

Original

No. 1701317

Cl. App'l's No. 17-3030

IN THE
SUPREME COURT OF THE UNITED STATES

James Arthur Higgins — PETITIONER
(Your Name)

VS.

Carl C Donberg et al — 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):

Delaware's Superior and Supreme Courts; Delaware District Court; and Third Circuit Court of Appeals.....

☐ 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.

James Arthur Higgins
(Signature)

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

I, Amos Arthur Biggins, 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>36.45a</u>	\$ _____	\$ <u>36.45a</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): <u>Legal/Mailing Fees,</u>	\$ <u>23.00a</u>	\$ _____	\$ _____	\$ _____
<u>Medical</u>	\$ <u>18.00a</u>	\$ _____	\$ _____	\$ _____
Total monthly income:	\$ <u>36.45a</u>	\$ _____	\$ <u>36.45a</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
Prison	1181 Riddick Road Smyrna, De 39977	July 24, 2015	\$ 36.45
			\$
			\$

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	\$ N/A
			\$
			\$

4. How much cash do you and your spouse have? \$ _____
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
None	None	\$ 0	\$ 0
		\$	\$
		\$	\$

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 0	<input type="checkbox"/> Other real estate Value 0
<input type="checkbox"/> Motor Vehicle #1 Year, make & model none Value 0	<input type="checkbox"/> Motor Vehicle #2 Year, make & model none Value 0
<input type="checkbox"/> 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
_____	\$ _____	\$ _____
<u>None</u>	\$ <u>0</u>	\$ <u>0</u>
_____	\$ _____	\$ _____

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

Name	Relationship	Age
<u>None</u>	<u>None</u>	<u>N/A</u>
_____	_____	_____

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)	\$ <u>0</u>	\$ <u>0</u>
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)	\$ _____	\$ _____
Home maintenance (repairs and upkeep)	\$ _____	\$ _____
Food	\$ _____	\$ _____
Clothing	\$ _____	\$ _____
Laundry and dry-cleaning	\$ _____	\$ _____
Medical and <u>Legal Mailing Fees</u>	\$ <u>39.00</u>	\$ _____

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ _____	\$ _____
Recreation, entertainment, newspapers, magazines, etc.	\$ _____	\$ _____
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ _____	\$ _____
Life	\$ _____	\$ _____
Health	\$ _____	\$ _____
Motor Vehicle	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ _____	\$ _____
Installment payments		
Motor Vehicle	\$ _____	\$ _____
Credit card(s)	\$ _____	\$ _____
Department store(s)	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Alimony, maintenance, and support paid to others	\$ _____	\$ _____
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ _____	\$ _____
Other (specify): <u>Legal/Mailing Fees \$23.00</u>	\$ _____	\$ _____
<u>Medical \$18.00</u>	\$ _____	\$ _____
Total monthly expenses: <u>\$39.00</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? 0

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

none

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:

none

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

The Appellant Is Declared A "Ward Of The State" By The Courts.

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

Executed on: June 29, 2018

James Arthur Higgins
(Signature)

JAMES T VAUGHN CORRECTIONAL CENTER
SUPPORT SERVICES OFFICE
MEMORANDUM

TO: Biggins, James SBI #: 00319264
FROM: JTVCC Support Services/Business Office- Inmate Accounts
RE: 6 month / Average Daily Balance Statement
DATE: June 12, 2018

Attached are copies of your inmate account statements for the months of

December 2017 to June 2018

Average daily balance/ 6 months: \$ 1.18

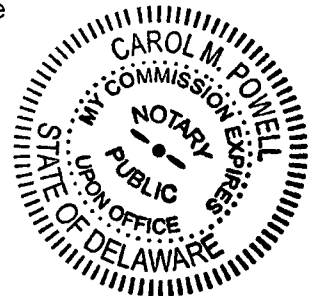
Department of Correction Certified Statement

I hereby certify that the appellant named herein has the sum of \$ 0
on account to the appellant's credit at the institution where the appellant is confined. I further
certify that the appellant has the following securities to the appellant's credit according to the
institution's records: N/A

Jeanne Kinsy 6/12/18
Designee/Date

Carol M. Powell 6/12/18
Notary/Date

Attachments
Cc: File



Delaware Department of Correction

Inmate Account Statement

Run Date: 12/03/2018 07:42 AM

Location: JTVCC
Period From: 11/01/2018 To 11/30/2018

Account #: 00319264

Name: BIGGINS JAMES A

Current Housing: Bldg W1 Tier H

As of 11/01/2018 Opening Balance: \$0.00 As of 11/01/2018 Opening Available Balance*: \$0.00

Transaction#	Transaction Date	Transaction Description	Check# / Money Order#	Debit	Credit	Hold Amount	Available Balance	Memo, From/To
1863282	11/05/2018	Postage		\$0.00		\$0.68	\$0.00	10/31/18,JTVCC Commissary
1863283	11/05/2018	Postage		\$0.00		\$0.68	\$0.00	10/31/18,JTVCC Commissary
1866816	11/08/2018	Wages-Institution			\$36.45	\$0.00	\$36.45	UNIT W- OCTOBER 2018
1867352	11/09/2018	Indigent Hold Payment	151528	\$4.47		\$0.00	\$31.98	Indigent Charges,JTVCC Commissary
1867353	11/09/2018	Other Hold Payment	151529	\$31.98		\$0.00	\$0.00	Postage,JTVCC Commissary
1871321	11/13/2018	Indigent Charges		\$0.00		\$4.47	\$0.00	JTVCC Commissary
1889387	11/28/2018	Postage		\$0.00		\$0.68	\$0.00	11/21/18,JTVCC Commissary
1889429	11/28/2018	Postage		\$0.00		\$0.47	\$0.00	11/23/18,JTVCC Commissary

Total: \$36.45 \$36.45

As of 11/30/2018 Current Balance: \$0.00 Available Balance*: \$0.00

Total Amount on Hold	Facility	Medical Copay	Legal	Restitution	Indigent	Room and Board	Others	Court Fees
As of 12/03/2018:	JTVCC	\$38.71	\$0.00	\$0.00	\$4.47	\$0.00	\$861.44	\$179.71