

*Steven D. Grierson*

Filing Code: PIFP

Name: Jesus Arevalo

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Self-Represented

**FILED**

AUG 30 2022

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

**DISTRICT COURT  
CLARK COUNTY, NEVADA**

Jesus Luis Arevalo

Plaintiff,

vs.

Catherine Marie Arevalo

Defendant.

CASE NO.: D-11-448514-D

DEPT: E

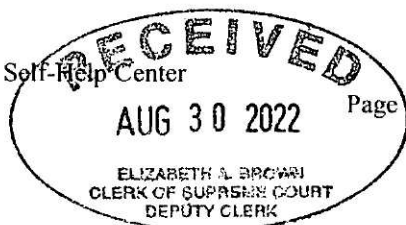
**Application to Proceed in Forma Pauperis**

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.*



22-27288

☒ **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 2 adults (over 18) and 4 children (under 18) for a total of 6 people.

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

Employment (include tip/overtime)	\$
Unemployment	\$
Retirement / Pension	\$ 10
Social Security	\$
Child Support	\$
<b>YOUR TOTAL</b>	<b>\$ 10</b>

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

My total income ( <i>your total from above</i> ):	\$ 10
Adult's name: Veronica M Sell	\$ 3416.24
Adult's name:	\$
Adult's name:	\$
Adult's name:	\$
<b>HOUSEHOLD TOTAL</b>	<b>\$ 3426.24</b>

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

My monthly income:

Employment (include tip/overtime)	\$
Unemployment	\$
Retirement / Pension	\$ 10
Social Security	\$
Child Support	\$
<b>TOTAL</b>	<b>\$ 10</b>

My basic monthly expenses:

Rent / Mortgage	\$ 0
Utilities (electric, gas, water, phone, other utilities)	\$ 489.67
Food	\$ 895.00
Child care	\$ 279.99
Medical expenses (health insurance, co-pays, out of pocket expenses)	\$ 847.74
Transportation (bus fare, car, gas, insurance)	\$ 614.18
<b>TOTAL</b>	<b>\$ 3126.58</b>

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

~~Judge Hoskin recently gave 100% of my disability award/pension to defendant as a means to collect a property award judgment. I now only receive \$10 a month from Nevada Pers and I do not qualify for Social Security disability because as a Nevada State employee I did not pay into Federal Social Security.~~

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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 July 29 th, 2022.

Submitted By: (Signature) ▶ /s/ Jesus Arevalo

Printed Name: Jesus Arevalo

8/29/22

Supreme Court  
of Nevada

Clerks Office,

I apologise. I thought I had filed waiver already. July & August 2022 were very hectic months. Losing 100% of my disability pay, which is my only source of income & having to move. Also got my new address incorrect when I filed Notice of Appeal.

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Respectfully Submitted,  
Jesus H. Amador