

No. _____

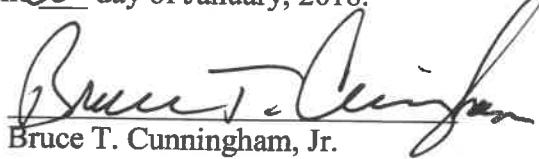
IN THE
SUPREME COURT OF THE UNITED STATES

MARTINEZ ORLANDO BLACK,)
Petitioner,)
)
v.) PETITION FOR
) WRIT OF CERTIORARI
)
STATE OF NORTH CAROLINA,)
Respondent,)

MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

Petitioner, Martinez Black, asks leave to file this Motion without payment of costs, and to proceed *in forma pauperis*. Mr. Black was appointed counsel at trial and on appeal. An Affidavit of Indigency executed by the Petitioner in support of this motion is enclosed.

Respectfully submitted, this the 30th day of January, 2018.



Bruce T. Cunningham, Jr.
Counsel for Petitioner
225 North Bennett Street
Southern Pines NC 28387
910.693.3999

CERTIFICATE OF SERVICE

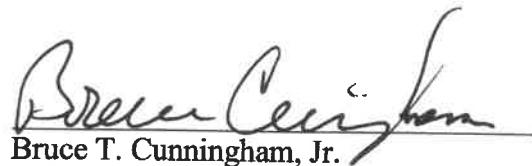
This is to certify that the undersigned has this date served the enclosed Motion for Leave to Proceed *in Forma Pauperis* upon the attorney for the state:

Mr. Daniel O'Brien
Special Deputy Attorney General
North Carolina Department of Justice
P.O. Box 629
Raleigh, NC 27602

by depositing in the United States Mail a copy of the same in a properly addressed envelope with adequate postage thereon.

This is the 30th day of January, 2018.

By:


Bruce T. Cunningham, Jr.

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

I, Martinez Black, 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 security therefor; and I believe I am entitled to redress.

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.

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
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)	\$ _____	\$ _____	\$ _____	\$ _____
Disability (such as social security, insurance payments)	\$ _____	\$ _____	\$ _____	\$ _____
Unemployment payments	\$ _____	\$ _____	\$ _____	\$ _____
Public-assistance (such as welfare)	\$ _____	\$ _____	\$ _____	\$ _____
Other (specify): _____	\$ _____	\$ _____	\$ _____	\$ _____
Total monthly income:	\$ _____	\$ _____	\$ _____	\$ _____

2. List your employment history for the past two years, most recent first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross monthly pay
<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>

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

Employer	Address	Dates of Employment	Gross monthly pay
<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>

4. How much cash do you and your spouse have? \$ *N/A*
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
<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

<input type="checkbox"/> Home Value _____	<input type="checkbox"/> Other real estate Value _____
<input type="checkbox"/> Motor Vehicle #1 Year, make & model _____ Value _____	<input type="checkbox"/> Motor Vehicle #2 Year, make & model _____ Value _____
<input type="checkbox"/> Other assets Description _____ Value _____	

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money

~~NA~~

Amount owed to you

\$ ~~NA~~

Amount owed to your spouse

\$ ~~NA~~

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

Name

~~NA~~

Relationship

~~NA~~

Age

~~NA~~

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, or annually to show the monthly rate.

You

\$ ~~NA~~

Your spouse

\$ ~~NA~~

Rent or home-mortgage payment
(include lot rented for mobile home)

Are real estate taxes included? Yes No
Is property insurance included? Yes No

Utilities (electricity, heating fuel,
water, sewer, and telephone)

\$ ~~NA~~

\$ ~~NA~~

Home maintenance (repairs and upkeep)

\$ ~~NA~~

\$ ~~NA~~

Food

\$ ~~NA~~

\$ ~~NA~~

Clothing

\$ ~~NA~~

\$ ~~NA~~

Laundry and dry-cleaning

\$ ~~NA~~

\$ ~~NA~~

Medical and dental expenses

\$ ~~NA~~

\$ ~~NA~~

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

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 or a typist) any money for services in connection with this case, including the completion of this form?

Yes No

If yes, how much? _____

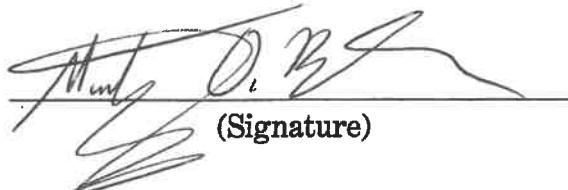
If yes, state the person's name, address, and telephone number:

12. Provide any other information that will help explain why you cannot pay the costs of this case.

Incarceration

I declare under penalty of perjury that the foregoing is true and correct.

Executed on: December 14, 2017


(Signature)



Signature

12-14-17

Date

NORTH CAROLINA

ANSON COUNTY

I, Fritzie L. Greene, NOTARY PUBLIC for
said COUNTY and STATE, do hereby certify that
Martiney D. Black, personally appeared
before me this day and acknowledged
the due execution of the attached instrument.
witness my hand and official seal, this 14th day
of December 2017.

(OFFICIAL SEAL)

NOTARY PUBLIC:



My Commission Expires: _____

FRITZIE L GREENE
NOTARY PUBLIC
MONTGOMERY COUNTY, NC
My Commission Expires 1-19-2020