

AO 240 (Rev. 07/10) Application to Proceed in District Court Without Prepaying Fees or Costs (Short Form)

UNITED STATES DISTRICT COURT
for the

RECEIVED

MAR 25 2021

Clerk, U.S. District & Bankruptcy
Courts for the District of Columbia

Bryan Tew)
_____)
Plaintiff/Petitioner)
v.)
Kingdom of Spain)
_____)
Defendant/Respondent)

Civil Action No. 21-cv-589

**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 a full-time or part-time employee.* I am currently employed by _____, an employer whose name and address are _____, 304, C/Ferran 1/, Barcelona, Spain, 08002

My gross pay or wages are: \$ 932.00, and my take-home pay or wages are: \$ 932.00 per
(specify pay period) month.

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

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4. Amount of money that I have in cash or in a checking or savings account: \$ 220.00 .

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*):

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

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:

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

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: March 25 2021

/s/ Bryan Tew
Applicant's signature

Bryan Tew
Printed name



Social Security Administration Benefit Verification Letter

Date: October 16, 2020
BNC#: 20NG924A10772
REF: A, DI

•••••
BRYAN KEITH TEW
299 17TH ST
SAN DIEGO CA 92101-7665

0201BEV8508EB3W CCM.M72.BEV82.R201016

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Information About Current Social Security Benefits

Beginning December 2019, the full monthly Social Security benefit before any deductions is \$932.30.

We deduct \$0.00 for medical insurance premiums each month.

The regular monthly Social Security payment is \$932.00.
(We must round down to the whole dollar.)

Social Security benefits for a given month are paid the following month. (For example, Social Security benefits for March are paid in April.)

Your Social Security benefits are paid on or about the third of each month.

We found that you became disabled under our rules on April 19, 2011.

Information About Past Social Security Benefits

From December 2018 to November 2019, the full monthly Social Security benefit before any deductions was \$917.70.

We deducted \$0.00 for medical insurance premiums each month.

The regular monthly Social Security payment was \$917.00.
(We must round down to the whole dollar.)

Type of Social Security Benefit Information

You are entitled to monthly disability benefits.

See Next Page

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Information About Supplemental Security Income Payments

Beginning October 2019, the current Supplemental Security Income payment is \$0.00.

This payment amount may change from month to month if income or living situation changes.

Supplemental Security Income Payments are paid the month they are due.

(For example, Supplemental Security Income Payments for March are paid in March.)

Payments were stopped beginning October 2019.

We found that you became disabled under our rules on January 1, 2009.

Type of Supplemental Security Income Payment Information

You are entitled to monthly payments as a disabled individual.

Date of Birth Information

The date of birth shown on our records is June 15, 1967.

Medicare Information

You are entitled to hospital insurance under Medicare beginning October 2013.

You are entitled to medical insurance under Medicare beginning October 2013.

Your Medicare number is 9EJ3T03UX03. You may use this number to get medical services while waiting for your Medicare card.

If you any questions, please log into Medicare.gov, or call 1-800-MEDICARE (1-800-633-4227).

Suspect Social Security Fraud?

Please visit <http://oig.ssa.gov/r> or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).

If You Have Questions

We invite you to visit our web site at www.socialsecurity.gov on the Internet to find general information about Social Security. If you have any specific questions, you may call us toll-free at 1-800-772-1213, or call your local office at 1-855-820-0097. We can answer most questions over the phone. If you are deaf or hard of hearing, you may call our TTY number, 1-800-325-0778. You can also write or visit any Social Security office. The office that serves your area is located at:

**SOCIAL SECURITY
1333 FRONT STREET
SAN DIEGO CA 92101**

20NG924A10772

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If you do call or visit an office, please have this letter with you. It will help us answer your questions. Also, if you plan to visit an office, you may call ahead to make an appointment. This will help us serve you more quickly when you arrive at the office.

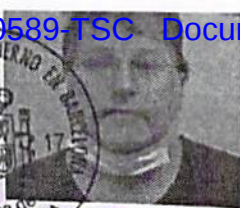
Social Security Administration



0202BEV8508EB3W CCM.M72.BEV82.R201016



GOBIERNO DE ESPAÑA



SUBDELEGACIÓ DEL GOVERN A BARCELONA. OFICINA D'ESTRANGERIA
SUBDELEGACIÓN DEL GOBIERNO EN BARCELONA. OFICINA DE EXTRANJERIA

MANIFESTACIÓN DE VOLUNTAD DE PRESENTAR SOLICITUD DE PROTECCIÓN INTERNACIONAL

Este documento acredita la intención del afiliado de presentar solicitud de Protección Internacional y **AUTORIZA** al titular a permanecer en España hasta la fecha de caducidad, que será la fecha de la cita que se indica.

Nombre: BRYAN KEITH

Apellidos: TEW

Hijo de: RAYMOND y PATRICIA

Fecha de Nacimiento: 12/04/1995

Lugar y País: GEORGIA, USA

Nacionalidad: USA

Nº Pasaporte: 720511288

Fecha Exped. 14/06/2019 Fecha Cad. 13/06/2020

Dirección: SIN HOGAR

Telef.: 691344322

Menores que le acompañan:

Por lo que deberá comparecer en las Dependencias Policiales de la C/. **GUADALAJARA n.º 1, ESQUINA C/. BOSCH de Barcelona:**

el día 26/02/2021 a las 10:30 horas.

para presentar formalmente la solicitud de protección internacional y de este modo, formalizar su petición mediante entrevista personal, de acuerdo con lo establecido en el artículo 17 de la Ley 12/2009, de 30 de octubre, reguladora del derecho de asilo y de la protección subsidiaria.

MUY IMPORTANTE

Este documento, que no supone la presentación formal de la solicitud de protección internacional, **GARANTIZA** la "no devolución" de su titular hasta la fecha en que haya comparecido formalizado dicha solicitud o hasta la fecha de su caducidad.

A la fecha de citación arriba indicada, su titular, tiene la obligación de personarse en el lugar donde haya sido citado y presentar formalmente la solicitud de Protección Internacional. La no comparecencia en el día citado, implica la pérdida de cualquier derecho derivado de este documento, entre ellos el de garantizarle la "no devolución" referido en el párrafo anterior.

El interesado deberá entregar el presente documento el día en que formalice la solicitud de protección internacional.

Este documento carece de validez para el cruce de fronteras (Reglamento CE652/2006, Código de Fronteras Schengen y Acuerdo de Adhesión de España al acervo Schengen).

El interesado, deberá de portar este documento, junto con su pasaporte, teniendo la obligación de exhibirlos cuando sea requerido.

DOCUMENTOS A APORTAR:

- 6 fotos tamaño carné.
- Original y dos copias del pasaporte (de todas las páginas que contengan alguna información) y/o del documento de identidad.
- Escrito de alegaciones y/o documentos o elementos de prueba en apoyo de su solicitud. (original y dos copias).
- En el caso de familias, documentación que acredite el vínculo familiar. (original y dos copias).

Barcelona, 10 de septiembre de 2020

EL FUNCIONARIO

EL SOLICITANTE

