

NO. 73055

FILED

MAY 16 2017

ELIZABETH A. BROWN
CLERK OF SUPREME COURT
BY [Signature]
DEPUTY CLERK

Case No. CR12-0110

Dept. No. _____

IN THE SUPREME COURT OF THE STATE OF NEVADA

Kupaa Kea
Petitioner,

v.

Warden Brian E. Williams
Respondent.

MOTION FOR LEAVE TO
PROCEED IN FORMA PAUPERIS

COMES NOW, the Petitioner,, in propria persona, pursuant to N.R.S. 12.015, and respectfully moves this Honorable Court for an Order granting Petitioner leave to proceed in the above-entitled action in forma pauperis, without requiring Petitioner to pay or provide security for the payment of costs of prosecuting this action.

This motion is made and based upon the attached affidavit and certificate.

Dated this 5th day of May, 20 17.

Respectfully submitted,

[Signature]
Petitioner

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MAY 08 2017
ELIZABETH A. BROWN
CLERK OF SUPREME COURT
DEPUTY CLERK

17-16445

Dept. No. _____

IN THE SUPREME COURT OF THE STATE OF NEVADA

Kupaa Kew
Petitioner,

v.

Warden Brian E. Williams
Respondent.

**AFFIDAVIT IN SUPPORT OF
MOTION TO PROCEED
IN FORMA PAUPERIS**

I, Kupaa Kea being first duly sworn, depose and say that I am the Petitioner in the above-entitled case; that in support of my motion to proceed without being required to prepay fees, cost or give security therefor, I state that because of my poverty I am unable to pay the costs of said proceeding or to give security therefor; that I believe I am entitled to relief.

I do do not ✓ request an attorney be appointed to represent me.

I further swear that the responses which I have made to the questions and instructions below relating to my ability to pay the cost of prosecuting the proceeding are true.

1. Are you presently employed? Yes _____ No ✓

a. If the answer is yes, state the amount of your salary or wages per month and give the name and address of your employer.

EMPLOYER**EMPLOYER**

Salary or Wage per month

Salary or Wage per month

b. If the answer is no, state the date of your last employment and the amount of the salary or wages per month which you received.

Date of last Employment

Date of last Employment

Salary or Wage per month

Salary or Wage per month

2. Have you received within the past twelve months any money from any of the following sources?

a. Business, profession or form of self-employment?
Yes _____ No ☒

b. Rent payments, interest or dividends?
Yes _____ No ☒

c. Pensions, annuities or life insurance payments?
Yes _____ No ☒

d. Gifts or inheritances?
Yes _____ No ☒

e. Any other sources?
Yes _____ No ☒

If the answer to any of the above is "Yes" describe each source of money and state the amount received from each during the past twelve months:

<u>N/A</u> Source of Income	_____ Source of Income
_____ Amount Received (in the past year)	_____ Amount Received (in the past year)

3. Do you own any cash or checking or savings account? Yes _____ No ☒

a. If the answer is yes, state the total value of the items owned.

<u>N/A</u> Item	_____ Item	_____ Item
_____ Total Value	_____ Total Value	_____ Total Value

4. Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)?

a. If the answer is yes, describe the property and state its approximate value.

<u>N/A</u> Property	_____ Property	_____ Property
_____ Approximate value	_____ Approximate value	_____ Approximate value

5. List the persons who are dependent upon you for support and state your relationship to those Persons, and indicate how much you contribute towards their support.

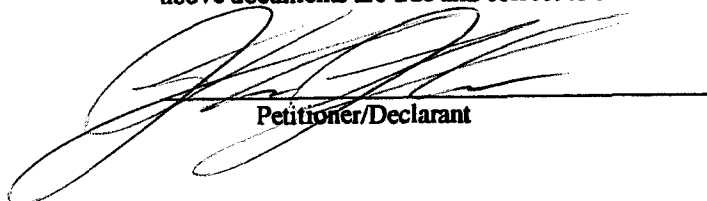
<u>N/A</u> Person	_____ Person	_____ Person
_____ Relationship	_____ Relationship	_____ Relationship
_____ Contribution	_____ Contribution	_____ Contribution

I understand that a false statement or answer to any question in this affidavit will subject me to penalties for perjury.


Petitioner

EXECUTION OF INSTRUMENT BY PRISONER

Pursuant to N.R.S. 208.165, I hereby declare under the penalty of perjury that the contents of the above documents are true and correct to the best of my knowledge.


Petitioner/Declarant

ORDER

Let the applicant proceed without prepayment of costs or fees or the necessity of giving security therefor.

DATED this ____ day of _____, 20 ____.

~~District~~ Judge

AFFIRMATION PURSUANT TO: N.R.S. 239B.010

I, HEREBY CERTIFY THAT I AM THE UNDERSIGNED
INDIVIDUAL AND THAT THE ATTACHED DOCUMENT
THAT IS ENTITLED: Motion TO LEAVE TO PROCEED
IN FORMA PAUPERIS, DOES NOT
CONTAIN THE SOCIAL SECURITY NUMBER OF ANY
PERSON, UNDER THE PAINS AND PENALTIES OF
PERJURY, THIS, 5th, DAY OF, May, 2017.

SIGNATURE: 

INMATE NAME PRINTED: Kupaa Kea

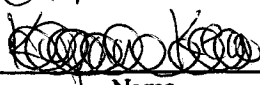
INMATE NUMBER: 1086980

ADDRESS: ~~CLYDE STATE PRISON, MOTOM 1000, MAY 17 2017~~

H.D.S.P P.O. Box 650 Indian Springs NV 894070

CERTIFICATE OF SERVICE BY MAIL

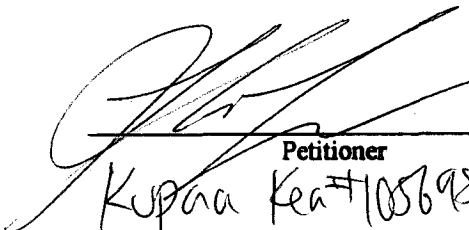
I, Kupaa Kea, hereby certify pursuant to N.R.C.P.
5(b), that on this 5th day of May, of the year 2017 I mailed a true and
correct copy of the foregoing Motion for Leave to Proceed in Forma Pauperis;

Clerk of the Court

Name

Warden Brian E. Williams
Warden Brian E. Williams
Name

NV Sup. Ct.
701 S. Carson Str. Suite #201
Carson City NV 89701
Address

HDSP
P.O. Box 650
Indian Springs NV 89406
Address


Petitioner
Kupaa Kea #1056980