKW.001.002 NOV23		(\$17.55)	(\$2.68)
12/06/2023	VSP	DIRECT ORDER PAYMENT	SKW.001.002 NOV23		\$8.77	\$6.09
12/06/2023	VSP	I/M PAY - SUPPORT	SKW.001.001 NOV23		\$17.55	\$23.64
12/06/2023	VSP	DIRECT ORDER PAYMENT	SKW.001.001 NOV23		(\$8.77)	\$14.87
01/05/2024	VSP	I/M PAY - SUPPORT	SKW.001.001 DEC23		\$13.98	\$28.85
01/05/2024	VSP	I/M PAY - SUPPORT	SKW.001.001 DEC23		(\$13.98)	\$14.87
01/05/2024	VSP	I/M PAY - SUPPORT	SKW.001.001 DEC23		\$13.98	\$28.85
01/05/2024	VSP	DIRECT ORDER PAYMENT	SKW.001.001 DEC23		(\$6.99)	\$21.86

Encumbrance List

Encumbrance Type	Transaction Date	Amount
No information was found for the given criteria.		

Obligation ListTHE WITHIN INSTRUMENT IS A CORRECT
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BY THIS OFFICE.

ATTEST:

CALIFORNIA DEPARTMENT OF CORRECTIONS

By E. Higareda

TRUST OFFICE



Inmate Statement Report

Obligation Type	Court Case#	Original Owed Balance	Sum of Tx for Date Range for Oblig	Current Balance
No information was found for the given criteria.				

Restitution List

Restitution	Court Case#	Status	Original Owed Balance	Interest Accrued	Sum of Tx for Date Range for Oblig	Current Balance
DIRECT ORDER	12CF3565	Active	\$600.00	\$261.80	(\$39.56)	\$440.80
RESTITUTION FINE	12CF3565	Active	\$200.00	\$0.00	\$0.00	\$200.00

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ATTEST:



CALIFORNIA DEPARTMENT OF CORRECTIONS

BY C. Hyareda
TRUST OFFICE