

**AFFIDAVIT OR DECLARATION
IN SUPPORT OF MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS***

I, David Schied, "totally and permanently disabled" BENEFICIARY and the petitioner in the above-entitled case. In support of my motion to proceed *in forma pauperis*, I state that because of my poverty I am unable to pay the costs of this case or to give security therefor; and I believe I am entitled to redress.

[No spouse]

1. For both you ~~and your spouse~~ estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment WELFARE System	\$ <u>N/A</u>	\$ _____	\$ _____	\$ _____
Self-employment	\$ <u>N/A</u>	\$ _____	\$ _____	\$ _____
Income from real property (such as rental income)	\$ <u>N/A</u>	\$ _____	\$ _____	\$ _____
Interest and dividends	\$ <u>N/A</u>	\$ _____	\$ _____	\$ _____
Gifts	\$ <u>N/A</u>	\$ _____	\$ _____	\$ _____
Alimony	\$ <u>N/A</u>	\$ _____	\$ _____	\$ _____
Child Support	\$ <u>N/A</u>	\$ _____	\$ _____	\$ _____
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>N/A</u>	\$ _____	\$ _____	\$ _____
PRE-TAXED SS EARNINGS Disability (such as social security, insurance payments)	\$ <u>1099</u>	\$ _____	\$ _____	\$ _____
Unemployment payments	\$ <u>N/A</u>	\$ _____	\$ _____	\$ _____
Public-assistance SNAP for (such as welfare) food purchase	\$ <u>N/A</u>	\$ _____	\$ _____	\$ _____
Other (specify): <u>ENERGY</u>	\$ <u>N/A</u>	\$ _____	\$ _____	\$ _____
<u>ASSISTANCE</u>	This is a "benefit" paid by the STATE directly to the energy CORPORATION. I never receive directly.			
Total monthly income:	\$ <u>N/A</u>	\$ _____	\$ _____	\$ _____

"Income" is a tax word and I am NOT a "Taxpayer". I am a BENEFICIARY of the WELFARE System and recipient of "pre-taxed" money that I previously earned and had deducted from take-home pay to have entrusted to the EXECUTIVE BRANCH of the UNITED STATES.

2. List your employment history for the past two years, most recent first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross monthly pay
N/A			\$ N/A
I have been a	"totally and permanently disabled		\$
QUAD-AMPUTEE"	for 3 1/2 years		\$

- N/A 3. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross monthly pay
			\$
			\$
			\$

4. How much cash do you and your spouse have? \$ 20
Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Type of account (e.g., checking or savings)	Amount you have	Amount your spouse has
HUNTINGTON NATIONAL BANK	\$ 272	\$
BLACK HILLS CREDIT UNION	\$ 209	\$
	\$	\$

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

<input type="checkbox"/> Home	<input type="checkbox"/> Other real estate
Value N/A	Value N/A

NOTE: I am NOT licensed to drive and DO NOT DRIVE

<input checked="" type="checkbox"/> Motor Vehicle #1	<input type="checkbox"/> Motor Vehicle #2
Year, make & model 2008 CHEVY UPLANDER	Year, make & model N/A
Value \$500	Value

NOTE: I am NOT licensed auto appraiser and have not have paid for any appraisal for "motor vehicle value".

<input type="checkbox"/> Other assets
Description N/A
Value

6. State every person, business, or organization owing you ~~No spouse or your spouse money~~, and the amount owed.

Person owing you or your spouse money	Amount owed to you more than \$ 1 TRILLION	Amount owed to your spouse
UNITED STATES, (CO-TRUSTEES) (currently in dispute)	\$	\$
et alia	\$	\$
	\$	\$
	\$	\$

7. State the persons who rely on you or your spouse for support. For minor children, list initials instead of names (e.g. "J.S." instead of "John Smith").

Name	Relationship	Age
N/A		

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, or annually to show the monthly rate.

	You	Your spouse
		N/A
Rent or home-mortgage payment (include lot rented for mobile home)	\$ 422	\$
Are real estate taxes included?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is property insurance included?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Utilities (electricity, heating fuel, water, sewer, and telephone)	varies monthly \$ 125 on avg.	\$
Home maintenance (repairs and upkeep)	\$ 10 / month	\$
Food	\$ 200 / mo	\$
Clothing	\$ 15 / mo	\$
Laundry and dry-cleaning	\$ 30 / mo	\$
Medical and dental expenses	\$ 1200 / mo	\$

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 30 / mo	\$
Recreation, entertainment, newspapers, magazines, etc.	\$ 0	\$
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ 8 / mo	\$
Life	\$ 0	\$
Health	\$ 80 / mo avg past year (stolen by UNITED STATES)	\$
Motor Vehicle	\$ 60 / MO	\$
Other: _____	\$	\$
Taxes (not deducted from wages or included in mortgage payments)		
(specify): N/A Sales taxes only are incalculable	\$	\$
I am otherwise NOT A TAXPAYER but instead, a Installment payments DISABLED WELFARE RECIPIENT		
Motor Vehicle	\$ 0	\$
Credit card(s)	\$ 300	\$
Department store(s)	\$ 0	\$
Other: _____	\$	\$
Alimony, maintenance, and support paid to others	\$ N/A	\$
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ N/A	\$
Other (specify): _____	\$ N/A more than	\$
Total monthly expenses:	\$ 1099	\$

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

☐ Yes ☒ No If yes, describe on an attached sheet.

Only possibility is if the UNITED STATES does the right thing;
and that is highly unlikely

10. Have you paid – or will you be paying – an attorney any money for services in connection with this case, including the completion of this form? ☐ Yes ☒ No

If yes, how much? _____

If yes, state the attorney's name, address, and telephone number:

11. Have you paid—or will you be paying—anyone other than an attorney (such as a paralegal or a typist) any money for services in connection with this case, including the completion of this form?

☐ Yes ☒ No

If yes, how much? _____

If yes, state the person's name, address, and telephone number:

12. Provide any other information that will help explain why you cannot pay the costs of this case. Three and a half years ago, I was the victim of an attempted murder.

"Law enforcement" and "courts" refused to investigate; Thus the "targeting" continued and I was criminally EVICTED from my home (since 2012) in spite of my being "totally and permanently disabled quad-amputee", in spite of COVID PANDEMIC, in spite of EVICTION MORATORIUM, and in spite of Winter & Blizzard.

I declare under penalty of perjury that the foregoing is true and correct. Hence, the instant lawsuit against the CO-TRUSTEES.
Additional statements attached via an accompanying
Executed on: NOVEMBER 20, _____, 2021 "MOTION".

NOTE: I also declare that, as one of the Sovereign People,
I hold ALL government "servants" to their OATHS and DUTIES of office.

Signature is by totally and /s/ David Schied
permanently disabled QUAD-AMPUTEE (Signature)

(by request of "reasonable accommodations" equal to the standard for attorneys "signing" documents digitally and otherwise required by the LEGISLATIVE and EXECUTIVE "BRANCHES" under the ADA)