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U.S. COURT OF APPEALS

APR 30 2018

FILED _____
DOCKETED _____ DATE _____ INITIA _____

1 Joe E. III: Collins
2 3860 Wilshire Blv., Ste P04-1180
3 Los Angeles, Ca 90010
4 Joecollins47@gmail.com
5 858-882-7519

6 **UNITED STATES COURT OF APPEALS**
7 **NINTH CIRCUIT**

7 Joe E. III: Collins
8 Plaintiffs,
9 v.
10 COUNTY OF SAN DIEGO DCSS,
11 Defendants.

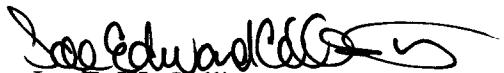
District Case No.: 17CV2451-MMA
(BGS)
U.S. Court of Appeals NINTH Circuit
No. 18-55444

**MOTION TO PROCEED IN
FORMA PAUPERIS**

12
13
14
15 I Joe Edward III: Collins respectfully request the Ninth Circuit Court of Appeals allows me to
16 proceed in forma pauperis. I swear under penalty of perjury that I do not have not have enough
17 money to or other assets to pay the fees.

18
19 FRAP 24: If leave to proceed in forma pauperis has not been granted by the district court, an
20 application to proceed in forma pauperis on appeal must be filed in the court of appeals within
21 the 15-day period set by the court's fee notice or within the subsequent 15-day period set by the
22 court's Local Rule 45 notice.

23
24 Dated: April 24th 2018
25 Time:0700


Joe E. III: Collins
3860 Wilshire Blv., Ste P04-1180
Los Angeles, Ca 90010
Joecollins47@gmail.com
858-882-7519

Form 4. Affidavit Accompanying Motion for Permission to Appeal In Forma Pauperis

UNITED STATES COURT OF APPEALS FOR THE NINTH CIRCUIT

Appellant(s) or Petitioner(s) | Joe Edward III: Collins

v.

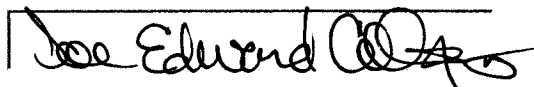
Case No. | 18-55444

Appellee(s) or Respondent(s) | County of San Diego DCSS

Affidavit in Support of Motion

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. 28 U.S.C. sec. 1746; 18 U.S.C. sec. 1621.

Signed:



Instructions

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write in that response. If you need more space to answer a question, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Date:

| 24 April 2018

My issues on appeal are:

| See attached affidavit.

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	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Self-Employment	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Income from real property (such as rental income)	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Interest and Dividends	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Gifts	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Alimony	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Child Support	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Retirement (such as social security, pensions, annuities, insurance)	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Disability (such as social security, insurance payments)	\$ 675	\$ <input type="text"/>	\$ 675	\$ <input type="text"/>
Unemployment Payments	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Public-Assistance (such as welfare)	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Other (specify) <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
TOTAL MONTHLY INCOME:	\$ 675	\$ <input type="text"/>	\$ 675	\$ <input type="text"/>

2. *List your 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
U.S. Navy	Naval Air Station North Island	From Aug 2004 To Oct 2017	\$ 6861.49
		From To	\$
		From To	\$
		From To	\$

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
		From To	\$
		From To	\$
		From To	\$
		From To	\$

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
Navy Federal Credit Union	Checking	\$ 22.00	\$ _____
Navy Federal Credit union	Savings	\$ 0	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

If you are a prisoner seeking to appeal a judgment in a civil action or proceeding, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

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

Home	Value	Other Real Estate	Value
N/A	\$ _____	_____	\$ _____

Motor Vehicle 1: Make & Year	Model	Registration #	Value
N/A	_____	_____	\$ _____
Motor Vehicle 2: Make & Year	Model	Registration #	Value
_____	_____	_____	\$ _____

Other Assets	Value
N/A	\$
	\$
	\$

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

Person owing you or your spouse	Amount owed to you	Amount owed to your spouse
N/A	\$	\$
	\$	\$
	\$	\$

7. State the persons who rely on you or your spouse for support. If a dependent is a minor, list only the initials and not the full name.

Name	Relationship	Age

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, semiannually, or annually to show the monthly rate.

	You	Spouse
Rent or home-mortgage payment (include lot rented for mobile home) - Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ 275.00	\$
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$	\$
Home maintenance (repairs and upkeep)	\$	\$
Food	\$ 130.00	\$
Clothing	\$	\$
Laundry and dry-cleaning	\$ 27.00	\$
Medical and dental expenses	\$	\$
Transportation (not including motor vehicle payments)	\$ 75	\$
Recreation, entertainment, newspapers, magazines, etc.	\$	\$
Insurance (not deducted from wages or included in mortgage payments) - Homeowner's or renter's..... - Life..... - Health..... - Motor Vehicle..... - Other: _____	\$ \$ \$ \$ \$	\$ \$ \$ \$ \$
Taxes (not deducted from wages or included in mortgage payments) Specify: _____	\$	\$
Installment payments - Motor Vehicle..... - Credit Card (name): CAPITAL ONE - Department Store (name): _____ - Motor Vehicle.....	\$ \$ 22.00 \$ \$	\$ \$ \$ \$

Alimony, maintenance, and support paid to others	\$		\$	
Regular expenses for the operation of business, profession, or farm (attach detailed statement)	\$		\$	
Other (specify)	\$		\$	
Total Monthly Expenses:			\$	529

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 spent--or will you be spending--any money for expenses or attorney fees in connection with this lawsuit?*

Yes No

If yes, how much? \$

11. *Provide any other information that will help explain why you cannot pay the docket fees for your appeal.*

I am a disabled veteran who receives disability for service connected related injuries, I live with my retired grandmother and the majority of my disability check goes to helping her with bills.

12. *State the city and state of your legal residence.*

City Los Angeles

State Ca

Your daytime phone number (ex., 4153558000): 8588827519

Your age: 32 Your years of schooling: 15

Last four digits of your Social Security Number (ex., 6789): 1830

Affidavit of fact on Appeal's issue

Judge Michael M. Anello dismissed my complaint based on a motion filed by a party who was NOT a party to the complaint filed in the federal court. Mr. Joshua Heinlein who represents the County of San Diego, filed a motion on behalf of the County of San Diego, and since I did not file a complaint against the County of San Diego, the County of San Diego is not a party to the suit. The complaint I filed was against the county of San Diego Department of Child Support Services. The County of San Diego Child Support Services and the County of San Diego are two single and separate private corporations. Th County of San Diego Department of Child Support Services DUN and Bradstreet businesses credit number is 03-979-9173. The manual which governs the program clearly states in 42 USC 654 sec 454(3) that is a single and separate organizational unit and 45 CFR 302.34 states that the State will go into cooperative arrangements under §303.107 with the courts, law enforcement, district attorneys, attorney generals, public attorneys, prosecutors, corrections officials, to assist the agency in carrying out the program. I am not suing the county of San Diego, I am suing the County of San Diego's Department of Child Support Agency as stated in the complaint. The complaint filed with the district court addressed the fraud, deception and misrepresentation by county of san diego child support agency in collusion with the superior court clerks, the court magistrate, lawyers, county sheriffs and public officials of the county of san diego, violation of due process rights, the deprivation of rights under color of law, the denial of due process, and constant violations of supreme court cases and Constitutionally guaranteed rights to force me into a voluntary personal responsibility contract against my will and without my consent as well as enforce that contract utilizing statues and codes that are not enacted into positive law all so the state can receive federal funds.

I Joe Edward III:Collins swear under penalty of penalty of perjury that the foregoing statement above is true.


Joe Edward III: Collins

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UNITED STATES COURT OF APPEALS
NINTH CIRCUIT

Joe E. III: Collins
Plaintiffs,
v.
COUNTY OF SAN DIEGO DCSS,
Defendants.

Case No.: 17CV2451-MMA (BGS)
U.S. Court of Appeals NINTH Circuit
No. 18-55444

CERTIFICATE OF SERVICE

I hereby certify that, I am a citizen of the United States and I am over the age of eighteen years old and not a party to the above action. My residence is 635 W. 113th st, Los Angeles, Ca, 90044.

I mailed a motion to proceed via forma pauperis, affidavit of issues, via first class mail to:
County of San Diego Department of Child Support Services. P.O. Box 122031, San Diego, Ca, 92112-2031
County of San Diego Counsel Joshua Heinlein. 1600 Pacific hwy, rm 355, San Diego, Ca 92101

Dated: April 24th 2018
Time:0700

Betty Walker
Betty Walker