

Steven D. Grierson

PIFP

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Self-Represented

FILED

NOV 12 2020

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

81982

**DISTRICT COURT
CLARK COUNTY, NEVADA**

Candice Katie Towner

Plaintiff,

vs.

Frederick Omoyuma Silver

Defendant.

CASE NO.: D565588

DEPT: H

On Appeal 81982

Application to Proceed in Forma Pauperis On Appeal 81982

Pursuant to NRS 12.015, and based upon the information contained in this Application and Affidavit, I request permission from this Court to proceed without paying filing fees, or other costs and fees as provided in NRS 12.015 because I lack sufficient financial ability.

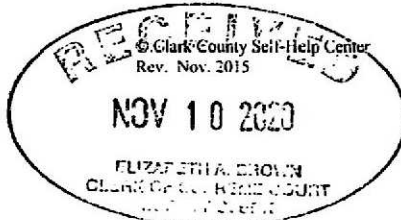
I understand that if approved, the order allowing me to proceed in forma pauperis will be valid for one year. I will be required to file a new Application to Proceed in Forma Pauperis if I need further filing fees and court costs and fees waived after one year.

EMPLOYMENT: (☒ check one)

☒ I am unemployed.

☐ I am employed. My employer is N/A and my job title is N/A.

☐ I am self-employed. The name of my business is N/A.



20-41329

Personal Income (write "0" for any income you do not have)		
A	Monthly Wages from Employment (before taxes)	\$ 0.00
B	Monthly Tip Income	\$ 0.00
C	Monthly Unemployment Benefits	\$ 0.00
D	Public Benefits/Assistance received each month <input type="checkbox"/> TANF <input type="checkbox"/> SSD <input type="checkbox"/> SSI <input checked="" type="checkbox"/> food stamps <input type="checkbox"/> other: 120	\$ 120
E	Social Security	\$ 0.00
F	Retirement / Pension	\$ 0.00
G	Monthly Child Support received	\$ 0.00
H	Other: _____	\$ 0.00
TOTAL INCOME (add lines A-H)		\$ 0.00

Household Information		
A	How many adults (18 and up) live in the home (include yourself)?	1
B	How many children (under 18) live with you?	0
TOTAL HOUSEHOLD SIZE (add A+B)		1

Household Income		
List the names of the adults you live with and their estimated monthly earnings:		
Name: N/A	Relationship: N/A	\$ 0.00
Name: N/A	Relationship: N/A	\$ 0.00
Name: N/A	Relationship: N/A	\$ 0.00

Monthly Expenses (write "0" for any expense you do not have)		
A	Rent / Mortgage	\$ 720
B	Utilities (electricity, gas, phone, other utilities)	\$ 250
C	Food	\$ 250
D	Child Care	\$ 0.00
E	Medical Expenses (including health insurance)	\$ 0.00
F	Transportation (insurance, gas, bus fare, etc.)	\$ 200
G	Other: CHILD SUPPORT	\$ 650
TOTAL EXPENSES (add lines A-G)		\$ 2,070

Assets (write "n/a" and "0" for any assets you do not have)		
Asset	What It's Worth	What you Owe
Checking Account	\$ 0.00	n/a
Savings Account	\$ 0.00	n/a
Car (year/make/model: <u>N/A</u>)	\$ 0.00	\$ 0.00
House / Real Estate You Own (address: <u>N/A</u>)	\$ 0.00	\$ 0.00
Other: <u>N/A</u>	\$ 0.00	\$ 0.00

CREDIT CARDS.

Do you have a credit card that you can use to charge the filing fee?

☐ No

☒ Yes

☐ Yes, but my current balance is \$ 0.00

Declaration in Support of Request to Proceed In Forma Pauperis

Briefly explain your current financial situation and why you are unable to pay the filing fee. For example, if you are unemployed explain why, for how long, and what efforts you are making to obtain employment. If you are temporarily living with a friend or relative explain for how long and how they help you financially.

I DO NOT WORK, I DO NOT HAVE ANY MONEY OR INCOME TO PAY THE COST OF Supreme Court of Nevada APPEAL 81982

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

10/26/2020

Date

11/7/2020

Frederick Omoyuma Silver

Printed Name

/s/ Frederick Omoyuma Silver
Signature