

FORM 4.

AFFIDAVIT ACCOMPANYING MOTION FOR PERMISSION TO APPEAL IN FORMA PAUPERIS

United States Court of Appeals
for the Sixth Circuit

WAYNE DOYLE

v.
JOHN MC CONAGHA AND THE
CLARK COUNTY LIBRARY, et al.,

Case No. C-3-07-003

Affidavit in Support of Motion

Instructions

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. §§ 1746; 18 U.S.C. §§ 1621.)

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 that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Signed: Wayne Doyle

Date: 9-4-07

My issues on appeal are:

1. The court has not been fair nor impartial throughout the entire case.
2. During the court hearing the court answered most of Plaintiff Doyle's questions asked of defendants.
3. The court record remains incomplete after many correction and mistakes made by (Chief Magistrate Judge Merz) and (District Judge Thomas Rose).
4. According to the Orders and motions on the record, I, Wayne Doyle have not been given a opportunity to properly amend my complain.
5. This case is a (CASE OF FIRST IMPRESSION) BEING MERZ SAID IT WAS HEARSAY AND HE WOULD HAVE TO DO SOME RESEARCH TO SEE IF MC CONAGHA HAD THE RIGHT TO KICK SOMEBODY OUT OF THE LIBRARY ON HEARSAY EVIDENCE. NO RESPONSE NOR RESEARCH HAS BEEN INDICATED ON THE RECORD FROM MERZ OR ROSE.

Wayne Day

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.

LEONA J GREEN, Clerk

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment				
Self-employment				
Income from real property (such as rental income)				
Interest and dividends				
Gifts				
Alimony				
Child support				
Retirement (such as social security, pensions, annuities, insurance)	0			
Disability (such as social security, insurance payments)	0			
Unemployment payments	0			
Public-assistance (such as welfare)	None			
Other (specify):	None			
Total monthly income:	\$0.00	\$0.00	\$0.00	\$0.00

\$ 600 a month For Myself only

*Bob Evans
 Current
 Employer
 seal
 m Current
 employed
 qt*

2. List your employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross monthly pay
<i>Bob Evans</i>	<i>Leffels Lane</i>	<i>April 07 - May 07</i>	<i>246.00</i>
<i>Paul Kelly Seal Coating Co</i>	<i>Donnelville Road</i>	<i>For one month</i>	800
<i>Bob Evans Co</i>	<i>on Leffels Lane</i>		

For one month

Wayne Doyle

3. List your spouse's employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross monthly pay

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
Key Bank	check account	\$ 45,00	

If you are a prisoner, 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 furnishings.

Home (Value)	Other real estate (Value)	Motor Vehicle #1 (Value)
Home appraised at \$ 36,000 - <i>I own a House wayne Doyle</i>		Make & year: 81 TRUCK Model: Ford Registration #: 1200839007
Motor Vehicle #2 (Value)	Other assets (Value)	Other assets (Value)
Make & year:		
Model:		
Registration #:		

Wayne Daryl

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
<i>None</i>		

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

Name	Relationship	Age
<i>None</i>		

Wayne Doyle

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	Your Spouse
Rent or home-mortgage payment (including lot rented for mobile home)		NO Spouse
Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	I pay Lights gas & water	
Home maintenance (repairs and upkeep)	tel 50.00 yes	
Food	Food 200.00 yes	
Clothing	Water 20.00 yes	
Laundry and dry-cleaning	gas 50.00 yes	
Medical and dental expenses	40.00 a month NO Medical + pay out of pocket	
Transportation (not including motor vehicle expenses)		
Recreation, entertainment, newspapers, magazines, etc.		
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's		
Life	NONE	
Health	NONE	
Motor vehicle	36.00 a month	
Other:	gas to get Back and Forth to work 60.00 a month	
Taxes (not deducted from wages or included in mortgage payments) specify:		
Installment payments		
Motor Vehicle		
Credit card (name):		
Department store (name):		
Other:		
Alimony, maintenance, and support paid to others		
Regular expenses for operation of business, profession, or farm (attach detail)		
Other (specify):		
Total monthly expenses:	+ about 500.00 a month	\$0.00

Wayne Wolfe

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.

My Current Employer cut my Hour From 31 hours to 20- to 25 hours a week
Employed -> Part time

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 If yes, how much? \$:

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

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 docket fees for your appeal.

Im going to make about 500,00 For this Entire month and that is what my monthly expenses are monthly

13. State the address of your legal residence.

Your daytime phone number: (937) 450 7618

Your age: Your years of schooling:

Your social-security number: 284-54-9595