25 - 5725

No. USCA924-6787

IN THE

SUPREME COURT OF THE UNITED STATES

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David White — PETITIONER 18965 NW Illahe St, Portland, OR 97229

VS.

503-608-7611

Respondents

- Scott Ashford, in his personal capacity (R1). 14
- Jeff Nason in his personal capacity (R2).
 - Philip Mote in his personal capacity (R3).
- Edward Feser in his personal capacity (R4)
- Defendants.

Legal Counsel for Defendants 20

- Michael Porter, P.C. (DLC) mike.porter@millernash.com
- Miller Nash LLP
- 1140 SW Washington St, Ste 700
- Portland, OR 97205 24
 - Direct: 503.205.2330

USCA9 Docket 24-6787

PETITIONER(S) MOTION FOR LEAVE TO

PROCEED IN FORMA PAUPERIS

T	
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3 4	The petitioner asks leave to file the attached petition for a writ of certiorari without prepayment of costs and to proceed in forma pauperis.
5	Please check the appropriate boxes:
6 7	X Petitioner has previously been granted leave to proceed <i>in forma</i> pauperis in the following court(s):
8	9 th Circuit (USCA9) and Federal Courts in Portland Oregon
9	X Petitioner's affidavit or declaration in support of this motion is attached hereto
10 11	□ Petitioner's affidavit or declaration is not attached because the court below appointed counsel in the current proceeding, and:
12	□ The appointment was made under the following provision of law:
13	, or
14	\Box a copy of the order of appointment is appended.
	1 helles
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16	
17	(Signature)

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

- I, David White 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 you 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		unt during	Amount expected next month	
		You		You	
Employment		\$NA	\$ NA	\$ NA	\$ NA
Self-employment		\$NA	\$ NA	\$ NA	\$ NA
Income from real prop (such as rental incom	-	\$ NA	\$ NA	\$ NA	\$ NA
Interest and dividends	;	\$ NA	\$ NA	\$ NA	\$ NA
Gifts		\$ NA	\$ NA	\$ NA	\$ NA
Alimony		\$ NA	\$ NA	\$ NA	\$ NA
Child Support		\$ NA	\$ NA	\$ NA	\$ NA
Retirement (such as s security, pensions, annuities, insurance)	social	\$2400	\$ NA	\$2400	\$ NA
Disability (such as soc security, insurance pa		\$ NA	\$ NA	\$ NA	\$ NA
Unemployment payme	ents	\$ NA	\$ NA	\$ NA	\$ NA
Public-assistance (such as welfare)		\$55	\$ NA	\$55	\$ NA
Other (specify): NA		\$ NA	\$ NA	\$ NA	\$ NA
Total monthly i	income:	\$2455	\$ NA	\$2400	\$ NA

Employer	Address	Dates of Employment	Gross monthly
			\$ NA
			\$ NA \$ NA
•			\$ IVM
	se's employment histo pay is before taxes or		ars, most recent employe
Employer	Address	Dates of Employment	Gross monthly p
			\$ NA \$ NA
			\$ NA
institution. Type of account (e.checkiug	g., checking or savings	s) Amount you have	counts or in any other fin Amount your spouse NA
institution. Type of account (e. checking	g., checking or savings	s) Amount you have	
institution. Type of account (echecking 5. List the assets,	g., checking or savings	\$300\$ \$ \$	e Amount your spouse
institution. Type of account (echecking 5. List the assets,	g., checking or savings	\$300\$ \$ \$	* Amount your spouse \$ NA \$NA \$NA wase owns. Do not list cl
institution. Type of account (e.checking 5. List the assets, and ordinary he	and their values, which	s) Amount you have \$300\$ \$\$ sich you own or your spo	Amount your spouse \$ NA \$ NA \$ \$NA \$ \$NA \$ \$NA \$ Do not list classes
institution. Type of account (e.checking 5. List the assets, and ordinary here	and their values, which ousehold furnishings.	s) Amount you have \$300\$ \$\$ ich you own or your spo	Amount your spouse \$ NA \$ NA \$ NA \$ NA use owns. Do not list classes
institution. Type of account (e.checking 5. List the assets, and ordinary here Value 665000	and their values, which ousehold furnishings.	S) Amount you have \$300\$ \$\$ Sich you own or your spo □ Other real e Value NA	Amount your spouse \$ NA \$ NA \$ \$NA \$ \$NA \$ \$NA \$ Do not list classes
institution. Type of account (e.checking 5. List the assets, and ordinary here Value 665000	and their values, which busehold furnishings.	S) Amount you have \$300\$ \$\$ Sich you own or your spo □ Other real e Value NA	e Amount your spouse \$ NA \$ NA \$ \$NA \$ \$NA use owns. Do not list cl state le #2 \$ model 2014 VW Jetta

1 2 3	6. State every person, busi amount owed. Or organization	•	r your spouse mo	ney, and the	
	Person owing you or your spouse money	Amount owed to y	rou Amoi	Amount owed to your spouse	
	\$ NA		\$ NA		
		\$ NA	_ \$ NA_	\$ NA	
		\$ NA	_ \$ NA_		
	7. State the persons who re instead of names (e.g. "J. Name		nith").	minor children, list initials Age	
1	NA				
	8. Estimate the average morpaid by your spouse. A annually to show the mor	djust any payments th		ow separately the amounts ly, biweekly, quarterly, or Your spouse	
	Rent or home mortgage pay (include lot rented for mobile Are real estate taxes incl Is property insurance inclu	e home) uded? □ Yes □ No	\$1935	\$ NA	
	Utilities (electricity, heating water, sewer, and telephone		\$470	\$ NA	
	Home maintenance (repairs	and upkeep)	\$100	\$ NA	
	Food		\$200	\$ NA	
	Clothing		\$0	\$ NĄ	
	Laundry and dry-cleaning		\$20	\$ NA	

\$20_

\$ NA_

Medical and dental expenses

You

$\frac{1}{2}$	9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?
3 4 5 6 7	□ Yes X No If yes, describe on an attached sheet.
8 9 10 11	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
12	If yes, how much? NA
13 14 15 16	If yes, state the attorney's name, address, and telephone number:
17 18 19 20	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?
21	□ Yes X No
22	If yes, how much? NA
23242526	If yes, state the person's name, address, and telephone number:
27 28 29 30	12. Provide any other information that will help explain why you cannot pay the costs of this case.
31 32 33	I am a disabled Veteran.
34 35	I declare under penalty of perjury that the foregoing is true
36	and correct. Executed on April 17th, 2025
37	

(Signature 4/28/2025

 Petitioner has Indigent status with overwhelming evidence of Judicial bias and Judicial administrative law, which has left him no choice but to seek every available legal remedy.



This is myself confined to my couch holding an Oregon disabled permit and discharge papers from Portland Oregon VA emergency room.