

No. 83653

PIFP

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01/12/2022

*Stewart L. Smith*  
CLERK OF THE COURT

Name: WALTER C. SALVENDY  
Address: WDSR - PO BOX 150  
City, State, Zip: Las Vegas, NV 89101  
Phone: 702-735-1111  
Email: WCS@WDSR.COM  
Self-Represented

*Family Division*  
**DISTRICT COURT**  
**CLARK COUNTY, NEVADA**

*Angela*  
BY Angela  
DEPUTY CLERK

*WALTER C. SALVENDY*  
Plaintiff,  
  
vs.  
  
*WALTER C. SALVENDY*  
Defendant.

CASE NO.: D-20-6021675  
DEPT: P

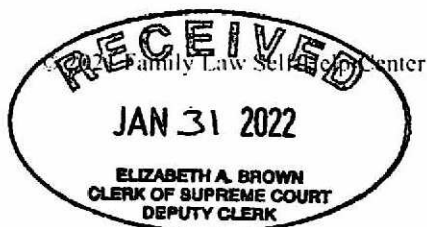
**Application to Proceed in Forma Pauperis**

I am unable to pay the costs of prosecuting or defending this action. I request permission to proceed without paying costs or fees pursuant to NRS 12.015 based on the following:

☐ **Public Assistance.** I receive federal and/or state public assistance benefits: (☒ check all that you receive)

- ☐ Medicaid / Nevada Check Up
- ☐ SNAP (food stamp assistance)
- ☐ TANF (temporary assistance for needy families)
- ☐ Low-income energy assistance
- ☐ Child care subsidy / Child Care & Development Fund assistance
- ☐ Public housing
- ☐ SSI (supplemental security income)
- ☐ Other federal and/or state public assistance: \_\_\_\_\_

*If you checked one of the above, you do not need to fill out the rest of this form. Sign and date page 3.*



22-03229

PIFP

Name: WALTER G. SALVATIERRA #1244436  
Address: HDSP - P.O. BOX 650  
City, State, Zip: Indian Springs, NV. 89070-0650  
Phone: N/A  
Email: N/A  
Self-Represented

FAMILY DIVISION  
DISTRICT COURT  
CLARK COUNTY, NEVADA

MARLENE D. SALVATIERRA  
A.K.A.

MARLENE D. SALVATIERRA  
Plaintiff,

vs.

WALTER G. SALVATIERRA  
Defendant.

CASE NO.: D-20-602675-D

DEPT: P

**Application to Proceed in Forma Pauperis**

I am unable to pay the costs of prosecuting or defending this action. I request permission to proceed without paying costs or fees pursuant to NRS 12.015 based on the following:

☐ **Public Assistance.** I receive federal and/or state public assistance benefits: (☒ *check all that you receive*)

- ☐ Medicaid / Nevada Check Up
- ☐ SNAP (food stamp assistance)
- ☐ TANF (temporary assistance for needy families)
- ☐ Low-income energy assistance
- ☐ Child care subsidy / Child Care & Development Fund assistance
- ☐ Public housing
- ☐ SSI (supplemental security income)
- ☐ Other federal and/or state public assistance: \_\_\_\_\_

*If you checked one of the above, you do not need to fill out the rest of this form. Sign and date page 3.*

☒ **Low income.** My household net income is equal to or below 150% of the federal poverty guidelines. *Fill out the information below.*

In my household there are \_\_\_\_\_ adults (over 18) and 2 children (under 18) for a total of 4 people.

My monthly income (*all numbers should be after taxes are taken out*):

Employment (include tip/overtime)	\$ <u>0</u>
Unemployment	\$ <u>0</u>
Retirement / Pension	\$ <u>0</u>
Social Security	\$ <u>0</u>
Child Support	\$ <u>0</u>
<b>YOUR TOTAL</b>	\$ <u>0</u>

For each adult in the home, list their name and net monthly income (*after taxes*):

My total income ( <i>your total from above</i> ):	\$ <u>0</u>
Adult's name:	\$ <u>0</u>
Adult's name:	\$ <u>0</u>
Adult's name:	\$ <u>0</u>
Adult's name:	\$ <u>0</u>
<b>HOUSEHOLD TOTAL</b>	\$ <u>0</u>

☐ **My basic expenses are more than my income.** *Fill out the charts below.*

My monthly income:

Employment (include tip/overtime)	\$ <u>0</u>
Unemployment	\$ <u>0</u>
Retirement / Pension	\$ <u>0</u>
Social Security	\$ <u>0</u>
Child Support	\$ <u>0</u>
<b>TOTAL</b>	\$ <u>0</u>

My basic monthly expenses:

Rent / Mortgage	\$ <u>0</u>
Utilities (electric, gas, water, phone, other utilities)	\$ <u>0</u>
Food	\$ <u>0</u>
Child care	\$ <u>0</u>
Medical expenses (health insurance, co-pays, out of pocket expenses)	\$ <u>0</u>
Transportation (bus fare, car, gas, insurance)	\$ <u>0</u>
<b>TOTAL</b>	\$ <u>0</u>

☒ **Other Compelling Reason.** Explain why you cannot pay the filing fee.

I'm INCARCERATED AT HIGH DESERT STATE  
PRISON AND I'm CURRENTLY UNEMPLOYED.  
I HAVE NO WAY ON HOW I'm GOING TO PAY  
THE FILING FEES.

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

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

DATED OCTOBER, 29, 2021.

Submitted By: (Signature) ▶

Salvador L. Walter

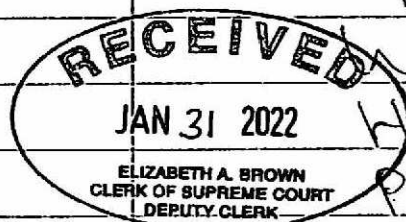
Printed Name:

WALTER G. SALVATIERRA

DEAR LINDA Hamilton,

I AM SENDING you A Copy of Application to proceed IN FORMA PAUPERIS IN THE District Court, Family Division, CASE NO. # D-20-602675-D SUPREME COURT NO# 83653. I AM NOT TRYING to Get my CASE Dismissal So I AM SUBMITTING A FULL FILE-STAMP to your OFFICE AND I DO NOT HAVE ANY LEGAL COUNSEL HELPING ME IN ANYWAY. THE HIGH DESERT STATE PRISON IS UNDER LOCK DOWN OVER THE COVID-19 PANDEMIC SO my CASE IS GOING VERY SLOW BUT I AM GOING to RE-SUBMIT ANOTHER EXTENSION OF TIME BECAUSE FEBRUARY 8, 2022 IS NOT TO FAIRWAY. I FOLLOWED EVERY STEP BUT THE COURTS IN THE FAMILY DIVISION AND THE PRISON SYSTEM ARE GOING VERY SLOW. I THANK you FOR your time.

By



WALTER G. SALVATIERRA  
W.D.S.P. #1244436  
P.O. Box 650  
INDIAN SPRINGS, NV.

89070-0650