

No.18-\_\_\_\_

**In The  
Supreme Court of the United States**

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JUAN FRANCISCO MEDINA ORTIZ,  
*Petitioner,*  
v.

LORIE DAVIS, Director of the Texas Department of  
Criminal Justice, Correctional Institutions Division,  
*Respondent.*

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**On Petition For A Writ Of Certiorari To The  
United States Court of Appeals for the Fifth Circuit**

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**MOTION TO APPEAL IN FORMA PAUPERIS**

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Nelson Crespo, Esq.  
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*\*Lead Counsel of Record*

September 19, 2018

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**MOTION TO PROCEED IN FORMA PAUPERIS  
PURSUANT TO RULE 39**

Petitioner, Juan Francisco Medina Ortiz, respectfully requests that this Court permit him to appeal in forma pauperis pursuant to Rule 39 of the Rules of the Supreme Court.

I represented Petitioner at trial and on appeal in the Texas state courts. Following his unsuccessful direct appeal, I agreed to continue to represent Petitioner pro bono because his family lacked the funds for further legal services, and because Petitioner was indigent, having been convicted and sentenced to a 40-year prison term. I represented Petitioner pro bono in the District Court and in the Fifth Circuit.

I am currently representing Petitioner pro bono, because I believe in the issues raised in this case, and because I made a promise not to abandon Petitioner.

An affidavit of indigency is attached hereto. Petitioner does not own any assets, has no income, no savings, and no other access to funds.

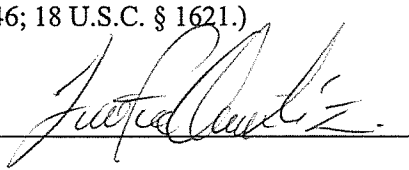
For these reasons, Petitioner respectfully requests permission to appeal in forma pauperis.

Respectfully submitted on this 19th day of  
September, 2018.

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## Application to Appeal In Forma Pauperis

\_\_\_\_\_ v. \_\_\_\_\_ Appeal No. \_\_\_\_\_  
 District Court or Agency No. \_\_\_\_\_

<p><b>Affidavit in Support of Motion</b></p> <p>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.)</p> <p>Signed: <u></u></p>	<p><b>Instructions</b></p> <p>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.</p> <p>Date: <u>05-17-2018</u></p>
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My issues on appeal are: (required):

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	\$ 0	\$ 0	\$ 0	\$ 0
Self-employment	\$ 0	\$ 0	\$ 0	\$ 0
Income from real property (such as rental income)	\$ 0	\$ 0	\$ 0	\$ 0

Interest and dividends	\$ 0	\$ 0	\$ 0	\$ 0
Gifts	\$ 0	\$ 0	\$ 0	\$ 0
Alimony	\$ 0	\$ 0	\$ 0	\$ 0
Child support	\$ 0	\$ 0	\$ 0	\$ 0
Retirement (such as social security, pensions, annuities, insurance)	\$ 0	\$ 0	\$ 0	\$ 0
Disability (such as social security, insurance payments)	\$ 0	\$ 0	\$ 0	\$ 0
Unemployment payments	\$ 0	\$ 0	\$ 0	\$ 0
Public-assistance (such as welfare)	\$ 0	\$ 0	\$ 0	\$ 0
Other (specify):	\$ 0	\$ 0	\$ 0	\$ 0
<b>Total monthly income:</b>	\$ 0	\$ 0	\$ 0	\$ 0

2. List your 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
N/A	N/A	N/A	\$ 0
N/A	N/A	N/A	\$ 0
N/A	N/A	N/A	\$ 0

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
N/A	N/A	N/A	\$ 0
N/A	N/A	N/A	\$ 0
N/A	N/A	N/A	\$ 0

4. How much cash do you and your spouse have? \$ 0

*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
N/A	N/A	\$ 0	\$ 0
N/A	N/A	\$ 0	\$ 0
N/A	N/A	\$ 0	\$ 0

*If you are a prisoner seeking to appeal a judgment in a civil action or proceeding, 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	Other real estate	Motor vehicle #1
(Value) \$ 0	(Value) \$ 0	(Value) \$ 0
		Make and year: N/A
		Model: N/A
		Registration #: N/A

Motor vehicle #2	Other assets	Other assets
(Value) \$ 0	(Value) \$ 0	(Value) \$ 0
Make and year: N/A		
Model: N/A		
Registration #: N/A		

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
None.	\$ 0	\$ 0
None	\$ 0	\$ 0
None	\$ 0	\$ 0
None.	\$ 0	\$ 0

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

Name [or, if a minor (i.e., underage), initials only]	Relationship	Age
Jueth Ortiz	daughter.	10
Axel Ortiz	Son.	7.

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)	\$ 0	\$ 0
Are real estate taxes included? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is property insurance included? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 0	\$ 0
Home maintenance (repairs and upkeep)	\$ 0	\$ 0
Food	\$ 0	\$ 0
Clothing	\$ 0	\$ 0
Laundry and dry-cleaning	\$ 0	\$ 0
Medical and dental expenses	\$ 0	\$ 0

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

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 spent — or will you be spending — any money for expenses or attorney fees in connection with this lawsuit? ☐ Yes ☒ No

If yes, how much? \$ 0



11. Provide any other information that will help explain why you cannot pay the docket fees for your appeal. *I, have been incarcerated for 6 years. and I was the main support of my family. I. Cannot afford the docket fees for my appeal at this moment.*

12. Identify the city and state of your legal residence.

City N/A State N/A

Your daytime phone number: N/A.

Your age: 35 Your years of schooling: 17

Last four digits of your social-security number: N/A.

11. Provide any other information that will help explain why you cannot pay the docket fees for your appeal. *I, have been incarcerated for 6 years. and I was the main support of my family. I cannot afford the docket fees for my appeal at this moment.*

12. Identify the city and state of your legal residence.

City N/A State N/A

Your daytime phone number: N/A.

Your age: 35 Your years of schooling: 17

Last four digits of your social-security number: N/A.

CSINIB02/CINIB02  
SM267AJI2700

TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
IN-FORMA-PAUPERIS DATA

01/12/18  
10:38:27

TDCJ#: 01972058 SID#: 50132378 LOCATION: SMITH INDIGENT DTE: 10/24/17  
NAME: ORTIZ, JUAN FRANCISCO MEDINA BEGINNING PERIOD: 07/01/17

PREVIOUS TDCJ NUMBERS:

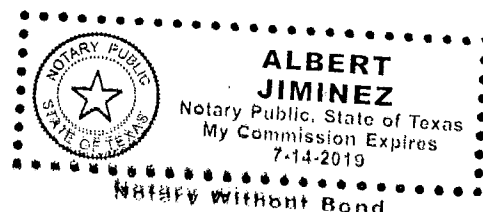
CURRENT BAL: 0.06 TOT HOLD AMT: 0.00 3MTH TOT DEP: 0.00  
6MTH DEP: 0.00 6MTH AVG BAL: 14.60 6MTH AVG DEP: 0.00

MONTH HIGHEST BALANCE TOTAL DEPOSITS			MONTH HIGHEST BALANCE TOTAL DEPOSITS		
12/17	22.94	0.00	09/17	12.99	0.00
11/17	22.94	0.00	08/17	12.99	0.00
10/17	12.99	0.00	07/17	6.96	0.00

PROCESS DATE HOLD AMOUNT HOLD DESCRIPTION

STATE OF TEXAS COUNTY OF Dawson

ON THIS THE 12 DAY OF January, 18, I CERTIFY THAT THIS DOCUMENT IS A TRUE,  
COMPLETE, AND UNALTERED COPY MADE BY ME OF INFORMATION CONTAINED IN THE  
COMPUTER DATABASE REGARDING THE OFFENDER'S ACCOUNT. NP SIG: Albert Jimenez  
PF1-HELP PF3-END ENTER NEXT TDCJ NUMBER: \_\_\_\_\_ OR SID NUMBER: \_\_\_\_\_



Juan Fco. Ortiz #1978058 H19  
Smith Unit.  
1313 County Rd 19.  
Lamesa, Texas, 79331

# Legal Mail #  
LUBBOCK, TX 794  
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RECEIVED JAN 22 2018

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