AFFIDAVIT OR DECLARATION IN SUPPORT OF MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

I,Jeffery Day Rieber	, am the petitioner in the above-entitled case.	In support of
my motion to proceed in forma	pauperis, I state that because of my poverty I am	unable to pay
the costs of this case or to give s	security therefor; and I believe I am entitled to rec	dress.

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.

	ge monthly amo st 12 months	unt during	Amount expe	ected
	You	Spouse	You	Spouse
Employment	\$0	\$_N/A	\$0	\$ <u>N/A</u>
Self-employment	\$0	\$ <u>N/A</u>	\$	\$_N/A
Income from real property (such as rental income)	\$0	\$ <u>N/A</u>	\$0	\$ <u>N/A</u>
Interest and dividends	\$0	\$_N/A	\$0	\$_N/A
Gifts	\$150	\$_N/A	\$150	\$ <u>N/A</u>
Alimony	\$0	\$ <u>N/A</u>	\$0	\$ <u>N/A</u>
Child Support	\$0	\$_N/A	\$0	\$_N/A
Retirement (such as social security, pensions, annuities, insurance)	\$0	\$_N/A	\$0	\$ <u>N/A</u>
Disability (such as social security, insurance payments)	\$0	\$_N/A	\$0	\$_N/A
Unemployment payments	\$0	\$N/A	\$0	\$_N/A
Public-assistance (such as welfare)	\$0	\$ <u>N/A</u>	\$0	\$ <u>N/A</u>
Other (specify):	\$	\$_N/A	\$0	\$ <u>N/A</u>
Total monthly income:	\$150	\$_0	\$ _150	\$ <u>0</u>

Employer	Address	Dates of Employment	Gross monthly pay
N/A			\$
			\$
			\$
E. List your spouse (Gross monthly p	e's employment histo ay is before taxes or	ry for the past two years other deductions.)	, most recent employer fir
Employer	Address	Dates of	Gross monthly pay
N/A		Employment	•
	The second secon		\$ \$
			\$
institution.	n Type of accoun	t Amount you have	unts or in any other finance Amount your spouse has
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6. State every person, bus amount owed.				
Person owing you or your spouse money	Amount owed to ye	ou	Amou	unt owed to your spouse
N/A	\$		\$	
	\$		\$	
	\$		\$	
7. State the persons who rel	ly on you or your spouse	e for suppor	rt.	
Name N/A	Relationship			Age
8. Estimate the average mor paid by your spouse. A	nthly expenses of you an	d your fami	ily. Sh	ow separately the amount
annually to show the mon	thly rate.	it are mad	e ween	ly, biweekly, quarterly, o
annually to show the mon	thly rate.	You	e ween	Your spouse
Rent or home-mortgage pay (include lot rented for mobile Are real estate taxes included in the property insurance included in the state in the state included in the state in	ment e home) ded? Yes No		0	Your spouse
Rent or home-mortgage pay (include lot rented for mobile Are real estate taxes include	ment e home) ded?	You		Your spouse
Rent or home-mortgage pay (include lot rented for mobile Are real estate taxes included in the property insurance included the control of the	ment e home) ded?	You \$	0	Your spouse
Rent or home-mortgage pay (include lot rented for mobile Are real estate taxes included in the property insurance included in the control of	ment e home) ded?	You \$	0	Your spouse \$ N/A \$ N/A
Rent or home-mortgage pay (include lot rented for mobile Are real estate taxes included in the property insurance included in the property insurance included in the property insurance included in the property in the proper	ment e home) ded?	You \$ \$	0 0	Your spouse \$ N/A \$ N/A \$ N/A
Rent or home-mortgage pay (include lot rented for mobile Are real estate taxes included in the property insurance included in the property in	ment e home) ded?	You \$ \$	0 0 0	Your spouse \$_N/A \$_N/A \$_N/A \$_N/A

	You	Your spouse
Transportation (not including motor vehicle payments)	\$0	\$_N/A
Recreation, entertainment, newspapers, magazines, etc.	\$0	\$_N/A
Insurance (not deducted from wages or included in mortg	gage payments)	
Homeowner's or renter's	\$	\$N/A
Life	\$0	\$N/A
Health	\$0	\$N/A
Motor Vehicle	\$0	\$_N/A
Other:	\$0	\$_N/A
Taxes (not deducted from wages or included in mortgage	payments)	
(specify):	\$0	\$ <u>N/A</u>
Installment payments		
Motor Vehicle	\$	\$_N/A
Credit card(s)	\$0	\$_N/A
Department store(s)	\$0	\$_N/A
Other:	\$	\$
Alimony, maintenance, and support paid to others	\$0	\$_N/A
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$0	\$_N/A
Other (specify): _cigarettes	\$120	\$ <u>N/A</u>
Total monthly expenses:	\$150	\$ N/A

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 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 of 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 costs of this case
	I am a prisoner on death row at Holman Prison in Atmore, Alabama.
I d	leclare under penalty of perjury that the foregoing is true and correct.
Ex	secuted on: May 10, 20 18.
	,
	John Richer (Signature)
	(Signature)

Jeffery Day Rieber