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No. 24-6563

FILED
SEP 09 2024
OFFICE OF THE CLERK
SUPREME COURT, U.S.

IN THE
SUPREME COURT OF THE UNITED STATES

ARTHUR TORLUCCI PETITIONER
(Your Name)

VS.

The State of California RESPONDENT(S) et al;
REAL PARTYS - Los Angeles County Court Central CSP CTC. Rm/04 & LA. City DA office
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):

LA county Superior court, Appellate court
DIST. 2 - DIV. 2 - Ct Synops CT, USDC CENTRAL, 9th Cir, Appellate Ct.
AND IN THIS U.S. SUPREME COURT - & D.C.R. WARDEN B14 DOC

☐ 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: _____

☐ a copy of the order of appointment is appended.

Arthur Torlucci
(Signature)

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

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

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 | \$ N/A |

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 | \$ N/A |

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 |
|---|-----------------|------------------------|
| CDER/SUSP. TRUST Account | \$ N/A | \$ N/A |

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

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money

N/A

Amount owed to you

\$ 0

Amount owed to your spouse

N/A

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

N/A

Relationship

N/A

Age

N/A

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.

Rent or home-mortgage payment
(include lot rented for mobile home)

Are real estate taxes included? ☐ Yes ☐ No

Is property insurance included? ☐ Yes ☐ No

Utilities (electricity, heating fuel,
water, sewer, and telephone)

Home maintenance (repairs and upkeep)

Food

Clothing

Laundry and dry-cleaning

Medical and dental expenses

You

Your spouse

\$ 0

N/A

\$ 0

N/A

\$ 0

N/A

\$ 0

N/A

\$ 0

N/A

\$ 0

N/A

\$ 0

N/A

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

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:

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

I have been in Prison 28 years without
A opportunity to get a job. Kidnapped by police &
framed for a murder I never did in a
I declare under penalty of perjury that the foregoing is true and correct.

Executed on: September 3rd, 2024

STING, trying to kill
MR. Robert or life, family
with kids, liberty, freedom
I am innocent of all crimes
(Signature)
ACTOR STUDYING Acting For
10 YEARS IN NYC VIA NJ
Does my own legal work in
A cement cell at age 64 for 28 yrs

Case Number: _____

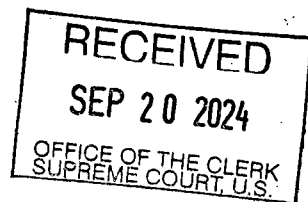
**CERTIFICATE OF FUNDS
IN PRISONER'S ACCOUNT**

I certify that attached hereto is a true and correct copy of the prisoner's trust account
statement showing transactions of CDOR # K33910
Torlucci, Arthur for the last six months at
SALINAS VALLEY STATE PRISON (Prisoner's Name)
(Name of Institution), where (s)he is confined.

I further certify that the average deposits each month to this prisoner's account for the most recent six-
month period were \$ 0 and the average balance in the prisoner's account each month for the most
recent six-month period was \$ 0.

Date: 9/9/2024 Officer Name: M. Adame
Signature: M. Adame
Authorized Officer of the Institution

SALINAS VALLEY STATE PRISON
ACCOUNTING DEPARTMENT
P.O. BOX 1020
SOLEDAD, CA 93960-1020



THE WITHIN INSTRUMENT IS A CORRECT
COPY OF THE TRUST ACCOUNT MAINTAINED
BY THIS OFFICE.
ATTEST: 9/9/24
CALIFORNIA DEPARTMENT OF CORRECTIONS
BY M. Adame
TRUST OFFICE

Date\Time: 9/9/2024 10:13:20 AM

CDCR

Verified: _____

Institution: SVSP

Inmate Statement Report

| | | | |
|-----------------------|-----------|----------------------------|-----|
| Start Date: | 3/1/2024 | Revalidation Cycle: | All |
| End Date: | 8/31/2024 | Housing Unit: | All |
| Inmate/Group#: | K33910 | | |



THE WITHIN INSTRUMENT IS A CORRECT
COPY OF THE TRUST ACCOUNT MAINTAINED
BY THIS OFFICE. 9/9/24
ATTEST:

CALIFORNIA DEPARTMENT OF CORRECTIONS

BY M. Adams
TRUST OFFICE

Institution: SVSP

Inmate Statement Report

| CDCR# | Inmate/Group Name | Institution | Unit | Cell/Bed |
|--------|-------------------|-------------|---------|----------|
| K33910 | TORLUCCI, ARTHUR | SVSP | D 008 2 | 221001 |

Current Available Balance: \$0.00



THE WITHIN INSTRUMENT IS A CORRECT
COPY OF THE TRUST ACCOUNT MAINTAINED
BY THIS OFFICE. 9/9/24
ATTEST:
CALIFORNIA DEPARTMENT OF CORRECTIONS
BY *[Signature]*
TRUST OFFICE

Transaction List

| Transaction Date | Institution | Transaction Type | Source Doc# | Receipt#/Check# | Amount | Account Balance |
|------------------|-------------|------------------|-------------|-----------------|--------|-----------------|
|------------------|-------------|------------------|-------------|-----------------|--------|-----------------|

No information was found for the given criteria.

Encumbrance List

| Encumbrance Type | Transaction Date | Amount |
|------------------|------------------|--------|
|------------------|------------------|--------|

No information was found for the given criteria.

Obligation List

| Obligation Type | Court Case# | Original Owed Balance | Sum of Tx for Date Range for Oblg | Current Balance |
|-----------------------------|--------------------------|-----------------------|-----------------------------------|-----------------|
| COPY CHARGES | CDC 119 | \$2.30 | \$0.00 | \$1.05 |
| COPY CHARGES | CDC 119 | \$0.60 | \$0.00 | \$0.60 |
| COPY CHARGES | CDC 119 10/30/08 | \$0.20 | \$0.00 | \$0.20 |
| COPY CHARGES | CDC 119 | \$0.70 | \$0.00 | \$0.70 |
| PLRA | CVO8-04124 SBA | \$350.00 | \$0.00 | \$333.70 |
| COPY CHARGES | CDC 119 07/28/08 | \$1.70 | \$0.00 | \$1.70 |
| COPY CHARGES | COPY 04/16/09 | \$1.30 | \$0.00 | \$1.30 |
| COPY CHARGES | CDC 119 6/12/09 | \$0.20 | \$0.00 | \$0.20 |
| REGULAR MAIL | MAIL10/24/11ENT11/4 | \$9.18 | \$0.00 | \$9.18 |
| PLRA | 11-17738 | \$455.00 | \$0.00 | \$454.00 |
| REGULAR MAIL | MAIL10/1/12E1/8/13 | \$0.65 | \$0.00 | \$0.65 |
| COPY CHARGES | COPY5/6/13 ENT5/28 | \$50.00 | \$0.00 | \$50.00 |
| PLRA | 13-16338 | \$455.00 | \$0.00 | \$455.00 |
| COPY CHARGES | COPY10/14/13ENT1 0/15 | \$0.10 | \$0.00 | \$0.10 |
| PLRA | CV-1554-DAD | \$350.00 | \$0.00 | \$350.00 |
| COPY CHARGES | 01/19/16RC 12/22/16 | \$0.10 | \$0.00 | \$0.10 |
| COPY CHARGES | 3/21/17COPIES3/9/1 7 | \$0.10 | \$0.00 | \$0.10 |
| COPY CHARGES | 6/7/17COPIES5/31/1 7 | \$0.10 | \$0.00 | \$0.10 |
| DAMAGES - STATE PROPERTY | DAMAGED - RADIO | \$38.99 | \$0.00 | \$38.99 |
| COPY CHARGES | REG COPY 3/1/18 | \$3.50 | \$0.00 | \$3.50 |
| REGULAR MAIL | MAIL7/28/19E8/1/19 | \$10.85 | \$0.00 | \$10.85 |
| COPY CHARGES | COPY121319ENT12 2419 | \$12.50 | \$0.00 | \$12.50 |
| REGULAR MAIL | POSTAGE 3/13 | \$1.20 | \$0.00 | \$1.20 |
| REGULAR MAIL | POSTAGE 3/13 | \$1.20 | \$0.00 | \$1.20 |

Inmate Statement Report

| Obligation Type | Court Case# | Original Owed Balance | Sum of Tx for Date Range for Oblg | Current Balance |
|-----------------|-----------------------|-----------------------|--------------------------------------|-----------------|
| COPY CHARGES | CDC119 03/11/22 | \$0.50 | \$0.00 | \$0.50 |
| COPY CHARGES | STATEMENT 5/4/22 | \$0.30 | \$0.00 | \$0.09 |
| COPY CHARGES | CDC 119 05/09/22 | \$0.30 | \$0.00 | \$0.30 |
| COPY CHARGES | CDC 119 06/10/22 | \$0.40 | \$0.00 | \$0.40 |
| COPY CHARGES | STATEMENT 6/16/22 | \$0.40 | \$0.00 | \$0.40 |
| COPY CHARGES | STATEMENT 7/18/22 | \$0.60 | \$0.00 | \$0.60 |
| REGULAR MAIL | POST 7/18/22 | \$0.60 | \$0.00 | \$0.60 |
| REGULAR MAIL | POST 7/18/22 | \$0.58 | \$0.00 | \$0.58 |
| COPY CHARGES | CDC 119 7/28/22 | \$1.20 | \$0.00 | \$1.20 |
| COPY CHARGES | STATEMENT 8/9/22 | \$0.10 | \$0.00 | \$0.10 |
| COPY CHARGES | CDC 119 9/14/22 | \$0.30 | \$0.00 | \$0.30 |
| COPY CHARGES | STATEMENT 10/10/22 | \$0.10 | \$0.00 | \$0.10 |
| COPY CHARGES | CDC 119 10/10/22 | \$5.40 | \$0.00 | \$5.40 |
| COPY CHARGES | CDC 119 10/11/22 | \$0.30 | \$0.00 | \$0.30 |
| COPY CHARGES | CDC 119 10/17/22 | \$0.10 | \$0.00 | \$0.10 |
| COPY CHARGES | CDC 119 11/15/22 | \$0.30 | \$0.00 | \$0.30 |
| COPY CHARGES | CDC 119 2/3/23 | \$0.20 | \$0.00 | \$0.20 |
| COPY CHARGES | STATEMENT 2/3/23 | \$0.20 | \$0.00 | \$0.20 |
| COPY CHARGES | CDC 119 2/13/23 | \$0.30 | \$0.00 | \$0.30 |
| COPY CHARGES | CDC 119 3/6/23 | \$2.60 | \$0.00 | \$1.90 |
| COPY CHARGES | CDC 119 5/9/23 | \$0.40 | \$0.00 | \$0.40 |
| COPY CHARGES | STATEMENT 5/9/23 | \$0.10 | \$0.00 | \$0.10 |
| COPY CHARGES | STATEMENT 5/23/23 | \$0.10 | \$0.00 | \$0.10 |
| COPY CHARGES | STATEMENT 6/13/23 | \$0.10 | \$0.00 | \$0.10 |
| COPY CHARGES | CDC 119 6/19/23 | \$0.30 | \$0.00 | \$0.30 |
| COPY CHARGES | STATEMENT 8/16/23 | \$0.30 | \$0.00 | \$0.17 |
| COPY CHARGES | CDC 119 9/11/23 | \$0.40 | \$0.00 | \$0.40 |
| COPY CHARGES | STATEMENT 9/25/23 | \$0.10 | \$0.00 | \$0.10 |
| COPY CHARGES | CDC 119 10/6/23 | \$0.60 | \$0.00 | \$0.60 |
| COPY CHARGES | STATEMENT 10/6/23 | \$0.10 | \$0.00 | \$0.10 |
| COPY CHARGES | CDC 119 10/23/23 | \$0.10 | \$0.00 | \$0.10 |
| COPY CHARGES | STATEMENT 12/18/23 | \$0.20 | \$0.00 | \$0.10 |
| COPY CHARGES | CDC 119 12/18/23 | \$0.40 | \$0.00 | \$0.40 |
| COPY CHARGES | STATEMENT 1/10/24 | \$0.20 | \$0.00 | \$0.20 |
| COPY CHARGES | CDC 119 1/10/24 | \$0.40 | \$0.00 | \$0.40 |
| COPY CHARGES | CDC 119 2/8/24 | \$0.40 | \$0.00 | \$0.40 |
| COPY CHARGES | CDC 119 2/8/24 | \$0.30 | \$0.00 | \$0.30 |
| COPY CHARGES | STATEMENT 2/8/24 | \$0.20 | \$0.00 | \$0.20 |
| COPY CHARGES | CDC 119 3/12/24 | \$1.50 | \$0.00 | \$1.50 |
| COPY CHARGES | CDC 119 4/4/24 | \$0.10 | \$0.00 | \$0.10 |

Inmate Statement Report

| Obligation Type | Court Case# | Original Owed Balance | Sum of Tx for Date Range for Oblg | Current Balance |
|-----------------|-------------------|-----------------------|--------------------------------------|-----------------|
| COPY CHARGES | CDC 119 4/21/24 | \$0.30 | \$0.00 | \$0.30 |
| COPY CHARGES | STATEMENT 4/23/24 | \$0.30 | \$0.00 | \$0.30 |
| COPY CHARGES | CDC 119 5/25/24 | \$0.20 | \$0.00 | \$0.20 |
| COPY CHARGES | STATEMENT 6/19/24 | \$0.20 | \$0.00 | \$0.20 |
| COPY CHARGES | CDC 119 6/24/24 | \$0.20 | \$0.00 | \$0.20 |
| COPY CHARGES | STATEMENT 7/15/24 | \$0.20 | \$0.00 | \$0.20 |
| COPY CHARGES | CDC 119 7/15/24 | \$0.30 | \$0.00 | \$0.30 |
| COPY CHARGES | STATEMENT 8/12/24 | \$0.20 | \$0.00 | \$0.20 |
| COPY CHARGES | CDC 119 8/12/24 | \$0.30 | \$0.00 | \$0.30 |
| COPY CHARGES | CDC 119 8/12/24 | \$0.10 | \$0.00 | \$0.10 |
| COPY CHARGES | STATEMENT 8/19/24 | \$0.30 | \$0.00 | \$0.30 |

Restitution List

| Restitution | Court Case# | Status | Original Owed Balance | Interest Accrued | Sum of Tx for Date Range for Oblg | Current Balance |
|---------------------|-------------|--------|-----------------------|------------------|--------------------------------------|-----------------|
| RESTITUTION FINE | BA126357 | Active | \$5,000.00 | \$0.00 | \$0.00 | \$3,207.00 |