

NO. 84980

PIFP

Name: Ronald Harris # 584414
Address: NECX PO BOX 5000
City, State, Zip: Mtn. City, TN 37683
Phone:
Email:
Self-Represented

FILED

JUL 07 2022

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

**DISTRICT COURT
CLARK COUNTY, NEVADA**

J. Figueroa

Plaintiff,

vs.

R. Harris

Defendant.

CASE NO.: D-20-606828-C
DEPT: N

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 _____.

22-21421

Personal Income (write "0" for any income you do not have)		
A	Monthly Wages from Employment (before taxes)	\$ 36
B	Monthly Tip Income	\$ —
C	Monthly Unemployment Benefits	\$ —
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: _____	\$ —
E	Social Security	\$ —
F	Retirement / Pension	\$ —
G	Monthly Child Support received	\$ —
H	Other: _____	\$ —
TOTAL INCOME (add lines A-H)		\$ 36

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

Household Income		
List the names of the adults you live with and their estimated monthly earnings:		
Name:	Relationship: —	\$ 0
Name: /	Relationship: /	\$ 0
Name: /	Relationship: /	\$ 0

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	\$ 36
D	Child Care	\$ 0
E	Medical Expenses (including health insurance)	\$ 0
F	Transportation (insurance, gas, bus fare, etc.)	\$ 0
G	Other: <u>In prison (Tenn.)</u>	\$ —
TOTAL EXPENSES (add lines A-G)		\$ 36 ⁰⁰

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

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'm incarcerated in Tennessee. I've currently been
approved for forma pauperis in this custody case.
I'm asking to be approved to file this writ of Mandamus.

Thank you.

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

6-27-22
Date

Ronald David Harris
Printed Name


Signature

CSERV

Name: Ronald Harris #584414

Address: NECX PO Box 5000

Mtn. City, TN. 37683

Telephone: -

Email Address: -

In Proper Person

**DISTRICT COURT
CLARK COUNTY, NEVADA**

Figueroa
Plaintiff,

vs.
Harris
Defendant.

CASE NO.: D-20-606828-C
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CERTIFICATE OF SERVICE

I, (name of person who served the document) Ronald Harris,

declare under penalty of perjury under the law of the State of Nevada that the following is true and correct. That I served the: (check all that apply)

- ☒ Motion ☐ Answer ☐ Financial Disclosure Form
☐ Opposition ☐ Reply ☐ Notice of Entry of Judgment / Order / Decree
☒ Other: Writ of Mandamus Petition

In the following manner: (check one)

☒ Mail: By depositing a copy in the U.S. Mail in the State of Nevada, postage prepaid, on the (day) 27 of (month) June, 2022 addressed to:

(Print the name and address of the person you mailed the document to)

Jenn Figueroa
3874 Calle De Este

☐ Electronic: Through the Court's electronic service system on (date) _____
at (time) _____ a.m. ☐ p.m.

DATED this 27 day of June, 2022

Submitted By: (Signature) ▶

[Signature]

OIFP

Name: Ronald Harris # 584414
Address: NECX PO BOX 5000
City, State, Zip: Mtn. City, TN, 37683
Phone: _____
Email: /
Self-Represented

**DISTRICT COURT
CLARK COUNTY, NEVADA**

J. Figueroa
Plaintiff,
vs.
R. Harris
Defendant.

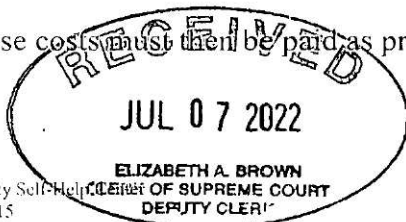
CASE NO.: D-20-606828-C
DEPT: N

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) Ronald David Harris 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) Ronald David Harris

(Printed Name) Ronald David Harris

In Proper Person