

UNITED STATES COURT OF APPEALS
FOR THE NINTH CIRCUIT

FILED

AUG 01 2017

MOLLY C. DWYER, CLERK
U.S. COURT OF APPEALS

SONNY LOW; et al.,

Plaintiffs - Appellees,

v.

TRUMP UNIVERSITY, LLC, a
New York limited liability company,
AKA Trump Entrepreneur Initiative
and DONALD J. TRUMP,

Defendants - Appellees,

v.

LEELAND O. WHITE, Proposed
Intervenor,

Movant - Appellant.

No. 17-56051

D.C. Nos. 3:10-cv-00940-GPC-WVG,
3:13-cv-02519-GPC-WVG

U.S. District Court for Southern
California, San Diego

ORDER

A review of the docket reflects that appellant has not paid the docketing and filing fees for this appeal. Within 21 days from the date of this order, appellant shall: (1) file a motion with this court to proceed in forma pauperis; (2) pay \$505 to the district court as the docketing and filing fees for this appeal and provide proof of payment to this court; or (3) otherwise show cause why the appeal should not be dismissed for failure to prosecute. The filing of a motion to proceed in forma pauperis will automatically stay the briefing schedule under Ninth Circuit Rule 27-

11. Any motion to proceed in forma pauperis must include a financial declaration such as the attached Form 4.

If appellant fails to comply with this order, this appeal will be dismissed automatically by the Clerk for failure to prosecute. *See* 9th Cir. R. 42-1.

FOR THE COURT:

MOLLY C. DWYER
CLERK OF COURT

By: Cyntharee K. Powells
Deputy Clerk
Ninth Circuit Rule 27-7

UNITED STATES COURT OF APPEALS FOR THE NINTH CIRCUIT

This form is available as a fillable version at:
<http://cdn.ca9.uscourts.gov/datastore/uploads/forms/Form4-IFP-Affidavit.pdf>.

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.

Case No.

Appellant(s) or Petitioner(s)

v.

Appellee(s) or Respondent(s)

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:

Date:

My issues on appeal are:

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)	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <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:	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <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
		From <input data-bbox="1016 342 1247 401" type="text"/> To <input data-bbox="1016 401 1247 468" type="text"/>	\$ <input data-bbox="1305 384 1520 443" type="text"/>
		From <input data-bbox="1016 478 1247 537" type="text"/> To <input data-bbox="1016 537 1247 604" type="text"/>	\$ <input data-bbox="1305 520 1520 579" type="text"/>
		From <input data-bbox="1016 615 1247 674" type="text"/> To <input data-bbox="1016 674 1247 741" type="text"/>	\$ <input data-bbox="1305 657 1520 716" type="text"/>
		From <input data-bbox="1016 751 1247 810" type="text"/> To <input data-bbox="1016 810 1247 877" type="text"/>	\$ <input data-bbox="1305 793 1520 852" type="text"/>

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 <input data-bbox="1016 1247 1247 1306" type="text"/> To <input data-bbox="1016 1306 1247 1373" type="text"/>	\$ <input data-bbox="1305 1289 1520 1348" type="text"/>
		From <input data-bbox="1016 1383 1247 1442" type="text"/> To <input data-bbox="1016 1442 1247 1509" type="text"/>	\$ <input data-bbox="1305 1425 1520 1484" type="text"/>
		From <input data-bbox="1016 1520 1247 1579" type="text"/> To <input data-bbox="1016 1579 1247 1646" type="text"/>	\$ <input data-bbox="1305 1562 1520 1621" type="text"/>
		From <input data-bbox="1016 1656 1247 1715" type="text"/> To <input data-bbox="1016 1715 1247 1782" type="text"/>	\$ <input data-bbox="1305 1698 1520 1757" type="text"/>

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
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

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
	\$ <input type="text"/>
Other Real Estate	Value
	\$ <input type="text"/>

Motor Vehicle: Make & Year	Model	Registration #	Value
			\$ <input type="text"/>
			\$ <input type="text"/>

Assets continued on next page

Other Assets	Value
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>

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
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

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
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Alimony, maintenance, and support paid to others	\$ <input type="text"/>	\$ <input type="text"/>
Regular expenses for the operation of business, profession, or farm <i>(attach detailed statement)</i>	\$ <input type="text"/>	\$ <input type="text"/>
Other <i>(specify)</i> <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Total Monthly Expenses:	\$ <input type="text"/>	\$ <input type="text"/>

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.

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

City State

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

Your age: Your years of schooling:

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