

MAY - 5 2017

FILED
MAY 11 2017
WASHINGTON STATE
SUPREME COURT

THE SUPREME COURT OF THE STATE OF WASHINGTON

Guadalupe Galindo Tovar

Appellant,

v.

Christopher James Tafoya

Respondent,

)
) **94475-0**
) NO. 14- 3-02524-0-SEA
) Court of Appeal # 73736-8-1
)
) **MOTION TO PROCEED IN THE FORMA**
) **PAUPERIS**
)

HERE COMES NOW THE Appellant in this case, Guadalupe Galindo Tovar and ask the Supreme Court to proceed with this case in the **forma pauperis** for the following reason:

The appellant Guadalupe Galindo Tovar income is \$750/month and on Medicaid.

If the court will deny this motion, I ask for an extension of time of 5 months to save the \$200 filing fee. I do not have credit. Proposed Order of Indigency attached.

Respectfully submitted this 5th day of May, 2017.


Guadalupe Galindo Tovar, Pro Se

FILED
COURT OF APPEALS
DIVISION ONE
STATE OF WASHINGTON
2017 MAY - 9 AM 10: 53

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5 **THE SUPREME COURT OF THE STATE OF WASHINGTON**
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Guadalupe Galindo Tovar

Appellant,

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Christopher James Tafoya

Respondent,

) NO. 14- 3-02524-0-SEA

) Court of Appeal # 73736-8-1

) **ORDER OF INDIGENCY**

15
16 **I. Basis**

17 **A Motion for Indigency** was presented by Appellant Guadalupe Galindo Tovar that her income is \$750
18 and on public assistance on Medicaid.

19 **II. Findings**

20 The court finds:

21 **Proper Jurisdiction and Venue.** The court has proper jurisdiction and venue.

22 **ORDER:**

23 Based on the **Motion for Ingidency** and **AFFIDAVIT OF INGIDENCY** to WAIVER, SUBSTITUTION
24 **OR STATE PAYMENT OF FEES & COSTS this court order:**

25 **The Motion for Ingidency is granted.**

26 Dated: _____

27 Judge/Commissioner

28 Presented by Guadalupe Galindo Tovar, Pro Se _____ on May ___ th, 2017.

MAY - 5 2017

AFFIDAVIT OF INDIGENCY

AND REQUEST FOR WAIVER, SUBSTITUTION
OR STATE PAYMENT OF FEES & COSTS

THE SUPREME COURT OF THE STATE OF WASHINGTON

(P.O. Box 40929, Olympia, WA 98504-09292)

Case # 14-3-02524-0-SEA

Court of Appeal # 73736-8-1

Applicant: Guadalupe Galindo Tovar

Mailing Address: 3616 73rd Ave SE, Mercer Island, 98040

SECTION 1: Under the provisions of federal Laws, Chapter 261, Sections 27A-27G. I affirm as follows:

I am an Indigent in the following:

(A) I receive public assistance under Medicaid

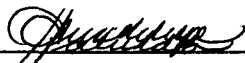
(B) My Income, less taxes deducted from my pay is \$750 per month, for a household of 1 person, consisting myself and no dependents; which income is below the court system's level

(C) I receive occasionally maintenance, however I am unable to pay the fees and costs of this proceeding. I am unable to do so without depriving myself.

I request that the following NORMAL FEES AND COSTS be waived (not charged) by the court, or paid by the State, or that the court order that a document, service or object be substituted at no cost (or a lower cost, paid for by the State):

Filing fee and any surcharge \$200.00

Respectfully submitted this 5th day of May, 2017,



Guadalupe Galindo Tovar, Pro Se

AFFIDAVIT OF INDIGENCY

AND REQUEST FOR WAIVER, SUBSTITUTION
OR STATE PAYMENT OF FEES & COSTS

THE SUPREME COURT OF THE STATE OF WASHINGTON

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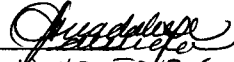
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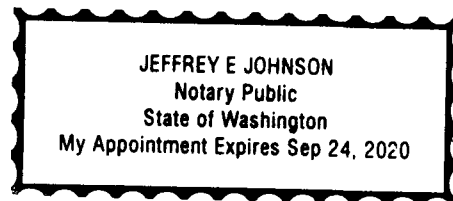
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Filing fee and any surcharge \$200.00

Date signed May 8th, 2017 
Guadalupe Galindo-Tovar



Public Notary,

Signed before me, under the penalties of perjury _____

