

FILED

MAY 04 2011

IN THE UNITED STATES DISTRICT COURT

PATRICK E. DUFFY, CLERK

DEPUTY CLERK, MISSOULA

DISTRICT OF MONTANA

Michael E. Spreadbury

Cause No. CV-11-064-M-DVM
(to be filled in by Clerk of Court)

(Full name of Plaintiff/Petitioner and prisoner number, if any)

Plaintiff/Petitioner,

vs.

**MOTION TO PROCEED
IN FORMA PAUPERIS**

Bitterroot Public Library
City of Hamilton

Lee Enterprises Inc.
(Full name of each Defendant/Respondent.
Do not use et. al.)

Beane Karberg PC
Defendants.

- My name is Michael E. Spreadbury. In this action, I am (check one):
 - a petitioner / plaintiff
 - a defendant
 - other (explain)

- In support of my request to proceed without prepayment of fees or costs under 28 U.S.C. § 1915, I declare I am unable to pay the costs of these proceedings and am entitled to relief in the action to which I am or will be a party. In support of this application, I answer the following questions under penalty of perjury.

- Are you currently employed? Yes No

A. If Yes, state the amount of your take-home salary or wages, your pay

Last Name of Plaintiff/Petitioner Spreadbury
Motion to Proceed In Forma Pauperis (Revised 11/09)

period, and the name and address of your employer:

B. If No, state the date of your last employment, the amount of your take-home salary or wages, your pay period, and the name and address of your last employer:

JAN 2009
\$950.00 MDMH
1600 Westwood Dr.
Hamilton, MT 59840

4. Are you married? Yes No

A. If Yes, is your spouse employed? Yes No

B. If Yes, how much does your spouse earn per month? N/A

5. If you are a minor under age 21, what is your parents or guardian's approximate monthly income? _____

6. In the past twelve months, have you received any money from any of the following sources?

A. Business, profession, or other self-employment	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
B. Rent payments, interest, or dividends	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
C. Pensions, annuities, or life insurance payments	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
D. Disability or workers compensation payments	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
E. Social Security or retirement benefits	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
F. Family or friends	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
G. Gifts or inheritances	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
H. Any other sources (specify) <u>FAMILY</u>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

If the answer to any of the above is Yes, describe each source of money, state the amount received, the frequency with which you receive it, and what you expect you will continue to receive:

Work on family ranch in WA \$1000.00

Previous payment of \$150.00 month which has stopped.

7. Do you have any cash or checking or savings accounts? Yes No

If Yes, state the total value of all three:

\$150

Last Name of Plaintiff/Petitioner Spreadbury
Motion to Proceed In Forma Pauperis (Revised 11/09)

Page 2 of 6

8. Do you own any automobiles, real estate, stocks, bonds, securities, trust, jewelry, art work, other financial instruments, or things of value, including any item of value held in someone else's name? Yes No
If Yes, describe the property and state its approximate value:

9. Describe and provide the amount of any housing, transportation, utilities, loan payments, or other regular monthly expenses you may have.

NONE

10. Name all persons dependent on you for support. State your relationship to each person and indicate how much you contribute to their support. If any of these individuals are under the age of 18, identify them by using their first and last initials only.

NONE

11. Describe any debts or financial obligations you have, providing the amounts owed and to whom they are payable.

\$15,000 SAF Helona

\$5,000 personal credit.

12. **TO BE COMPLETED BY PRISONERS ONLY**

NOTE: Prisoners are required to submit an official copy of their inmate trust account statement for the previous six months in support of this Application. You may include your account statement with this Application.

A. State the place of your incarceration:

B. If you have not been incarcerated at your current institution for the past six months, list all institutions in which you have been incarcerated in the past six months. State when you entered and when you left each institution.

C. If you have not been incarcerated for the past six months, state the last date on which you were not incarcerated, and list any institutions at which you were incarcerated before your current one:

D. Have you begun any other lawsuit while incarcerated or detained in any facility? Yes No (If No, go to Question 12)

E. For each prior lawsuit you have filed, provide the following information. Attach additional sheets as necessary.

i. The court(s) where each lawsuit was filed. (For federal courts, identify the District; for state courts, identify the county. Do not include lawsuits filed in the U.S. District Court for the District of Montana);

ii. The parties to the previous lawsuit(s);

iii. The docket number(s) for each prior lawsuit;

iv. The date(s) on which each lawsuit was filed;

v. How and when each lawsuit was resolved (For example, was the case dismissed? Was it settled? Was it appealed? By whom, plaintiff or defendant? Is the case still pending?);

vi. Whether the prior lawsuit was based upon the same or similar facts asserted in this lawsuit; and

vii. Whether any prior lawsuits were dismissed as frivolous, malicious, or for failure to state a claim, and if so which ones.

F. If you filed any appeal in any federal court of appeals, name the

Last Name of Plaintiff/Petitioner Spreedbury Page 4 of 6
Motion to Proceed In Forma Pauperis (Revised 11/09)

court(s) and give the case number(s) and the disposition.

13. Applicant's Declaration

- A. I understand I must keep the Court informed of my current mailing address and my failure to do so may result in denial of this Application without actual notice to me.
- B. I understand the Federal Rules of Civil Procedure prohibit litigants in non-habeas proceedings from using certain information in documents submitted to the Court.

In order to comply with these rules, I understand that:

- social security numbers, taxpayer identification numbers, and financial account numbers must include only the last four digits (e.g. xxx-xx-5271, xx-xxx5271, xxxxxxxx3567);
- birth dates must include the year of birth only (e.g. xx/xx/2001); and
- names of persons under the age of 18 must include initials only (e.g. L.K.).

If my documents (including exhibits) contain any of the above listed information, I understand it is my responsibility to black that information out before sending those documents to the Court. I understand that if I am a habeas litigant I may, but am not required to, follow these rules.

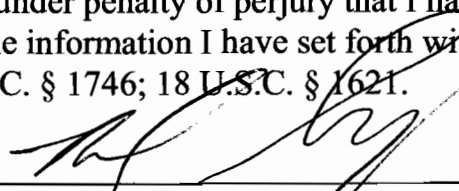
I understand I am responsible for protecting the privacy of this information in a non-habeas case.

- C. (Prisoners Only): I understand I may not proceed in forma pauperis if I have filed three lawsuits and/or appeals that were dismissed on

Last Name of Plaintiff/Petitioner Spreadbury
Motion to Proceed In Forma Pauperis (Revised 11/09)

grounds the action and/or appeal was frivolous or malicious, or failed to state a claim upon which relief may be granted, unless I am in imminent danger of serious physical injury. 28 U.S.C. § 1915(g).

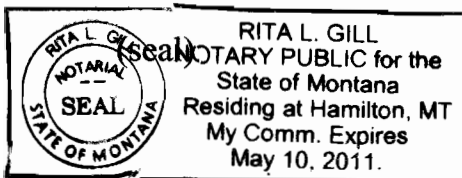
- D. I understand the submission of a false statement or answer to any question in this Application may subject me to penalties for perjury. I, the Applicant, declare under penalty of perjury that I have read the above Application and the information I have set forth within it is true and correct. 28 U.S.C. § 1746; 18 U.S.C. § 1621.


Signature of Applicant (sign in presence of Notary Public)

To be completed by Notary Public:

I hereby certify that on this day the Applicant, Michael E Spreadbury, personally appeared before me, a Notary Public for the State of Montana. The Applicant swears or affirms that s/he is the person named in the foregoing Application, that s/he has read and truthfully completed the contents thereof, and that s/he has executed the Application by his/her own hand.

The Application was SUBSCRIBED AND SWORN before me this 2 day of May, 2011.



Rita L Gill
Printed Name
Rita L Gill
Notary Public, State of Montana, County of Ravalli

My Commission Expires 5-10-2011

Special Note: Pro Se litigants proceeding in forma pauperis are not exempt from other fees and costs associated with prosecuting their actions, including but not limited to copying and witness fees. It is important to realize that even if you are proceeding with an action in forma pauperis, neither the Court nor the Clerk's office can make copies for you free of charge. Copies of documents in your file cannot be provided to you by the Clerk's Office without a charge of \$0.50 per page which must be pre-paid at the time you make your request. Therefore, you should always keep a copy, for your own records, of all documents you send to the Court or to the Clerk's Office.

Last Name of Plaintiff/Petitioner Spreadbury Page 6 of 6
Motion to Proceed In Forma Pauperis (Revised 11/09)