

No. _____

IN THE SUPREME COURT OF THE UNITED STATES

WILLIAM D. ALBRIGHT,
petitioner

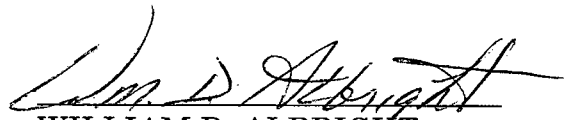
vs.

STATE OF KANSAS
respondent

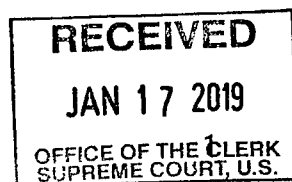
MOTION TO PROCEED IN FORMA PAUPERIS

COMES NOW, WILLIAM D. ALBRIGHT, petitioner pro se, and hereby informs the court that due to his poverty he is unable to prepay the docketing fee for his Petition for a Writ of Certiorari, and he prays this honorable court will permit him to docket it in forma pauperis.

Respectfully Submitted,


WILLIAM D. ALBRIGHT

I hereby swear, under the threat of penalty for perjury pursuant to 28 U.S.C. 1746, that the foregoing statement is true.




WILLIAM D. ALBRIGHT

UNITED STATES COURT OF APPEALS
FOR THE TENTH CIRCUIT

William D. Albright,
Plaintiff/Petitioner - Appellant,

v.

State of Kansas

Defendant/Respondent - Appellee.

Case No. _____

☒ Motion for Leave to Proceed on
Appeal Without Prepayment of
Costs or Fees (Part A)

☐ Application for Certificate of
of Appealability

☐ Appellant/Petitioner's Opening
Brief (Part B)

PART A
NOTICE AND INSTRUCTIONS

Your motion for leave to proceed on appeal without prepayment of costs or fees and application for a certificate of appealability will be evaluated by the court using these standards:

I, *William D. Albright*, the petitioner/appellant
in the captioned case move this court for leave to proceed in forma pauperis.

In support of this motion, I state that because of my poverty, I am unable to pay the costs of said proceedings or give security therefor, I submit the attached financial declaration.

FINANCIAL DECLARATION

Affidavit in Support of Motion to Proceed on Appeal in Forma Pauperis

I swear or affirm under penalty of perjury that because of my poverty I am unable to pay the docket fees of my appeal or to post a bond for them. I believe I am entitled to a different result than that reached in the district court.

I further swear or affirm under penalty of perjury that the responses which I have made to the questions and instructions below relating to my ability to pay the fees for my appeal are true.

Instructions. Please complete all questions in this application and then sign it on the last page. If the answer to any question is "0" or "none," or the question is "not applicable", so indicate by writing "0", "none", or "not applicable (N/A)". If additional space is needed to answer any question or to explain your answer to any question, please use and attach a separate sheet of paper identified with your name, the docket number of your case and the number of the question.

1. Are you or your spouse currently employed? Yes X No
2. If you or your spouse are currently employed, state the name and address of your employer, the length of your employment with that employer, and your monthly gross pay. Gross pay is pay before any taxes or other deductions are taken. If you have more than one employer, please provide the information requested below about the other employer(s) on a separate sheet of paper and attach it to this application.

① Pioneer Balloon Co. ② 3 years of employment
EL DORADO CORR. FACILITY ③ GROSS PAY - 6 to \$800⁰⁰ A MONTH
P.O. Box 311
EL DORADO, KS. 67042

Yourself:

Name and Address of Employer

Pioneer Balloons Co
EL DORADO CORR. FACILITY
P.O. BOX 311
EL DORADO, KS. 67042

Your Spouse:

Name and Address of Employer

N/A

Length of Employment

3
Years Months

Length of Employment

Years Months

Monthly Gross Pay \$ 6⁰⁰ 800⁰⁰

Monthly Gross Pay \$ _____

3. If you are currently unemployed, state the date of your last employment and your monthly gross pay during your last month of employment. Gross pay is pay before any taxes or other deductions are taken.

Date of last employment (Month/Year) for yourself N/A; spouse _____

Monthly gross pay during last month of employment \$ 800⁰⁰ AVERAGE

4. State whether you or your spouse have received money from any of the following sources during the past twelve months, and, if so, the average monthly amount from that source. Adjust any money that was received weekly, bi-weekly, quarterly, semi-annually, or annually to show the monthly rate.

Did you receive money from any of the following sources during the past 12 months?

Average monthly amount during past 12 months for you and your spouse if applicable.

Amount expected next month

	You	Spouse	You	Spouse
Self-employment	Y/N <u>N</u> \$ _____	\$ <u>N/A</u>	\$ _____	\$ <u>N/A</u>
Income from real property (such as rental income)	Y/N <u>N</u> \$ _____	\$ _____	\$ _____	\$ <u>1</u>
Interest and dividends	Y/N <u>N</u> \$ _____	\$ _____	\$ _____	\$ _____

Gifts	Y/N <u>N</u>	\$ _____	\$ _____	\$ _____	\$ _____
Alimony	Y/N <u>N</u>	\$ _____	\$ _____	\$ _____	\$ _____
Child Support	Y/N <u>N</u>	\$ _____	\$ _____	\$ _____	\$ _____
Retirement income from sources such as social security, private pensions, annuities, or insurance policies	Y/N <u>N</u>	\$ _____	\$ _____	\$ _____	\$ _____
Disability payments such as social security, other state or federal government, or insurance payments	Y/N <u>N</u>	\$ _____	\$ _____	\$ _____	\$ _____
Unemployment payments	Y/N <u>N</u>	\$ _____	\$ _____	\$ _____	\$ _____
Public assistance payments such as welfare payments	Y/N <u>N</u>	\$ _____	\$ _____	\$ _____	\$ _____
Other sources of money (specify: _____)	Y/N <u>N</u>	\$ _____	\$ _____	\$ _____	\$ _____
TOTAL			\$ _____	\$ _____	\$ _____

5. State the amount of cash you ~~and your spouse~~ have: \$ 10,000⁰⁰

State below any money you or your spouse have in savings, checking, or other accounts in a bank or other financial institution.

Bank or Other Financial Institution:	Type of Account such as savings, checking, or CD:	Amount you have:	Amount your spouse has:
<u>Inmate Account (prison)</u>	<u>Savings</u>	<u>\$10,000</u>	<u>\$ N/A</u>
<u>Mandatory Savings (cannot be accessed)</u>		<u>\$</u>	<u>\$</u>
		<u>\$</u>	<u>\$</u>

6. State below the assets owned by you and your spouse. Do not list ordinary household furnishings and clothing.

Home	Address: <u>None</u>	Value: \$ _____
		Amount owed on mortgages and liens: \$ _____
Other real estate	Address: <u>None</u>	Value: \$ _____
		Amount owed on mortgages and liens: \$ _____
Motor vehicle	Model/Year: <u>None</u>	Value: \$ _____
		Amount owed: \$ _____
Motor vehicle	Model/Year: <u>None</u>	Value: \$ _____
		Amount owed: \$ _____
Other	Description: <u>None</u>	Value: \$ _____
		Amount owed: \$ _____

- | Name of Person, Business, or Organization | Amount Owed | Amount Owed |
|---|-------------|---------------|
| that Owes You or Your Spouse Money | You: | Your Spouse: |
| <u>None</u> | \$ _____ | \$ <u>N/A</u> |
| _____ | \$ _____ | \$ <u>/</u> |

- | Name | Relationship | Age | Does this person live with you? |
|------|--------------|-----|---------------------------------|
| N/A | N/A | N/A | Yes _____ No _____ |
| / | / | / | Yes _____ No _____ |
| / | / | / | Yes _____ No _____ |
| / | / | / | Yes _____ No _____ |

- Rent or home mortgage payment (include lot rented for mobile home) You \$ 250⁰⁰ Spouse \$ NA
- Are real estate taxes included? Yes No
- Is property insurance included? Yes No

Utilities: Electricity and heating fuel	\$ <u>Ø</u>	\$ _____
Water and sewer	\$ <u>Ø</u>	\$ _____
Telephone	\$ <u>100⁰⁰</u>	\$ _____
Other _____	\$ <u>Ø</u>	\$ _____
Home maintenance (Repairs and upkeep)	\$ <u>Ø</u>	\$ _____
Food	\$ <u>200⁰⁰</u>	\$ _____
Clothing	\$ <u>Ø</u>	\$ _____
Laundry and dry cleaning	\$ <u>Ø</u>	\$ _____
Medical and dental expenses	\$ <u>Ø</u>	\$ _____
Transportation (not including car payments)	\$ <u>Ø</u>	\$ _____
Recreation, clubs and entertainment, newspapers, magazines, etc.	\$ <u>Ø</u>	\$ _____
Charitable contributions	\$ <u>Ø</u>	\$ _____
Insurance (not deducted from wages or included in home mortgage payments)		
Homeowner's or renter's	\$ <u>Ø</u>	\$ _____
Life	\$ <u>Ø</u>	\$ _____
Health	\$ <u>Ø</u>	\$ _____
Auto	\$ <u>Ø</u>	\$ _____
Other _____	\$ <u>Ø</u>	\$ _____
Taxes (not deducted from wages or included in home mortgage payments) (specify) _____		\$ _____
Installment payments		
Auto:	\$ <u>Ø</u>	\$ _____
Credit Card: (name) _____	\$ <u>Ø</u>	\$ _____
Department Store: (name) _____	\$ <u>Ø</u>	\$ _____
Other _____	\$ <u>Ø</u>	\$ _____

Other _____ \$ Ø \$ _____
Alimony, maintenance, and support paid to others \$ Ø \$ _____
Payments for support of additional dependents not living at your home \$ Ø \$ _____
Regular expenses from operation of business, profession, or farm (attach detailed statement) \$ Ø \$ _____
Other _____ \$ Ø \$ _____

TOTAL MONTHLY EXPENSES \$ 300⁰⁰ \$ _____

10. Do you expect any major changes to your monthly income or expenses during the next four months? Yes _____ No X
If yes, describe.

11. Have you paid an attorney any money for services in connection with this case, including the completion of this form? Yes _____ No X
If yes, how much? \$ _____

If yes, provide the name, address, and telephone number of the attorney:

Have you promised to pay or do you anticipate paying an attorney any money for services in connection with this case, including the completion of this form? Yes _____ No X
If yes, how much? \$ _____

If yes, provide the name, address, and telephone number of the attorney:

12. Have you paid anyone other than an attorney (such as a paralegal, typing service, or another person) any money for services in connection with this case, including the completion of this form? Yes _____ No X

If yes, how much? \$ _____

If yes, provide the name, address, and telephone number of the person or service:

13. Have you promised to pay or do you anticipate paying anyone other than an attorney (such as a paralegal, typing service, or another person) any money for services in connection with this case, including the completion of this form? Yes _____ No X

If yes, how much? \$ _____

If yes, provide the name, address, and telephone number of the person or service:

14. How much can you pay each month toward the docket fee for your appeal.

\$ 50⁰⁰

15. Please provide any other information that helps to explain why you are unable to pay the docket fees for your appeal. SIX Month account statement enclosed.

16. State the address of your legal residence:

El Dorado Corr. Facility
P.O. Box 311 (1737 SE. Hwy 54)
El Dorado, KS 67042

Your daytime phone number:

() _____

Your age: 53

Years of schooling: 14

Your social security number:

~~██████████~~-1829

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES OF AMERICA THAT THE FOREGOING IS TRUE AND CORRECT. 28 U.S.C. § 1746, 18 U.S.C. § 1621.

Date: 12-19-18 Signature: 