

NO. _____

IN THE
SUPREME COURT OF THE UNITED STATES

DESREL R. LINDEN,

PETITIONER

VS

DIRECTOR, TDCJ - CID

RESPONDENT

MOTION TO PROCEED IN FORMA PAUPERIS

TO THE HONORABLE JUSTICES OF THE SAID COURT:

NOW COMES PETITIONER DESREL R. LINDEN, AND PURSUANT TO THE PROVISIONS OF RULE 21 AND 39, RULES OF THE SUPREME COURT OF THE UNITED STATES, HEREBY ASK THIS COURT FOR LEAVE TO FILE THE ATTACHED PETITION FOR WRIT OF CERTIORARI WITHOUT PAYMENT OF COST, AND TO PROCEED IN FORMA PAUPERIS. IN SUPPORT OF THIS MOTION PETITIONER SHOWS THE FOLLOWING:

PETITIONER HAS PREVIOUSLY BEEN GRANTED LEAVE TO PROCEED IN FORMA PAUPERIS IN THE FOLLOWING COURT; THE UNITED STATES COURT OF APPEALS FIFTH CIRCUIT, CASE NO. 17-40439; EASTERN DIST. CT. BEAUMONT DIV. NO. 1:14-CV-27.

PETITIONER IS CURRENTLY INCARCERATED AT THE MARK STILES CORRECTIONAL INSTITUTIONAL DIVISION OF THE TEXAS DEPT. OF CRIMINAL JUSTICE AND HAS NO MEANS TO PAY THE COST OF PREPARING OR FILING THE ATTACHED PETITION FOR WRIT OF CERTIORARI,


IN ADDITION TO THIS MOTION, IS A CERTIFIED COPY OF PETITIONER'S (6) MONTH INMATE TRUSTFUND ACCOUNT ATTESTING TO HIS ACCOUNT BALANCE,

PETITIONER FURTHER REQUESTS EXEMPTION FROM RULE OR REQUIREMENTS BECAUSE OF HIS INDIGENT STATUS WHERE HE IS UNABLE TO PERFORM OR PROVIDE, F.R.A.P. RULE (2)

WHEREFORE, PREMISES CONSIDERED, PETITIONER PRAYS THAT THIS COURT GRANTS THIS MOTION AND ANY OTHER RELIEF WHICH HE MAY BE ENTITLED TO.

DATE 6-21-18

RESPECTFULLY SUBMITTED,


DESREL R. LINDEN #1634037
STILES-UNIT
3060 FM 3514
BEAUMONT, TX. 77705


AFFIDAVIT

I DESREL R. LINDEN BEING DULY SWORN, DEPOSE AND SAY THAT I AM THE PETITIONER IN THE ABOVE ENTITLED CASE; THAT IN SUPPORT OF MY MOTION TO PROCEED ON APPEAL WITHOUT BEING REQUIRED TO PREPAY FEES, COST OR GIVE SECURITY, I STATE THAT BECAUSE OF MY POVERTY I AM UNABLE TO PAY THE COST OF SAID PROCEEDING OR TO GIVE SECURITY THEREFOR; THAT I BELIEVE I AM ENTITLED TO REDRESS; AND THAT THE ISSUES WHICH I DESIRE TO PRESENT ON APPEAL ARE THE FOLLOWING;

- a) I'M CURRENTLY INCARCERATED AT MARK STILES-UNIT IN JEFFERSON COUNTY TEXAS AND NOT EMPLOYED;
- b) PRIOR TO INCARCERATION MY SOLE INCOME WAS SOCIAL SECURITY DISABILITY BENEFITS SINCE 1991;
- c) I'VE SUBMITTED A (6) MONTH INMATE TRUSTFUND BALANCE;
- d) I DO NOT OWN ANY STOCKS, BONDS, NOTES, AUTOS, OR OTHER VALUABLE PROPERTY (EXCLUDING ORDINARY HOMESTEAD)

I FURTHER SWEAR THAT THE ABOVE INFORMATION RELATING TO MY ABILITY TO PAY THE COST OF PROSECUTING THE APPEAL ARE TRUE. I UNDERSTAND THAT A FALSE STATEMENT IN THIS AFFIDAVIT WILL SUBJECT ME TO PENALTIES OF PERJURY.

DATE 6-21-18



DESREL R LINDEN #1634037
PETITIONER

UNSWORN DECLARATION

IN COMPLIANCE TO U.S.C. SEC. 1746

I DESREL R. LINDEN TDCJ #1634037 CURRENTLY INCARCERATED IN THE TEXAS DEPT. OF CORRECTIONS, AT MARIC STILES- UNIT IN JEFFERSON COUNTY, TEXAS DO GIVE SOLEMN OATH AND DECLARE, UNDER PENALTY OF PERJURY THAT THE ACCOMPANYING LEGAL DOCUMENTS; MOTION TO PROCEED IN FORMA PAUPERIS, AFFIDAVIT, PETITION FOR WRIT OF CERTIORARI, AND ALL ATTACHED EXHIBITS, CERTIFICATE OF COMPLIANCE, AND PROOF OF SERVICE ARE ALL TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

DATE 6-21-18


DESREL R LINDEN #1634037
STILES-UNIT
3060 FM 3514
BEAUMONT, TX. 77705

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF TEXAS
BEAUMONT DIVISION

DESREL RAY LINDEN

VS.

DIRECTOR, TDCJ-CID

§

§

§

§

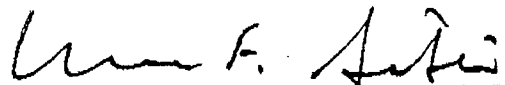
CIVIL ACTION NO. 1:14cv27

ORDER GRANTING MOTION TO PROCEED IN FORMA PAUPERIS

Petitioner seeks permission to proceed *in forma pauperis* on appeal. Having reviewed petitioner's application solely on the basis of financial status, the court finds that petitioner meets the indigency requirements of 28 U.S.C. § 1915. It is therefore,

ORDERED that permission to proceed *in forma pauperis* on appeal is **GRANTED**.

SIGNED this the 15th day of May, 2017.



KEITH F. GIBLIN
UNITED STATES MAGISTRATE JUDGE

NO. _____

IN THE
SUPREME COURT OF THE UNITED STATES

DESREL R LINDEN

PETITIONER

VS

DIRECTOR, TDCJ-CID

RESPONDENT

ADDENDUM OF MOTION TO PROCEED IN FORMA PAUPERIS

TO THE HONORABLE JUSTICES OF THE SAID COURT:

NOW COMES PETITIONER DESREL R. LINDEN, AND
PURSUANT TO RULE 39, RULES OF THE SUPREME
COURT OF THE UNITED STATES, SUBMIT AFFIDAVIT
OR DECLARATION IN SUPPORT OF MOTION FOR
LEAVE TO PROCEED IN FORMA PAUPERIS AS
SHOWS THE FOLLOWING;

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

I, DESREL R LINDEN, 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>NONE</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Self-employment	\$ <u>NONE</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Income from real property (such as rental income)	\$ <u>NONE</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Interest and dividends	\$ <u>NONE</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Gifts	\$ <u>100.00</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Alimony	\$ <u>NONE</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Child Support	\$ <u>NONE</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>NONE</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Disability (such as social security, insurance payments)	\$ <u>NONE</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Unemployment payments	\$ <u>NONE</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Public-assistance (such as welfare)	\$ <u>NONE</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Other (specify): <u>NONE</u>	\$ <u>NONE</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Total monthly income:	\$ <u>100.00</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>

NO. 17-40439

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
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

4. How much cash do you and your spouse have? \$ 50.00
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
FDCS -	TRUST FUND	\$ 50.00	\$ N/A
		\$	\$
		\$	\$

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

☒ Home
Value \$12,000

☐ Other real estate
Value N/A

☐ Motor Vehicle #1
Year, make & model NONE
Value 0

☐ Motor Vehicle #2
Year, make & model NONE
Value 0

☐ Other assets
Description NONE
Value 0

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

\$ N/A

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

Name

Relationship

Age

NONE

N/A

N/A

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

Your spouse

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

\$ NONE

\$ N/A

Are real estate taxes included? ☐ Yes ☒ No

Is property insurance included? ☐ Yes ☒ No

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

\$ NONE

\$ N/A

Home maintenance (repairs and upkeep)

\$ NONE

\$ N/A

Food

\$ 80.7

\$ N/A

Clothing

\$ 5.7

\$ N/A

Laundry and dry-cleaning

\$ 0

\$ N/A

Medical and dental expenses

\$ 10.7

\$ N/A

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>NONE</u>	\$ <u>N/A</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>0</u>	\$ <u>N/A</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>0</u>	\$ <u>N/A</u>
Life	\$ <u>0</u>	\$ <u>N/A</u>
Health	\$ <u>0</u>	\$ <u>N/A</u>
Motor Vehicle	\$ <u>0</u>	\$ <u>N/A</u>
Other: <u>NONE</u>	\$ <u>0</u>	\$ <u>N/A</u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>NONE</u>	\$ <u>0</u>	\$ <u>N/A</u>
Installment payments		
Motor Vehicle	\$ <u>0</u>	\$ <u>N/A</u>
Credit card(s)	\$ <u>0</u>	\$ <u>N/A</u>
Department store(s)	\$ <u>0</u>	\$ <u>N/A</u>
Other: <u>NONE</u>	\$ <u>0</u>	\$ <u>N/A</u>
Alimony, maintenance, and support paid to others	\$ <u>0</u>	\$ <u>N/A</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>0</u>	\$ <u>N/A</u>
Other (specify): <u>NONE</u>	\$ <u>0</u>	\$ <u>N/A</u>
Total monthly expenses:	\$ <u>95.5</u>	\$ <u>N/A</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.

ALL INCOME OR FINANCIAL GIFTS ARE NOT
GUARANTEED

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? \$ 27,500. —

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

TRIAL ATTORNEY JAMES R MAIKIN
1900 BROADWAY AT 3RD
BEAUMONT, TX. 77705
409-833 2827

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? 0 —

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

N/A

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

I'M INCARCERATED IN TDCJ SYSTEM AND THE
STATE OF TEXAS DOES NOT PAY PRISONERS FOR
WORKING.

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

Executed on: 9-20, 20 18



(Signature)

NOTICE
INMATE NOTARY PUBLIC SERVICE

Under both Federal Law (28 U.S.C. § 1746) and State Law (V.T.C.A. Civil Practice & Remedies Code, & 132.001-132.003), inmate incarcerated in Texas may use an unsworn declaration under penalty of perjury in place of a written declaration, verification, clarification, oath, or affidavit sworn before a Notary Public. An example of an unsworn declaration is as follows:

Unsworn Declaration

I, Offender DESREL R LINDEN, TDCJ Number 1634037
am presently incarcerated at the **Mark W. Stiles Unit** of the Texas Department of Criminal Justice in **Jefferson County, Texas** declare under penalty of perjury that the above is true and correct.

Signed on the 20 day of SEPT, 20 18.

DESREL R LINDEN
Printed Name


Signature

**Additional material
from this filing is
available in the
Clerk's Office.**