

UNITED STATES DISTRICT COURT

for the
District of Nevada

DeCastro; INTERVENOR Jason Adam Jensen

Plaintiff/Petitioner

v.

Las Vegas Metropolitan Police Department et al

Defendant/Respondent

Civil Action No. 2:23-cv-00580-APG-EJY

**APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS
(Short Form)**

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested.

In support of this application, I answer the following questions under penalty of perjury:

1. *If incarcerated.* I am being held at: _____.

If employed there, or have an account in the institution, I have attached to this document a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months for any institutional account in my name. I am also submitting a similar statement from any other institution where I was incarcerated during the last six months.

2. *If not incarcerated.* If I am employed, my employer's name and address are:

Not employed, disabled under the Social Security Act.

My gross pay or wages are: \$ _____ 0.00 , and my take-home pay or wages are: \$ _____ 0.00 per
(specify pay period) _____ year .

3. *Other Income.* In the past 12 months, I have received income from the following sources (*check all that apply*):

- | | | |
|--|---|--|
| (a) Business, profession, or other self-employment | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (b) Rent payments, interest, or dividends | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (c) Pension, annuity, or life insurance payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (d) Disability, or worker's compensation payments | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (e) Gifts, or inheritances | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (f) Any other sources | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.

I receive the Social Security Benefit for Disability in the amount of \$2,268.62 after deduction of Part A Health insurance which I have configured for a Medicare Advantage Program. It should be noted that Under 407 of the Social Security Act, this is not income, cannot be spent in any manner, and must be used for my benefits as outlined by the SSA.

4. Amount of money that I have in cash or in a checking or savings account: \$ 1,383.34 .

5. Any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value that I own, including any item of value held in someone else's name (*describe the property and its approximate value*):

I have about \$150 in etrade which they will not let me manage as the account is so old i cannot verify the identity. I have a car and motorhome in common law trust with my father in preparation for the implements of my mental health disability. I do not have enough information to calculate their values since the car is in cosmetically poor shape and neither are in my direct finacial control. My name is not even on their title, however, upon my father's passing I believe the titles transfer to me.

6. Any housing, transportation, utilities, or loan payments, or other regular monthly expenses (*describe and provide the amount of the monthly expense*):

This section is difficult to calculate as traveling in a motorhome is a dynamic expense. I usually have ~\$200 at the end of the month with this category being somewhere between \$700-800/mo

7. Names (or, if under 18, initials only) of all persons who are dependent on me for support, my relationship with each person, and how much I contribute to their support:

NOT APPLICABLE TO JENSEN

8. Any debts or financial obligations (*describe the amounts owed and to whom they are payable*):

In the past year I have amassed ~\$600 in credit card debt, and a personal load of over \$10,000 from my father to repair the motorhome and obtain a 5 year service contract.

Declaration: I declare under penalty of perjury that the above information is true and understand that a false statement may result in a dismissal of my claims.

Date: 06/11/2023

//s/JasonAJensen/IFP-MTI-Decastro

Applicant's signature

Jason Adam Jensen

Printed name