

NO.

IN THE SUPREME COURT OF ILLINOIS

Gordon Wayne Watts, Morant  
 vs.  
 Hon. James P. Flannery, Jr.  
 and  
 Hon. Diane M. Shelley

AFFIDAVIT OF ASSETS AND LIABILITIES

I, Gordon Wayne Watts, defendant-appellant/appellee in this case, on oath, state that I am without adequate assets to prosecute this appeal, and I make the following statement in support thereof for waiver of the Supreme Court filing fees:

- NAME Gordon Wayne Watts  
 DATE OF BIRTH May 16, 1966
- ADDRESS 821 Alicia Road  
LAKELAND, FL. 33801-2113  
 PHONE (863) 688-9880 (H)  
(863) 409-2109 (C)
- FAMILY (a) Marital Status SINGLE (b) No. of Children 0  
 (c) No. of Other Dependents 0

4. NAME AND ADDRESS OF EMPLOYER NONE - I quit when my boss went crazy & started HITTING me while DRIVING BACK  
 Length of Employment from Occupation a job site - See Attached POLICE REPORT.

- EARNINGS AND SOURCES OF INCOME
  - Per month from employment: (but not anymore - see above) \$ 462.86
  - Per month from pension, trusts, annuity, any public benefit program, Workmen's Compensation, retirement or disability plan, or similar State, Federal, local or private benefit plan: \$ 0.00
  - Per month from rents, royalties, bonds, securities, or interest: (KINDLE / YouTube videos) \$ 22.81
  - Per month from any other source(s) enumerated, as follows: \$ 124.99  
 Cash Donations (family) 118.14/month  
 Website Design + 6.85/month  
 TOTAL per month from all sources: \$ 610.66 / month  
 Average based on past 3 1/2 months  
 $\sum = 124.99/month$

6. VALUE OF ASSETS

- (a) Home or other dwelling: \$ 0.00
- (b) Other real property: \$ 0.00  
Where situated? N/A
- (c) Car or other motor vehicle: \$ 0.00  
Make and Year: NONE - N/A
- (d) Other personal property (jewelry, household contents, etc.): \$ 0.00
- (e) Checking and Savings accounts: \$ 573.55
- (f) Cash on hand: \$ 85.61
- (g) Surrender value of life or annuity insurance policies: \$ 0.00
- (h) Securities, trusts, bonds: \$ 0.00
- (i) Other assets: \$ 0.00  
described herein: - NONE - N/A -

TOTAL value of assets: \$ 659.16

7. LIABILITIES

- (a) ~~Mortgage on Home:~~ Work Clothes + Work Tools \$ 23.14/month  
Monthly payment: Food/Drink/Gas \$ 6.79/month
- (b) Amount owed on car: FedEx + US Postal COURT Service Costs \$ 41.04/month
- (c) Personal debts: Credit Card Debt from Court Costs + Repair of Roof Leaks \$ 94.35/month  
PAY ROLL TAXES → \$ 86.05/month

| Nature of same   | To whom owed | Amount           | me. Avg.      |
|--|--------------|------------------|---------------|
| <u>Tithes/offerings Donations/charity</u>                                      |              | \$ <u>12.30</u>  | month AVERAGE |
| <u>IL Court Records + eFile IL costs</u>                                       |              | \$ <u>6.59</u>   | month AVERAGE |
| <u>Printer, Ink, + Computer Repair/Part</u>                                    |              | \$ <u>124.48</u> | month AVERAGE |
| <u>Medicines/Medications</u>   |              | \$ <u>11.68</u>  | month AVERAGE |
| <u>Undocumented cash purchases for food/Drink/Gas/Household supplies, etc.</u> |              | \$ <u>204.24</u> | month AVERAGE |
| TOTAL Liabilities and Debts:   |              | \$ <u>610.66</u> | month AVERAGE |

I certify the foregoing is true to the best of my knowledge and belief.

Signed: X [Signature]

Subscribed and sworn to before me this 16 day of APRIL 2018

X [Signature]  
NOTARY PUBLIC



ANTHONY HARGIS  
NOTARY PUBLIC  
STATE OF FLORIDA  
Comm# GG147658  
Expires 12/15/2021



IN THE  
SUPREME COURT OF ILLINOIS

Gordon Wayne Watts,  
Plaintiff,

vs.

Hon. James P. Flannery, Jr., in his capacity as presiding  
judge, Law Division, Cook County, IL circuit court

and

Hon. Diane M. Shelley, in her capacity as circuit judge,  
Law Division, Cook County, IL circuit court,  
Defendants.

Docket Number: \_\_\_\_\_

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**Motion to Proceed in Forma Pauperis**

[[A]] **STATEMENT OF FACTS:** I, Gordon Wayne Watts, am unable even to pay 'basic' filing fees, much less the costs to print and mail Service Copies, to prosecute my appeal. Indeed, as the record below reflects: All other parties fail to comply with basic service, and I am the only litigant who complies with the Rules and serves all the parties, including the rule 383(b) 'nominal' parties, which costs too much for me at this time.

[[B]] Moreover, I am a Food Stamp recipient, and qualify under the guidelines used by the circuit and appeals courts, as indigent aka unable to pay aka *In Forma Pauperis*.

[[C]] Lastly, my construction boss, on the way back from our job, went crazy, and began hitting me while he was driving down the road, at a high rate of speed, out of anger, because I apparently misunderstood his request to look for cars 'in front', and not 'in the rear', to see if the way was clear to pass a slow-moving car in the left lane. [The police report has '*de minimus*' errors, on this point, but, on balance, is accurate.] – See all four 'exhibits,' below, to document [[B]] and [[C]] above: 2 each re food stamp & police.

[[D]] I immediately quit my job, for very obvious reasons, and now am without sufficient funding to proceed accordingly.

**MOTION PROPER:** Therefore, I respectfully move This Honourable Court to allow me to Proceed *In Forma Pauperis*, and prosecute my appeal (e.g., my Rule 383 Motion for Supervisory Orders) without payment of filing fees.

Respectfully submitted,

Gordon Wayne Watts, Plaintiff, *pro se* [Code: '99500' = Non-Lawer, *pro se*]  
821 Alicia Road, Lakeland, FL 33801-2113  
PH: (863) 688-9880 [home] or (863) 409-2109 [cell]  
Web: <http://www.GordonWatts.com> / <http://www.GordonWayneWatts.com>  
Email: [Gww1210@aol.com](mailto:Gww1210@aol.com) / [Gww1210@gmail.com](mailto:Gww1210@gmail.com)

ACCESS CENTRAL MAIL CENTER  
P.O. BOX 1770  
OCALA FL 34478

**Notice of Case Action**  
State of Florida Department  
of Children and Families



December 7, 2017

Case: 1165166518

Phone: (407) 552-0396

GORDON W WATTS  
821 ALICIA RD  
LAKELAND FL 33801

Dear Gordon W Watts

The following is information about your eligibility.

**Food Assistance**

The following is information about your Food Assistance benefits:

Your Food Assistance benefits will increase as shown below due to a change in your household's circumstances.

Household Size: 1.

| Name           | Jan, 2018<br>Thru<br>July 31, 2018 |
|----------------|------------------------------------|
| Gordon Watts   | Eligible                           |
| Benefit Amount | \$188.00                           |

Did you know you now have an on-line account with us? Go to [www.myflorida.com/accessflorida](http://www.myflorida.com/accessflorida). You will need your case number, 1165166518, to activate your My ACCESS Account. Then you can get into your account with a user name and password of your choice.

For Food Assistance benefits, the only change you must report during your certification period is when your household's monthly gross income is more than your income limit of \$1,307.00. You must report this change within 10 days following the end of the month the change happens. If your household income was higher than this amount at the time of your last application or review, you should report changes at the next review. If you fail to report changes as required, or if the information you provide is not correct, you may have to repay any benefits you receive for which you were not eligible and you may be prosecuted for fraud. You must report other changes and your household's situation at the time of the next recertification. If you have access to a computer, you may report your changes online at the ACCESS Florida website [www.myflorida.com/accessflorida](http://www.myflorida.com/accessflorida). You may also report changes by calling the ACCESS Florida Customer Call Center toll free at 1-866-762-2237, or by mail to the return address at the top of this notice.

The requirement to report changes for Cash and Medicaid benefits is different. If you are receiving either of those benefits, you must still report all changes in your household's circumstances within 10 days.



Menu Food Assistance Details x +

dcf-access.dcf.state.fl.us/access/benefitDetails.do

www.youtube.com/us gww1210f gww1210g support.microsoft.com www.microsoft.com/ks support.microsoft.com/ks gww00dani gww00dani gww00dani

If you are currently receiving regular food assistance benefits you are not eligible for D-SNAP (Food for Florida). Do not apply online or go to the site locations. If you try to apply for D-SNAP, you will be denied because you already receive food assistance benefits from SNAP.

- Regular food assistance recipients who live in the 48 counties approved for D-SNAP will have their household allotment increased to the maximum for September and October. The increase will bring them up to the total amount they would have received from D-SNAP, and will be credited to their EBT cards.
- The supplement is automatic. You do not have to do anything.
- The supplement will not be labeled in your MyACCESS Account.

## Food Assistance Details

### Case Information

|                    |            |                              |                 |
|--------------------|------------|------------------------------|-----------------|
| <b>Case Number</b> | 1165166518 | <b>Head of the Household</b> | GORDON W. WATTS |
|--------------------|------------|------------------------------|-----------------|

### Food Assistance Details

| Group No | Payee           | Begin Date | End Date   | Status | Monthly Amount | Benefit Month  | Date Benefit Available | History Information        |
|----------|-----------------|------------|------------|--------|----------------|----------------|------------------------|----------------------------|
| 01       | GORDON W. WATTS | 01/01/2018 | 01/31/2018 | OPEN   | 178            |                |                        | <a href="#">click here</a> |
| 01       | GORDON W. WATTS | 12/01/2017 | 12/31/2017 | OPEN   | 178            | December, 2017 | 12/05/2017             | <a href="#">click here</a> |
| 01       | GORDON W. WATTS | 11/01/2017 | 11/30/2017 | OPEN   | 179            | November, 2017 | 11/05/2017             | <a href="#">click here</a> |

|               |                    |                                 |                                |  |  |  |                      |         |                             |             |               |   |
|---------------|--------------------|---------------------------------|--------------------------------|--|--|--|----------------------|---------|-----------------------------|-------------|---------------|---|
| FL0130900     | Gang Related       | N                               | <b>OFFENSE-INCIDENT REPORT</b> |  |  |  | Juvenile in Report   | N       | Juvenile Warn/Dismiss       | 1. Original | 2. Supplement | 1 |
| ADM           | Date of Supplement | Miami Springs Police Department |                                |  |  |  | Agency Report Number | 1800522 | Primary Offense Description |             |               |   |
| ASLT/BAT SIMP |                    |                                 |                                |  |  |  |                      |         |                             |             |               |   |

|   |                                       |                             |                        |                       |                          |                       |            |  |          |                      |   |  |               |              |       |          |    |           |      |      |  |                      |                       |                         |                     |                     |                        |                  |                     |                 |                     |             |             |                     |           |                     |                  |                         |                        |                       |                          |  |                 |                   |                          |                       |                       |                   |  |  |                 |                             |                 |                     |                   |  |
|---|---------------------------------------|-----------------------------|------------------------|-----------------------|--------------------------|-----------------------|------------|--|----------|----------------------|---|--|---------------|--------------|-------|----------|----|-----------|------|------|--|----------------------|-----------------------|-------------------------|---------------------|---------------------|------------------------|------------------|---------------------|-----------------|---------------------|-------------|-------------|---------------------|-----------|---------------------|------------------|-------------------------|------------------------|-----------------------|--------------------------|--|-----------------|-------------------|--------------------------|-----------------------|-----------------------|-------------------|--|--|-----------------|-----------------------------|-----------------|---------------------|-------------------|--|
| <b>Event Information</b>                        |                                       |                             |                        |                       |                          |                       |            |  |          |                      |   |  |               |              |       |          |    |           |      |      |  |                      |                       |                         |                     |                     |                        |                  |                     |                 |                     |             |             |                     |           |                     |                  |                         |                        |                       |                          |  |                 |                   |                          |                       |                       |                   |  |  |                 |                             |                 |                     |                   |  |
| Original Day Reported                           | MON                                   | Date                        | 04/09/2018             | Time (mil)            | 1751                     | Time Dispatched (mil) | 1751       | Time Arrived (mil)                               | 1751     | Time Completed (mil) | 1830  |  |               |              |       |          |    |           |      |      |  |                      |                       |                         |                     |                     |                        |                  |                     |                 |                     |             |             |                     |           |                     |                  |                         |                        |                       |                          |  |                 |                   |                          |                       |                       |                   |  |  |                 |                             |                 |                     |                   |  |
| Incident Type                                   | 1. Felony 3. Misdemeanor 5. Ordinance |                             |                        | Incident: Day         | FRI                      | Date                  | 04/06/2018 | Time (mil)                                       | 1800     | To                   | FRI   | Date   | 04/06/2018    | Time (mil)   | 1815  |          |    |           |      |      |  |                      |                       |                         |                     |                     |                        |                  |                     |                 |                     |             |             |                     |           |                     |                  |                         |                        |                       |                          |  |                 |                   |                          |                       |                       |                   |  |  |                 |                             |                 |                     |                   |  |
| OFFINC #1                                       | Type                                  | 3 BATT/SIMP                 |                        |                       | A-Attempted              | C-Committed           | C          | Statute Violation Number - Chapter, Section, Sub | 784 - 03 |                      |   | NCIC/UCR Code  | 130B          |              |       |          |    |           |      |      |  |                      |                       |                         |                     |                     |                        |                  |                     |                 |                     |             |             |                     |           |                     |                  |                         |                        |                       |                          |  |                 |                   |                          |                       |                       |                   |  |  |                 |                             |                 |                     |                   |  |
| OFFINC #2                                       | Type                                  |                             |                        |                       | A-Attempted              | C-Committed           |            |  |          |                      |   |  |               |              |       |          |    |           |      |      |  |                      |                       |                         |                     |                     |                        |                  |                     |                 |                     |             |             |                     |           |                     |                  |                         |                        |                       |                          |  |                 |                   |                          |                       |                       |                   |  |  |                 |                             |                 |                     |                   |  |
| Incident Location (Street Number, Street, Apt.) |                                       |                             |                        |                       |                          |                       |            |  |          |                      |   | City   | MIAMI SPRINGS | Zip          | 33166 | District | 05 | Grid      | 1012 | Area |  | Zone                 | 1012                  |                         |                     |                     |                        |                  |                     |                 |                     |             |             |                     |           |                     |                  |                         |                        |                       |                          |  |                 |                   |                          |                       |                       |                   |  |  |                 |                             |                 |                     |                   |  |
| Business Name/Area Identifier                   |                                       |                             |                        |                       |                          |                       |            |  |          |                      |   | CLARION INN (RM# 431)  |               | Forced Entry |       | N/A      |    | Occupancy |      | N/A  |  |                      |                       |                         |                     |                     |                        |                  |                     |                 |                     |             |             |                     |           |                     |                  |                         |                        |                       |                          |  |                 |                   |                          |                       |                       |                   |  |  |                 |                             |                 |                     |                   |  |
| Location Type                                   |                                       |                             |                        |                       |                          |                       |            |  |          |                      |   | <table border="0"> <tr> <td>01. Residence Single</td> <td>05. Convenience Store</td> <td>10. Dept/Discount Store</td> <td>15. Industrial/Mfg.</td> <td>20. Religious Bldg.</td> <td>25. Parking Lot/Garage</td> <td>30. Other Mobile</td> </tr> <tr> <td>02. Apartment/Condo</td> <td>06. Gas Station</td> <td>11. Specialty Store</td> <td>16. Storage</td> <td>21. Airport</td> <td>26. Highway/Roadway</td> <td>31. Other</td> </tr> <tr> <td>03. Residence-Other</td> <td>07. Liquor Sales</td> <td>12. Drug Store/Hospital</td> <td>17. Gov't/Public Bldg.</td> <td>22. Bus/Rail Terminal</td> <td>27. Park/Woodlands/Field</td> <td></td> </tr> <tr> <td>04. Hotel/Motel</td> <td>08. Bar/Nightclub</td> <td>13. Bank/Financial Inst.</td> <td>18. School/University</td> <td>23. Construction Site</td> <td>28. Lake/Waterway</td> <td></td> </tr> <tr> <td></td> <td>09. Supermarket</td> <td>14. Commercial/Office Bldg.</td> <td>19. Jail/Prison</td> <td>24. Other Structure</td> <td>29. Motor Vehicle</td> <td></td> </tr> </table> |               |              |       |          |    |           |      |      |  | 01. Residence Single | 05. Convenience Store | 10. Dept/Discount Store | 15. Industrial/Mfg. | 20. Religious Bldg. | 25. Parking Lot/Garage | 30. Other Mobile | 02. Apartment/Condo | 06. Gas Station | 11. Specialty Store | 16. Storage | 21. Airport | 26. Highway/Roadway | 31. Other | 03. Residence-Other | 07. Liquor Sales | 12. Drug Store/Hospital | 17. Gov't/Public Bldg. | 22. Bus/Rail Terminal | 27. Park/Woodlands/Field |  | 04. Hotel/Motel | 08. Bar/Nightclub | 13. Bank/Financial Inst. | 18. School/University | 23. Construction Site | 28. Lake/Waterway |  |  | 09. Supermarket | 14. Commercial/Office Bldg. | 19. Jail/Prison | 24. Other Structure | 29. Motor Vehicle |  |
| 01. Residence Single                            | 05. Convenience Store                 | 10. Dept/Discount Store     | 15. Industrial/Mfg.    | 20. Religious Bldg.   | 25. Parking Lot/Garage   | 30. Other Mobile      |            |  |          |                      |   |  |               |              |       |          |    |           |      |      |  |                      |                       |                         |                     |                     |                        |                  |                     |                 |                     |             |             |                     |           |                     |                  |                         |                        |                       |                          |  |                 |                   |                          |                       |                       |                   |  |  |                 |                             |                 |                     |                   |  |
| 02. Apartment/Condo                             | 06. Gas Station                       | 11. Specialty Store         | 16. Storage            | 21. Airport           | 26. Highway/Roadway      | 31. Other             |            |  |          |                      |   |  |               |              |       |          |    |           |      |      |  |                      |                       |                         |                     |                     |                        |                  |                     |                 |                     |             |             |                     |           |                     |                  |                         |                        |                       |                          |  |                 |                   |                          |                       |                       |                   |  |  |                 |                             |                 |                     |                   |  |
| 03. Residence-Other                             | 07. Liquor Sales                      | 12. Drug Store/Hospital     | 17. Gov't/Public Bldg. | 22. Bus/Rail Terminal | 27. Park/Woodlands/Field |                       |            |  |          |                      |   |  |               |              |       |          |    |           |      |      |  |                      |                       |                         |                     |                     |                        |                  |                     |                 |                     |             |             |                     |           |                     |                  |                         |                        |                       |                          |  |                 |                   |                          |                       |                       |                   |  |  |                 |                             |                 |                     |                   |  |
| 04. Hotel/Motel                                 | 08. Bar/Nightclub                     | 13. Bank/Financial Inst.    | 18. School/University  | 23. Construction Site | 28. Lake/Waterway        |                       |            |  |          |                      |   |  |               |              |       |          |    |           |      |      |  |                      |                       |                         |                     |                     |                        |                  |                     |                 |                     |             |             |                     |           |                     |                  |                         |                        |                       |                          |  |                 |                   |                          |                       |                       |                   |  |  |                 |                             |                 |                     |                   |  |
|   | 09. Supermarket                       | 14. Commercial/Office Bldg. | 19. Jail/Prison        | 24. Other Structure   | 29. Motor Vehicle        |                       |            |  |          |                      |   |  |               |              |       |          |    |           |      |      |  |                      |                       |                         |                     |                     |                        |                  |                     |                 |                     |             |             |                     |           |                     |                  |                         |                        |                       |                          |  |                 |                   |                          |                       |                       |                   |  |  |                 |                             |                 |                     |                   |  |
| # OFFINC.                                       | 01                                    | # Victims                   | 01                     | # Offenders           | 01                       | # Prem. Ent.          | 00         | # Veh. Stolen                                    | 00       | Type of Weapon       | 02. Rifle 03. Shotgun 04. Firearm 05. Knife/Cutting Instrument 06. Blunt Object 07. Hands/Fist/Feet 08. Poison 09. Explosives 10. Fire/Incendary 11. Threat/Intimidation 12. Simulated Weapon 13. Drugs 14. Other 15. Unknown 16. Other |  |               |              |       |          |    |           |      |      |  |                      |                       |                         |                     |                     |                        |                  |                     |                 |                     |             |             |                     |           |                     |                  |                         |                        |                       |                          |  |                 |                   |                          |                       |                       |                   |  |  |                 |                             |                 |                     |                   |  |

|   |  |               |  |  |                                      |  |   |  |  |   |  |  |  |   |                  |  |                         |                                      |       |              |    |                        |  |                            |   |
|---|--|---------------|--|--|--------------------------------------|--|---|--|--|---|--|--|--|---|------------------|--|-------------------------|--------------------------------------|-------|--------------|----|------------------------|--|----------------------------|---|
| <b>Persons Information</b>                              |  |               |  |  |                                      |  |   |  |  |   |  |  |  |   |                  |  |                         |                                      |       |              |    |                        |  |                            |   |
| VW Code   | V - Victim<br>W - Witness                              |               | C - Complainant<br>O - Other                     | Person Type  | 1. Juvenile 2. L.E. Officer 3. Adult |  |   | 4. Business 5. Government 6. Church 9. Other | Race                                     | N-N/A W-White B-Black O-Oriental/Asian U-Unknown        | Sex  | N-N/A M-Male F-Female U-Unknown                              | Residence Type   | 0. N/A 1. City 2. County 3. Florida 4. Out-of-State               | Residence Status | 0. N/A 1. Full Year 2. Part Year 3. Non-Resident | Extent of Injury        | 0. None 1. Minor 2. Serious 3. Fatal |       |              |    |                        |  |                            |   |
| Injury Type   | 03. Laceration 04. Unconscious 01. Gunshot 02. Stabbed |               | 05. Poss. Broken Bones 06. Poss. Internal Injury | 07. Loss of Teeth 08. Burns 09. Abrasions/Bruses 99. Other | Victim Relationship To Offender      |  |   | 00. N/A 01. Undetermined 02. Stranger        | 03. Spouse 04. Ex-Spouse 05. Co-Habitant | 06. Parent 07. Brother/Sister 08. Child 09. Step-Parent | 10. Step-Child 11. In-Law 12. Other Family 13. Student | 14. Teacher 15. Child of Boy/Girl Friend 16. Boy/Girl Friend | 17. Friend 18. Neighbor 19. Sister/Day Care 20. Employee | 21. Employer 22. Landlord/Tenant 23. Acquaintance 99. Other Known |                  |  |                         |                                      |       |              |    |                        |  |                            |   |
| OFFINC Indicator  | 1-#1 2-#2 3-Both                                       | VW Code       | V 01   | Person Type  | 3                                    | Name (Last, First, Middle or Business) |   |  |  |   | WATTS GORDON WAYNE                                     |  | Residence Phone  |   | 863 608-9880     |  |                         |                                      |       |              |    |                        |  |                            |   |
| Address (Street, Apt. Number)                           |  |               |  |  |                                      |  |   |  |  |   |  | City   | LAKELAND   | State   | FL               | Zip  | 33801                   | Business Phone                       |       |              |    |                        |  |                            |   |
| Other Contact Info. (Time Available, Interpreter, etc.) |  |               |  |  |                                      |  |   |  |  |   |  | CELL# (863) 404-2109/ EMAIL: GWW1210@GMAIL.COM               |  |   |                  |  | Synopsis of Involvement |                                      |       |              |    | V-1/ VICTIM OF BATTERY |  |                            |   |
| If VW Code is V, W or C Fill in this Line               | N  | Dom. Violence |  | Race   | W                                    | Sex                                    | M | Date of Birth                                | /1966                                    | Age   | 51   | Res. Type  | 3  | Res. Status   | 1                | Extent of Injury                                 | 1                       | Injury Type(s)                       | 03 00 | Relationship | 20 | Ethnicity              |  | Will Victim prefer charge? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

|                       |                                |   |                                   |  |                          |   |       |                |            |                          |  |                 |  |               |  |
|-----------------------|--------------------------------|---|-----------------------------------|--|--------------------------|---|-------|----------------|------------|--------------------------|--|-----------------|--|---------------|--|
| <b>ADMINISTRATIVE</b> | Signature of Officer Reporting |   | Name of Officer Reporting         |  | I.D. Number/Locator Code |   | Unit# |                | Date       |                          |  |                 |  |               |  |
|                       |                                |   | ROBBINS, J                        |  | 0163                     |   | 216   |                | 04/09/2018 |                          |  |                 |  |               |  |
|                       | Signature of Officer Reviewing |   | Officer Reviewing (If Applicable) |  | I.D. Number              |   |       |                | Date       |                          |  |                 |  |               |  |
|                       |                                |   | LOPEZ, T                          |  | 0170                     |   |       |                | 04/09/2018 |                          |  |                 |  |               |  |
| Case Status           |                                | CF - Filed with State Atty<br>CU - Cleared Unfounded                  |                                   | I - Inactive<br>A - Active<br>P - Pending            |                          | P   |       | Clearance Type |            | A-Adult<br>J-Juvenile    |  | Date Cleared    |  | Arrest Number |  |
| Exception Type        |                                | 2. Arrest on Primary Offense<br>Secondary Offense Without Prosecution |                                   | 3. Death of Offender<br>4. V /W Refused to Cooperate |                          | 5. Prosecution Declined<br>6. Juvenile/No Custody |       |                |            | Related Report Number(s) |  | Number Arrested |  |               |  |

|                  |                                       |          |  |   |                             |  |                                      |          |
|------------------|---------------------------------------|----------|--|---|-----------------------------|--|--------------------------------------|----------|
| <b>FL0130900</b> | Gang Related <input type="checkbox"/> | <b>N</b> | <b>OFFENSE-INCIDENT REPORT</b>         | Juvenile in Report <input type="checkbox"/> | <b>N</b>                    | Juvenile Warn/Dismiss <input type="checkbox"/> | 1. Original <input type="checkbox"/> | <b>1</b> |
| ADM              | Date of Supplement                    |          | <b>Miami Springs Police Department</b> | Agency Report Number                        | Primary Offense Description |  |                                      |          |
|                  |                                       |          |  | <b>1800522</b>                              | <b>ASLT/BAT SIMP</b>        |  |                                      |          |

|                            |  |   |                         |                                       |                               |  |                                    |                  |                     |                        |                         |                          |   |                         |  |  |
|----------------------------|--|---|-------------------------|---------------------------------------|-------------------------------|--|------------------------------------|------------------|---------------------|------------------------|-------------------------|--------------------------|---|-------------------------|--|--|
| CODES                      | Suspect Race                             |   | Suspect Sex             |                                       | Hair Length                   |  | Hair Style                         |                  |                     | Complexion             |                         | Build                    |   | Facial Hair             |  |  |
|                            | N-NIA<br>W-White<br>B-Black              | I-American Indian<br>O-Other/Asian<br>U-Unknown | N-NIA<br>M-Male         | F-Female<br>U-Unknown                 | L-Long<br>M-Medium<br>S-Short | A-Afro<br>B-Braided<br>C-Curly         | P-Ponytail<br>S-Straight<br>X-Bald | W-Wavy<br>X-Bald | ACN-Acne<br>DK-Dark | LT-Light<br>MED-Medium | HEV-Heavy<br>MED-Medium | MUS-Muscular<br>THN-Thin | B-Beard/Goatee<br>C-Beard & Mustache<br>E-Ear Ring(s) | G-Glasses<br>M-Mustache |  |  |
| SUSPECT OR MISSING PERSONS | OFFINC Indicator                         | Suspect Code                                    |                         | Code                                  | Sup. #                        | Juvenile                               | Name (Last, First, Middle)         |                  |                     |                        |                         |                          |   |                         |  |  |
|                            | 1 - #1<br>2 - #2<br>3 - Both             | 1   | S-Suspect<br>A-Arrestee | E-Escaped<br>M-Missing<br>Z-Other     | S                             | 01                                     | N                                  |                  |                     |                        |                         |                          |   |                         |  |  |
|                            | Maiden Name                              |   |                         | Nickname/Street Name                  |                               |  | Place of Birth                     |                  |                     | Residence Phone        |                         |                          |   |                         |  |  |
|                            |  |   |                         |                                       |                               |  |                                    |                  |                     | 863 [REDACTED]         |                         |                          |   |                         |  |  |
|                            | Last Known Address (Street, Apt. Number) |   |                         |                                       |                               |  | City                               | State            | Zip                 | Business Phone         |                         |                          |   |                         |  |  |
|                            | [REDACTED] LANE                          |   |                         |                                       |                               |  | LAKELAND                           | FL               | 33813               |                        |                         |                          |   |                         |  |  |
|                            | Occupation                               |   |                         | Employer/School                       |                               |  | Address                            |                  |                     | Social Security Number |                         |                          |   |                         |  |  |
|                            | CONSTRUCTION                             |   |                         |                                       |                               |  |                                    |                  |                     |                        |                         |                          |   |                         |  |  |
|                            | Driver's License State/Number            |   |                         | Immigration and Naturalization Number |                               |  | Other ID. Number                   |                  |                     | OBTS Number            |                         |                          |   |                         |  |  |
|                            | [REDACTED] FL                            |   |                         |                                       |                               |  |                                    |                  |                     |                        |                         |                          |   |                         |  |  |
| Clothing (Describe)        |  |   |                         |                                       |                               | Scars/Marks/Tatoos (Location/Describe) |                                    |                  |                     |                        |                         |                          |   |                         |  |  |
|                            |  |   |                         |                                       |                               |  |                                    |                  |                     |                        |                         |                          |   |                         |  |  |
| Race                       | Sex                                      | Date of Birth or Age                            |                         | Height                                | Weight                        | Eye Color                              | Hair Color                         | Hair Length      | Hair Style          |                        |                         |                          |   |                         |  |  |
| W                          | M  | [REDACTED]                                      |                         | 509                                   | 170                           | BRO                                    | BRO                                | S                | W                   |                        |                         |                          |   |                         |  |  |
| Complexion                 | Build                                    | Facial Hair                                     | Teeth                   | Speech/Voice                          | Special Identifiers           |  |                                    |                  |                     |                        |                         |                          |   |                         |  |  |
| LT                         | THN                                      |   |                         |                                       |                               |  |                                    |                  |                     |                        |                         |                          |   |                         |  |  |

**Narrative**

Watts contacted MSPD and advised he was battered by his employer [REDACTED] on the listed date and between the listed times at the listed hotel. Watts stated he and [REDACTED] were staying at the Clarion Inn (rm# 431). Watts stated [REDACTED] then confronted him about talking about a subject that [REDACTED] did not want Watts talking about with other employees. [REDACTED] then became irate and pushed Watts onto the bed and then started slapping him numerous times in his face, causing a minor cut to Watt's right eyebrow. Watts stated he did not fight back or call the police because he was worried about not having transportation back to Lakeland the next day.

The following day Watts and [REDACTED] were traveling back to Lakeland in [REDACTED]'s vehicle, at which time [REDACTED] back handed Watts in the face because Watt's was talking to much. It is unknown if the battery inside the Watt's vehicle occurred in Miami Springs jurisdiction. Watts stated he took photos of his injuries and e-mail them to the Miami Springs CPO. This report was taken over the telephone since victim is back in Lakeland.

|  |  |   |                                   |   |                          |                               |                 |
|--|--|---|-----------------------------------|---|--------------------------|-------------------------------|-----------------|
| ADMINISTRATIVE                                       | Signature of Officer Reporting                       |   | Name of Officer Reporting         |   | I.D. Number/Locator Code | Unit#                         | Date            |
|  |  |   | ROBBINS, J                        |   | 0163                     | 216                           | 04/09/2018      |
|  | Signature of Officer Reviewing                       |   | Officer Reviewing (If Applicable) |   | I.D. Number              | Date                          |                 |
|  |  |   | LOPEZ, T                          |   | 0170                     | 04/09/2018                    |                 |
| Case Status  |  | Clearance Type                            |                                   | A-Adult   | Date Cleared             | Arrest Number                 |                 |
| CA - Cleared by Arrest<br>CE - Cleared Exceptionally | CF - Filed with State Atty<br>CU - Cleared Unfounded | I - Inactive<br>A - Active<br>P - Pending | 1 - Arrest<br>2 - Exceptional     | J - Juvenile  |                          |                               |                 |
| Exception Type                                       |  | 1. Extradition Declined                   |                                   | 2. Arrest on Primary Offense<br>Secondary Offense Without Prosecution |                          | 3. Death of Offender          |                 |
|  |  |   |                                   |   |                          | 4. V / W Refused to Cooperate |                 |
|  |  |   |                                   |   |                          | 5. Prosecution Declined       |                 |
|  |  |   |                                   |   |                          | 6. Juvenile/No Custody        |                 |
|  |  |   |                                   |   |                          | Related Report Number(s)      | Number Arrested |
|  |  |   |                                   |   |                          |                               |                 |

IN THE  
SUPREME COURT OF ILLINOIS

Gordon Wayne Watts,  
Plaintiff,

vs.

Hon. James P. Flannery, Jr., in his capacity as presiding  
judge, Law Division, Cook County, IL circuit court

and

Hon. Diane M. Shelley, in her capacity as circuit judge,  
Law Division, Cook County, IL circuit court,  
Defendants.

||  
||  
||  
|| Docket Number: \_\_\_\_\_  
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**ORDER**

The Motion by Movant, *Pro Se*, for Leave to Proceed in *Forma Pauperis*, is hereby:

ALLOWED / DENIED.

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Justice



## SERVICE LIST

\* **ILLINOIS SUPREME COURT** – Supreme Court Building, Office Hours: 8:30am-4:30pm CST, Mon-Fri, Excl. Holidays, PH: (217) 782-2035 ; TDD (217) 524-8132, Attention: Clerk's Office – 200 E. Capitol Ave. – Springfield, IL 62701-1721 [[served by eFiling , and, if accepted/docketed, thirteen (13) hard copies]]

\* **Hon. Timothy C. Evans**, Chief Judge (Ph 312-603-6000, 4299, 4259 TTY: 6673) Circuit Court of Cook County, 50 W. Washington St., Room 2600, Richard J. Daley Center Chicago, IL 60602, Courtesy copy via: [Timothy.Evans@CookCountyIL.gov](mailto:Timothy.Evans@CookCountyIL.gov) [served by email only, as a courtesy, since he is not a party proper]

\* **Hon. James P. Flannery, Jr.**, Circuit Judge–Presiding Judge, Law Division 50 W. Washington St., Room 2005, Chicago, IL 60602, Ph:312-603-6343, Courtesy copy via: [James.Flannery@CookCountyIL.gov](mailto:James.Flannery@CookCountyIL.gov) [served in all ways, as Judge Flannery is a defendant]

\* **Law Division and Hon. Diane M. Shelley, Circuit Judge, Daley Center, 50 W. Washington St., Rm. 1912, Chicago, Illinois 60602** [Law@CookCountyCourt.com](mailto:Law@CookCountyCourt.com) ; [ccc.LawCalendarW@CookcountyIL.gov](mailto:ccc.LawCalendarW@CookcountyIL.gov) ; [Diane.Shelley@CookCountyIL.gov](mailto:Diane.Shelley@CookCountyIL.gov) [served in all ways, as Judge Shelley is a defendant]

\* **Richard B. Daniggelis** [true owner of 1720] 312-774-4742, c/o John Daniggelis, 2150 North Lincoln Park West, Apartment #603, Chicago, IL 60614-4652

\* **Richard B. Daniggelis (who receives mail, via USPS mail-forwarding at his old address)** 1720 North Sedgwick St., Chicago, IL 60614-5722

\* **Andjelko Galic** Atty for Richard B. Daniggelis (Atty#:33013) C:312-217-5433, Fx:312-986-1810, Ph:312-986-1510, [AGForeclosureDefense@Gmail.com](mailto:AGForeclosureDefense@Gmail.com) ; [AndjelkoGalic@Hotmail.com](mailto:AndjelkoGalic@Hotmail.com) 845 Sherwood Road, LaGrange Park, IL 60526-1547

\* **Robert J. More** ( [Anselm45@Gmail.com](mailto:Anselm45@Gmail.com) ) [Note: **More's** name is **misspelled** on docket as: “**MOORE ROBERT**”] P.O. Box 6926, Chicago, IL, 60680-6926, PH: (708) 317-8812 [[Mr. More has made a formal request by email to receive service solely by email, and waives hard-copy service—see Exhibits, with a statement from Mr. More.]]

\* **Associated Bank, N.A.**, 200 North Adam Street, Green Bay, WI 54301-5142

\* **MERS (Mortgage Electronic Registration Systems, Inc.)**  
<https://www.MersInc.org/about-us/about-us> a nominee for HLB Mortgage, (703) 761-0694 / (800)-646-MERS (6377) / 888-679-MERS (6377) ATTN: Sharon McGann Horstkamp, Esq., Corporate Counsel, Mortgagee:  
<https://www.MersInc.org/component/content/article/8-about-us/401-sharon-horstkamp>  
Senior Vice President, Chief Legal and Legislative Officer, and Corporate Secretary for MERSCORP Holdings, Inc. – PH: (703) 761-1270, FAX: (703) 748-0183,

**SERVICE LIST (continued from above)**

[SharonH@MersInc.org](mailto:SharonH@MersInc.org) ; [SharonH@MersCorp.com](mailto:SharonH@MersCorp.com) Cc: Janis Smith, 703-738-0230, VP, Corp. Comm. is no longer with MersCorp, and Amy Moses ([AmyM@MersCorp.com](mailto:AmyM@MersCorp.com) ; [AmyM@MersInc.org](mailto:AmyM@MersInc.org)) has replaced her as an email contact; Sandra Troutman 703-761-1274, E: [SandraT@MersInc.org](mailto:SandraT@MersInc.org) ; [SandraT@MersCorp.com](mailto:SandraT@MersCorp.com)) Dir, Corporate Communications, Karmela Lejarde, Communications Manager, Tel~ 703-761-1274, Mobile: 703-772-7156, Email: [KarmelaL@MersInc.org](mailto:KarmelaL@MersInc.org) ; [KarmelaL@MersCorp.com](mailto:KarmelaL@MersCorp.com)  
**C/o: MERS (Mortgage Electronic Registration Systems, Inc.), 1901 East Vorhees Street, Suite 'C', Danville, IL 61834-4512**

**\* COHON RAIZES®AL LLP (90192) (Atty for STEWART TITLE ILLINOIS)**

Attn: Carrie A. Dolan, pPh:(312) 726-2252  
208 S LASALLE, Suite #1860, CHICAGO IL, 60604

**\* Stewart Title, Attn: Leigh Curry**

<http://www.Stewart.com/en/stc/chicago/contact-us/contact-us.html>  
2055 W. Army Trail Rd., STE 110, Addison, IL 60101 [ph:(630) 889-4050]

**\* Richard Indyke, Esq.** Atty. No. 20584, ([RIndyke@SBCGlobal.net](mailto:RIndyke@SBCGlobal.net) ; 312-332-2828 ; 773-593-1915 most recent “Attorney of record” for LaSalle Bank Natl. Assn.), 111 South Washington Ave., Suite 105, Park Ridge, IL 60068-4292 [[Mr. Indyke claims to not represent any party in the instant appeal, but the undersigned can not find any more recent atty of record for defendant, LaSalle Bank, and reluctantly will keep Mr. Indyke on the service list, unless excused by The Court—see Exhibits, with a statement from Mr. Indyke.]]

**\* Peter King (Atty. for Joseph Younes) (Atty. No.: 48761)**

(312) 780-7302 / (312) 724-8218 / Direct: (312) 724-8221  
<http://www.KingHolloway.com/contact.htm> ; Attn: Peter M. King, Esq. [PKing@khl-law.com](mailto:PKing@khl-law.com) or: [PKing@KingHolloway.com](mailto:PKing@KingHolloway.com) ; One North LaSalle Street, Suite 3040, Chicago, IL 60602

**\* Joe Younes:** 2625 West Farewell Avenue, Chicago, IL 60645-4522  
[JoeYounes@SbcGlobal.net](mailto:JoeYounes@SbcGlobal.net)

**\* Joseph Younes** (Atty#:55351) Law Offices / <http://ChicagoAccidentAttorney.net>  
312-635-5716, per website, Ph: 312-372-1122 ; 312-802-1122 ; Fax: 312-372-1408 E: [RoJoe69@yahoo.com](mailto:RoJoe69@yahoo.com) 166 West WASHINGTON ST, Ste. 600, Chicago, IL 60602-3596

**\* Paul L. Shelton, Pro Se**, (Atty. #15323, disbarred per IARDC)

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**\* Erika R. Rhone** 22711 Southbrook Dr., Sauk Village, IL 60411-4291

IN THE  
SUPREME COURT OF ILLINOIS

Gordon Wayne Watts,

Plaintiff,

vs.

Hon. James P. Flannery, Jr., in his capacity  
as presiding judge, Law Division,  
Cook County, IL circuit court

and

Hon. Diane M. Shelley, in her capacity  
as circuit judge, Law Division,  
Cook County, IL circuit court,

Defendants.

Docket Number: \_\_\_\_\_

**CERTIFICATE AND AFFIDAVIT OF DELIVERY (aka: Certificate of Service)**

\* The undersigned Plaintiff, Gordon Wayne Watts, hereby certifies under penalties of perjury as provided by law pursuant to 735 ILCS 5/1-109, that the above Affidavit of Assets and Liabilities, Motion to Proceed *in Forma Pauperis*, and inline-attached exhibits, copies of which are attached hereto are being herewith served upon you—and upon the parties listed in the attached Service List, above – **this Day, DD April 2018**, via the Odyssey eFileIL (TylerHost.net) Electronic Filing system if they're e-file registered.

\* I'm concurrently serving all parties via **First Class U.S. Postal Mail** and/or **FedEx 3rd-party Commercial Carrier**—whichever shall prove more convenient..

\* Additionally, I'm serving all parties by email, if indicated in the Service List.

\* Lastly, I shall, when practically possible, post a TRUE COPY of this filing –and related filings –online at my official websites, infra –linked at the “Mortgage Fraud” story, dated Fri. 14 April 2017.

*Respectfully submitted,*

*/s/ Gordon Wayne Watts*

\_\_\_\_\_  
(Actual Signature, if served upon clerk)

**Gordon Wayne Watts**

(Electronic Signature)

**Gordon Wayne Watts**

Gordon Wayne Watts, *pro se* [Code: '99500' = Non-Lawer, *pro se*]

821 Alicia Road, Lakeland, FL 33801-2113

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Email: [Gww1210@aol.com](mailto:Gww1210@aol.com) / [Gww1210@gmail.com](mailto:Gww1210@gmail.com)