

Received
Washington State Supreme Court

JUN 11 2015
Ronald R. Carpenter
Clerk

Supreme Court No. 91663-2

IN THE SUPREME COURT
OF THE STATE OF WASHINGTON

DEBORAH SMITH,

Petitioner,

VS.

DANIEL RAMSAY ET AL,

Respondent(s).

MOTION FOR LEAVE TO PROCEED IN *FORMA PAUPERIS*

Deborah Smith
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Deborah Smith, Pro Se

 ORIGINAL

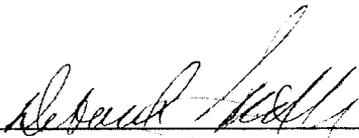
No. 91663-2

The Petitioner asks leave to file attached petition for Discretionary Review without prepayment of costs and to proceed in forma pauperis.

Petitioner has previously been granted leave to proceed in forma pauperis in the following court(s):

Spokane County Superior Court

Petitioner's affidavit or declaration in support of this motion is attached hereto.



Deborah Smith, Pro Se

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

I, Deborah Smith, am 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.

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	N/A	You	Spouse	N/A
Employment	\$ 00	\$		\$ 00	\$	
Self-employment	\$ 00	\$		\$ 00	\$	
Income from real property (such as rental income)	\$ 00	\$		\$ 00	\$	
Interest and dividends	\$ 00	\$		\$ 00	\$	
Gifts	\$ 00	\$		\$ 00	\$	
Alimony	\$ 00	\$		\$ 00	\$	
Child Support	\$ 00	\$		\$ 00	\$	
Retirement (such as social security, pensions, annuities, insurance)	\$ 00	\$		\$ 00	\$	
Disability (such as social security, insurance payments)	\$ 1,850.00	\$		\$ 1,850.00	\$	
Unemployment payments	\$ 00	\$		\$ 00	\$	
Public-assistance (such as welfare)	\$ 00	\$		\$ 00	\$	
Other (specify): _____	\$ 00	\$		\$ 00	\$	
Total monthly income:	\$ 1,850.00	\$		\$ 1,850.00	\$	

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			\$ _____
			\$ _____
			\$ _____

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
n/a			\$ _____
			\$ _____
			\$ _____

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

Financial institution	Type of account	Amount you have	Amount your spouse has
us	check	\$ 57.00	\$ _____
		\$ _____	\$ _____
		\$ _____	\$ _____

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
Value _____ | <input type="checkbox"/> Other real estate
Value _____ |
| <input checked="" type="checkbox"/> Motor Vehicle #1
Year, make & model <u>2007 ford f-150</u>
Value <u>3500</u> | <input type="checkbox"/> Motor Vehicle #2
Year, make & model _____
Value _____ |
| <input type="checkbox"/> Other assets
Description _____
Value _____ | |

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>100.00</u>	\$ <u>N/A</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>48.00</u>	\$ _____
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>54.00</u>	\$ _____
Life	\$ <u>00</u>	\$ _____
Health	\$ <u>00</u>	\$ _____
Motor Vehicle	\$ <u>195.00</u>	\$ _____
Other: _____	\$ <u>00</u>	\$ _____
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ <u>00</u>	\$ _____
Installment payments		
Motor Vehicle	\$ <u>00</u>	\$ _____
Credit card(s)	\$ <u>00</u>	\$ _____
Department store(s)	\$ <u>00</u>	\$ _____
Other: <u>Medical/Dental/legal</u>	\$ <u>100.00</u>	\$ _____
Alimony, maintenance, and support paid to others	\$ <u>120.00</u>	\$ _____
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>00</u>	\$ _____
Other (specify): <u>attorney</u>	\$ <u>200.00</u>	\$ _____
Total monthly expenses:	\$ <u>1,850.00</u>	\$ _____

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
<u>N/A</u>	\$ <u> </u>	\$ <u> </u>
<u> </u>	\$ <u> </u>	\$ <u> </u>
<u> </u>	\$ <u> </u>	\$ <u> </u>

7. State the persons who rely on you or your spouse for support.

Name	Relationship	Age
<u>Slater Steeneck</u>	<u>Son</u>	<u>15</u>
<u>Chainey Steeneck</u>	<u>Son</u>	<u>13</u>
<u>Mattea Steeneck</u>	<u>Daughter</u>	<u>19</u>

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
Rent or home-mortgage payment (include lot rented for mobile home)	\$ <u>550.00</u>	\$ <u>N/A</u>
Are real estate taxes included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <u>135.00</u>	\$ <u> </u>
Home maintenance (repairs and upkeep)	\$ <u>50.00</u>	\$ <u> </u>
Food	\$ <u>200.00</u>	\$ <u> </u>
Clothing	\$ <u>30.00</u>	\$ <u> </u>
Laundry and dry-cleaning	\$ <u>25.00</u>	\$ <u> </u>
Medical and dental expenses	\$ <u>55.00</u>	\$ <u> </u>

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.

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 Trying to raise funding to hire.

If yes, how much? ~~unknown~~ 5,000

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

Ken Kato,
1020 N. Washington, Spokane, WA. 99201
509-220-2237

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.

The accident of which this case is pertaining has caused severe damage economically and physically. I have extensive medical treatment needed and have been unable to care for myself at times since the incidence. The party which caused the accident was careless and in a hurry, and in haste pulled out in front of my vehicle to save 10 seconds causing me severe injury to c-spine.

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

Executed on: May 7, 2015

Rebecca A. Smith
(Signature)

Supreme Court No. 91663-2

IN THE SUPREME COURT
OF THE STATE OF WASHINGTON

DEBORAH SMITH,

Petitioner,

VS.

DANIEL RAMSAY ET AL,

Respondent(s).

PROOF OF SERVICE

I, Deborah Smith, do swear or declare that on this date, June 10, _____, 2015, as required by Supreme Court Rule 29 I have served the enclosed MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS* and PETITION FOR REVIEW on each party to the above proceeding or that party's counsel, and on every other person required to be served, by depositing an envelope containing the above documents in the United states mail with first -class postage prepaid.

Supreme Court No. 91663-2

The names and addresses of those served are as follows:

*Ernest D. Greco
Bohrnsen Stocker Smith Luciani PLLC
312 W. Sprague Avenue
Spokane, WA. 99201*

*Hon. Renee Townsley, Clerk
court of Appeals, Division III
500 N. Cedar Street
Spokane, WA. 99201*

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

Executed on June 10, _____, 2015

A handwritten signature in black ink, appearing to read "Deborah Smith", written over a horizontal line.

Deborah Smith, Pro Se

*Deborah Smith
4055 Hanley Haven Way
Loon Lake, WA. 99148
206-229-0432
Smith.Deb59@gmail.com
Deborah Smith, Pro Se*

OFFICE RECEPTIONIST, CLERK

To: Deb Smith
Subject: RE: 91663-2

Received 6-11-15

Supreme Court Clerk's Office

Please note that any pleading filed as an attachment to e-mail will be treated as the original. Therefore, if a filing is by e-mail attachment, it is not necessary to mail to the court the original of the document.

From: Deb Smith [mailto:smith.deb59@gmail.com]
Sent: Thursday, June 11, 2015 1:54 PM
To: OFFICE RECEPTIONIST, CLERK
Subject: Re: 91663-2

Computer keeps dropping internet. I am attempting to resend in case has dropped.

I was informed that since mail service post marked before 6/11/15 that is also suffice as service for payment of filing fees.

On Thu, Jun 11, 2015 at 1:01 PM, Deb Smith <smith.deb59@gmail.com> wrote: