

No. _____

IN THE
SUPREME COURT OF THE UNITED STATES

JACKIE BREEDER --- PETITIONER
(Your Name)

VS.

Wendy Kelley --- RESPONDENT(S)

MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

The petitioner asks leave to file the attached petition for a writ of certiorari without prepayment of costs and to proceed *in forma pauperis*.

Please check the appropriate boxes:

☒ Petitioner has previously been granted leave to proceed *in forma pauperis* in the following court(s):

ARKANSAS SUPREME COURT, FEDERAL DISTRICT COURT, ARKANSAS STATE COURT

☐ Petitioner has **not** previously been granted leave to proceed *in forma pauperis* in any other court.

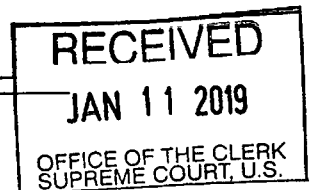
☒ Petitioner's affidavit or declaration in support of this motion is attached hereto.

☒ Petitioner's affidavit or declaration is **not** attached because the court below appointed counsel in the current proceeding, and:

☐ The appointment was made under the following provision of law: _____, or

☐ a copy of the order of appointment is appended

Jackie Breeder
(Signature)



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

I, Jackie Baeedon, 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>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Self-employment	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Income from real property (such as rental income)	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Interest & dividends	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Gifts	\$ <u>25.00</u>	\$ _____	\$ <u>25.00</u>	\$ _____
Alimony	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Child support	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Disability (such as social security, insurance payments)	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Unemployment payments	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Public-assistance (such as welfare)	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Other (specify): <u>NONE</u>	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Total monthly income:	\$ <u>25.00</u>	\$ _____	\$ <u>25.00</u>	\$ _____

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
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
0			\$
			\$
			\$

4. How much cash do you and your spouse have? \$ 0.21
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
COMMINS UNIT	Checking	\$ 0.21	\$
		\$	\$
		\$	\$

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

☐ Home
Value 0

☐ Other real estate
Value

☐ Motor Vehicle #1
Year, make & model
Value 0

☐ Motor Vehicle #2
Year, make & model
Value

☐ Other assets
Description 0
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	Amount owed to you	Amount owed to your spouse
0	\$	\$
	\$	\$
	\$	\$

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

Name	Relationship	Age
0		

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

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

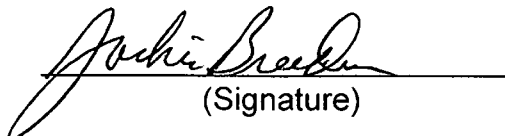
If yes, state the person's name, address, and telephone number:

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

I'm INCARCERATED and don't get paid.

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

Executed on: 12-22, 2018


(Signature)

CALCULATION OF INITIAL PARTIAL FILING FEE

INMATE JACKIE BREEDEN, JR ADC Number: 151498

UNIT: CUMMINS DATE: 12/12/2018

Add each deposit made into Inmate's Trust Account for
preceding Six (6) Months

\$302.00

Total Deposits

x 20% = Initial Partial Filing Fee

\$60.40

Current Trust Account Balance

\$0.21


Signature of Authorizing ADC Official

Diane Lenderman

Printed Name of Authorizing ADC Official

IN THE _____ COURT OF _____ COUNTY, ARKANSAS

PETITIONER

CASE NO: _____

v.

RESPONDENT

ORDER SETTING INITIAL PARTIAL FILING FEE

Now on this day is presented to the Court the pleading of the petitioner and the Calculation of the Initial Payment of Filing Fee. The Court having determined that the petitioner is not indigent finds that that in accordance with Act 340 of 1997 codified as Ark. Code Ann. §16-68-601, the petitioner is required to pay the statutory filing fee of \$165.00 for bringing this action.

The Court assess and sets an initial partial filing fee of \$ _____

Upon receipt of payment of the above set initial partial filing fee, the Clerk of this Court is authorized and directed to receive for filing plaintiff's pleading.

After payment of the initial partial filing fee, petitioner will be obligated to pay the balance of the statutory filing fee of \$165 by making payment of all funds credited to plaintiff's prison trust account each time the amount in the trust account exceeds \$10 until the statutory filing fee of \$165 is paid in full.

The director of the Arkansas Department of Correction or his designee shall collect petitioner's funds as set forth herein and forward the same to the Clerk of the Court until said statutory filing is paid in full.

The Clerk is directed to send an executed copy of this order to the Administrative Office of Record of the Arkansas Department of Correction and the Unit housing the petitioner.

IT IS SO ORDERED THIS _____ DAY OF _____, 20____.

CIRCUIT JUDGE