

UNITED STATES SUPREME COURT

DEAN SPENCER,

Petitioner,

v.

STATE OF UTAH,

Respondent.

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Case No.

**MOTION
FOR PERMISSION TO APPEAL IN FORMA PAUPERIS**

Petitioner Dean Spencer petitions this Court for permission to appeal in forma pauperis.

Mr. Spencer was found indigent by the Fourth District Court, Utah County, State of Utah in Case No. 191101244, and the office of the Utah County Public Defender Association was appointed as indigent defense counsel by verbal order dated October 8, 2019 pursuant to Utah Code §78B-22-203. An affidavit is also attached.

Respectfully submitted on the 4 day of December, 2025.



Dallas B. Young Utah Bar No. 12405
Utah County Public Defender Association
Appointed counsel for Dean Spencer

UNITED STATES SUPREME COURT

STATE OF UTAH,

Plaintiff

v.

DEAN SPENCER,

Defendant

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Case No.

AFFIDAVIT ACCOMPANYING MOTION FOR PERMISSION TO APPEAL IN FORMA PAUPERIS

Affidavit in Support of Motion

Instructions

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write in that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Signed:

Dean Marshall Spencer

Date:

7/7/2025

My issues on appeal are:

The evidence was insufficient to sustain a finding of guilt beyond a reasonable doubt.

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	\$ NONE	\$ _____	\$ _____	\$ _____
Self-employment	\$ NO	\$ _____	\$ _____	\$ _____
Income from real property (such as rental income)	\$ NONE	\$ _____	\$ _____	\$ _____
Interest and dividends	\$ NONE	\$ _____	\$ _____	\$ _____
Gifts	\$ NONE	\$ _____	\$ _____	\$ _____
Alimony	\$ NONE	\$ _____	\$ _____	\$ _____
Child support	\$ NONE	\$ _____	\$ _____	\$ _____
Retirement (such as social security, pensions, annuities, insurance)	\$ 1263	\$ _____	\$ _____	\$ _____
Disability (such as social security, insurance payments)	\$ NONE	\$ _____	\$ _____	\$ _____
Unemployment payments	\$ NO	\$ _____	\$ _____	\$ _____
Public-assistance (such as welfare)	\$ NO	\$ _____	\$ _____	\$ _____
Other (specify):	\$ NONE	\$ _____	\$ _____	\$ _____
Total monthly income:	\$ 1263	\$ _____	\$ _____	\$ _____

2. List your 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
NONE			\$
			\$
			\$

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.)

NONE

Employer	Address	Dates of employment	Gross monthly pay
NONE			\$
			\$
			\$

4. How much cash do you and your spouse have? \$ 100% 0

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial Institution	Type of Account	Amount you have	Amount your spouse has
NONE		\$	\$
		\$	\$
		\$	\$

If you are a prisoner seeking to appeal a judgment in a civil action or proceeding, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account. NO

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

Home	Other real estate	Motor vehicle #1
(Value) \$	(Value) \$	(Value) \$
NONE		Make and year:
		Model:
		Registration #:

Motor vehicle #2	Other assets	Other assets
(Value) \$ <u>NONE</u>	(Value) \$	(Value) \$

Make and year:	1988 DONE	
Model:	Blind	
Registration #:	Blind	

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
Money	\$	\$
Pending	\$	\$
litigation	\$	\$

7. State the persons who rely on you or your spouse for support.

Name [or, if under 18, initials only]	Relationship	Age
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Dean	Selfish	23
	9/23/1957	1957

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, semiannually, or annually to show the monthly rate.

	You	Your Spouse
Rent or home-mortgage payment (include lot rented for mobile home)	\$ transiet	\$
Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 19.99	\$
Home maintenance (repairs and upkeep)	\$ Transiet	\$
Food	\$ #	\$

Clothing	\$ Transit	\$
Laundry and dry-cleaning	\$ Transit	\$
Medical and dental expenses	\$ NA	\$
Transportation (not including motor vehicle payments)	\$ NA	\$
Recreation, entertainment, newspapers, magazines, etc.	\$ NA	\$
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's:	\$	\$
Life:	\$	\$
Health:	\$	\$
Motor vehicle:	\$	\$
Other:	\$	\$
Taxes (not deducted from wages or included in mortgage payments) (specify):	\$	\$
Installment payments		
Motor Vehicle:	\$	\$
Credit card (name):	\$	\$
Department store (name):	\$	\$
Other:	\$	\$
Alimony, maintenance, and support paid to others	\$	\$
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$	\$
Other (specify):	\$	\$
Total monthly expenses:	\$	\$

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 spent — or will you be spending — any money for expenses or attorney fees in

NONE

connection with this lawsuit? [] Yes [] No

If yes, how much? \$ Customer ~~client~~

11. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.

Poor

12. State the city and state of your legal residence.

Transiet

Your daytime phone number: 385 476-6499

Your age: 19/23/57 Your years of schooling: Idiot

Last four digits of your social-security number: 6058