

NO. 83170

PIFP

Name: Anthony O. Longstreet, SR. #1242017
Address: 22010 Cold Creek Road
City, State, Zip: Indian Spring, Nevada 89070
Phone: (702) 879-6667
Email: _____
Self-Represented

FILED

JUL 08 2021

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

SUPREME COURT OF NEVADA

~~CLERK OF SUPREME COURT~~
~~CLERK OF SUPREME COURT~~

Anthony O. Longstreet, SR.

Plaintiff,

vs.

Steven D. Grierson

Defendant.

CASE NO.: _____

DEPT: _____

Application to Proceed in Forma Pauperis

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.

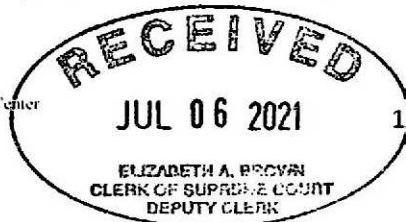
I understand that if approved, the order allowing me to proceed in forma pauperis will be valid for one year. I will be required to file a new Application to Proceed in Forma Pauperis if I need further filing fees and court costs and fees waived after one year.

EMPLOYMENT: (☒ check one)

☒ I am unemployed.

☐ I am employed. My employer is _____ and my job title is _____.

☐ I am self-employed. The name of my business is _____.



21-19559

| Personal Income (write "0" for any income you do not have) | | |
|--|--|-----------|
| A | Monthly Wages from Employment (before taxes) | \$ 0 |
| B | Monthly Tip Income | \$ 0 |
| C | Monthly Unemployment Benefits | \$ 0 |
| D | Public Benefits/Assistance received each month <input type="checkbox"/> TANF <input type="checkbox"/> SSD <input type="checkbox"/> SSI <input type="checkbox"/> food stamps <input type="checkbox"/> other: _____ | \$ 0 |
| E | Social Security | \$ 0 |
| F | Retirement / Pension | \$ 0 |
| G | Monthly Child Support received | \$ 0 |
| H | Other: <u>See Attached TRANSACTION Summary</u> | \$ 149.59 |
| TOTAL INCOME (add lines A-H) | | \$ 149.59 |

| 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: | Relationship: | \$ |
| Name: | Relationship: | \$ |
| Name: | Relationship: | \$ |

| Monthly Expenses (write "0" for any expense you do not have) | | |
|--|--|------|
| A | Rent / Mortgage | \$ 0 |
| B | Utilities (electricity, gas, phone, other utilities) | \$ 0 |
| C | Food | \$ 0 |
| D | Child Care | \$ 0 |
| E | Medical Expenses (including health insurance) | \$ 0 |
| F | Transportation (insurance, gas, bus fare, etc.) | \$ 0 |
| G | Other: <u>SEE ATTACHED TRANSACTION Summary</u> | \$ 0 |
| TOTAL EXPENSES (add lines A-G) | | \$ 0 |

| Assets (write "n/a" and "0" for any assets you do not have) | | |
|---|-----------------|--------------|
| Asset | What It's Worth | What you Owe |
| Checking Account | \$ 149.59 | n/a |
| Savings Account | \$ 27.94 | n/a |
| Car (year/make/model: _____) | \$ 0 | \$ 0 |
| House / Real Estate You Own (address: _____) | \$ 0 | \$ 0 |
| Other: See Attached Transaction Summary | \$ 149.59 | \$ 0 |

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 \$ _____

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 AM indigent. Money I Receive ARE Provided by Friends and Family.
I feel I HAVE A VALID issue for denial of Access to the court warranting
this court to exercise its discretionary function to issue A WRIT
to compel Access to the court on A continuance Basis. IF
Respondent Refuse he could then be sanctioned by this court
For Failure to comply.

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

5/05/2021
Date

Anthony O. Longstreet
Printed Name

A. Longstreet, SR.
Signature

OIFP

Name: Anthony D. Longstreet, SR. #1242017
Address: 22010 Cold Creek Road
City, State, Zip: Indian Spring, Nevada 89070
Phone: (702) 879-6667
Email: _____
Self-Represented

SUPREME Court of Nevada
~~CLARK COUNTY~~
~~CLARK COUNTY, NEVADA~~

Anthony D. Longstreet, SR.

Plaintiff,

vs.

Steven D. Grierson

Defendant.

CASE NO.: _____

DEPT: _____

Order to Proceed in Forma Pauperis

Upon consideration of the movant's Application to Proceed in Forma Pauperis, and it appearing that there is not sufficient income, property, or resources with which to maintain the action, and good cause appearing therefore:

IT IS HEREBY ORDERED that (name) _____ shall be permitted to proceed In Forma Pauperis with this action pursuant to the terms of this Order.

IT IS FURTHER ORDERED that if the above-named party prevails in this action, the Court shall enter an order pursuant to NRS 12.015 requiring the opposing party to pay the Court, within five (5) days, the costs which would have been incurred by the prevailing party, and those costs must then be paid as provided by law.

IT IS FURTHER ORDERED that the above-named party shall be permitted to commence or defend the action without costs. The Clerk of Court shall file or issue any necessary writ, process, pleading, or paper without charge.

IT IS FURTHER ORDERED that the Sheriff or other appropriate officer within this State shall make personal service of any necessary writ, pleading, or paper without charge.

IT IS FURTHER ORDERED that this Order shall not apply to costs for transcripts or recordings of court proceedings. A separate application and order shall be required to waive any such fees.

IT IS FURTHER ORDERED that this Order shall expire one year from the date the Order is filed. The party shall be required to reapply for any further waiver after this Order expires.

DATED this _____ day of _____, 20__.

DISTRICT COURT JUDGE

Respectfully Submitted:

(Signature) Anthony O. Longstreet, SR

(Printed Name) Anthony O. Longstreet, SR.

In Proper Person

Daily Transaction Summary: March 01, 2021 - March 31, 2021

Offender Information

Offender Number 1242017
Offender Name: LONGSTREET, ANTHONY O
Account Status: Open

Institution: HDSP
Housing Facility: U1

Living Unit: A
Cell: 2
Bed: B

Primary Trust Transactions

| Date | Transaction Type | Payer / Paid To | Reference Number | Deposit# / Check# | Amount | Balance | Loc Code |
|------------------------|------------------|-------------------|------------------|-------------------|-----------|----------|----------|
| 03/01/2021 | | | | | | \$135.00 | |
| 03/05/2021 07:11:26 AM | Commissary | | 6209;102956086 | | (\$30.44) | \$104.56 | HDSP |
| 03/12/2021 07:03:22 PM | Phone Credit | Securus | 1615604602 | | (\$1.00) | \$103.56 | DOC |
| 03/15/2021 10:55:35 AM | Intake | CCDC | 355068 | | \$79.40 | \$182.96 | DOC |
| 03/16/2021 12:23:45 PM | Phone Credit | Securus | 1615922625 | 8281711 | (\$10.00) | \$172.96 | DOC |
| 03/17/2021 04:00:37 AM | Savings | | 355068 | | (\$7.94) | \$165.02 | DOC |
| 03/18/2021 07:00:44 AM | Keefe | Condol Longstreet | | 99000018354 | \$50.00 | \$215.02 | HDSP |
| 03/18/2021 07:00:44 AM | Savings | | | | (\$5.00) | \$210.02 | HDSP |
| 03/19/2021 07:38:11 AM | Commissary | | 6209;102970632 | | (\$50.43) | \$159.59 | HDSP |
| 03/21/2021 06:28:56 PM | Phone Credit | Securus | 1616376537 | | (\$10.00) | \$149.59 | DOC |
| 03/31/2021 | | | | | | \$149.59 | |

Trust 2

| Date | Reference Number | Amount | Balance | Loc Code |
|-------------|------------------|--------|---------|----------|
| 03/01/2021 | | | \$0.00 | |
| No Activity | | | | |
| 03/31/2021 | | | \$0.00 | |

Trust 3

| Date | Reference Number | Amount | Balance | Loc Code |
|-------------|------------------|--------|---------|----------|
| 03/01/2021 | | | \$0.00 | |
| No Activity | | | | |
| 03/31/2021 | | | \$0.00 | |

Savings

| Date | Reference Number | Amount | Balance | Loc Code |
|------------------------|------------------|--------|---------|----------|
| 03/01/2021 | | | \$15.00 | |
| 03/17/2021 04:00:37 AM | 355068 | \$7.94 | \$22.94 | DOC |
| 03/18/2021 07:00:44 AM | | \$5.00 | \$27.94 | HDSP |
| 03/31/2021 | | | \$27.94 | |

