

No. \_\_\_\_\_

IN THE  
SUPREME COURT OF THE UNITED STATES

JOHN PEYTON ALEXANDER, II — PETITIONER  
(Your Name)

VS.

COMMISSIONER PELICA HALL — 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):

SCOTUS, COA-5, USDC, SUNFLOWER COUNTY Circuit Court,  
MISSISSIPPI Court of Appeals, SUPREME COURT of MISSISSIPPI

☐ 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.  
FINANCIAL AUTHORIZATION ENCLOSED

☐ 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.

July 31, 2018

John Peyton Alexander, II  
(Signature)

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

I, JOHN PEYTON ALEXANDER II, 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	\$ 0	\$ N/A	\$ 0	\$ N/A
Self-employment	\$ 0	\$ N/A	\$ 0	\$ N/A
Income from real property (such as rental income)	\$ 0	\$ N/A	\$ 0	\$ N/A
Interest and dividends	\$ 0	\$ N/A	\$ 0	\$ N/A
Gifts	\$ 0	\$ N/A	\$ 0	\$ N/A
Alimony	\$ 0	\$ N/A	\$ 0	\$ N/A
Child Support	\$ 0	\$ N/A	\$ 0	\$ N/A
Retirement (such as social security, pensions, annuities, insurance)	\$ 95.78	\$ N/A	\$ 95.78	\$ N/A
Disability (such as social security, insurance payments)	\$ 0	\$ N/A	\$ 0	\$ N/A
Unemployment payments	\$ 0	\$ N/A	\$ 0	\$ N/A
Public-assistance (such as welfare)	\$ 0	\$ N/A	\$ 0	\$ N/A
Other (specify): <u>N/A</u>	\$ 0	\$ N/A	\$ 0	\$ N/A
<b>Total monthly income:</b>	\$ 95.78	\$ N/A	\$ 95.78	\$ N/A

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	\$ N/A
			\$
			\$

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? \$ Approx 36,000  
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
Trustmark	CHECKING/SAVING	\$ App. 31,000	\$ N/A
Premier Bank	INVEST ACCT.	\$ App. 5,000	\$ N/A
		\$	\$

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 <u>N/A</u>	<input type="checkbox"/> Other real estate Value <u>N/A</u>
<input type="checkbox"/> Motor Vehicle #1 Year, make & model <u>N/A</u> Value <u>N/A</u>	<input type="checkbox"/> Motor Vehicle #2 Year, make & model <u>N/A</u> Value <u>N/A</u>
<input type="checkbox"/> Other assets Description <u>N/A</u> Value <u>N/A</u>	

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>NA</u>	\$ <u>NA</u>	\$ <u>NA</u>
<u>                    </u>	\$ <u>                    </u>	\$ <u>                    </u>
<u>                    </u>	\$ <u>                    </u>	\$ <u>                    </u>

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

Name	Relationship	Age
<u>NA</u>	<u>NA</u>	<u>NA</u>
<u>                    </u>	<u>                    </u>	<u>                    </u>
<u>                    </u>	<u>                    </u>	<u>                    </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>NA</u>	\$ <u>NA</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)	\$ <u>NA</u>	\$ <u>NA</u>
Home maintenance (repairs and upkeep)	\$ <u>NA</u>	\$ <u>NA</u>
Food	\$ <u>481.00</u>	\$ <u>NA</u>
Clothing	\$ <u>NA</u>	\$ <u>NA</u>
Laundry and dry-cleaning	\$ <u>NA</u>	\$ <u>NA</u>
Medical and dental expenses	\$ <u>NA</u>	\$ <u>NA</u>

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>NA</u>	\$ <u>NA</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>NA</u>	\$ <u>NA</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>NA</u>	\$ <u>NA</u>
Life	\$ <u>NA</u>	\$ <u>NA</u>
Health	\$ <u>NA</u>	\$ <u>NA</u>
Motor Vehicle	\$ <u>NA</u>	\$ <u>NA</u>
Other: _____	\$ <u>NA</u>	\$ <u>NA</u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ <u>NA</u>	\$ <u>NA</u>
Installment payments		
Motor Vehicle	\$ <u>NA</u>	\$ <u>NA</u>
Credit card(s)	\$ <u>NA</u>	\$ <u>NA</u>
Department store(s)	\$ <u>NA</u>	\$ <u>NA</u>
Other: _____	\$ <u>NA</u>	\$ <u>NA</u>
Alimony, maintenance, and support paid to others	\$ <u>NA</u>	\$ <u>NA</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>NA</u>	\$ <u>NA</u>
Other (specify): _____	\$ <u>NA</u>	\$ <u>NA</u>
<b>Total monthly expenses:</b>	\$ <u>NA</u>	\$ <u>NA</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 CAN Afford to pay the filing fee, but I cannot negotiate the logistics of getting the petition printed and bound or typed.

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

Executed on: November 14, 2017

  
(Signature)

FINANCIAL AUTHORIZATION  
TO BE COMPLETED BY PETITIONER

Received  
SEP 29 2017

Authorization for Release of Institution Account Information  
and Payment of the Filing Fees

Inmate Legal Assistance

I, JOHN PALEXANDER, MDOC# 30021,  
authorize the Clerk of Court to obtain, from the agency having custody of my person,  
information about my institutional account, including balances, deposits and withdrawals.  
The Clerk of Court may obtain my account information from the past six (6) months and  
in the future, until the filing fee is paid. I also, authorize the agency having custody of  
my person to withdraw funds from my account and forward payments to the Clerk of  
Court, in accord with section 47-5-76 of the Mississippi Code Annotated.

9/21/2017  
Date

John Alexander  
Signature of Petitioner

IT IS THE PETITIONER'S RESPONSIBILITY TO HAVE THE APPROPRIATE  
PRISON OFFICIAL COMPLETE AND CERTIFY THE CERTIFICATE BELOW

CERTIFICATE  
(Inmate Accounts Only)  
TO BE COMPLETED BY AUTHORIZED OFFICER

I certify that the Petitioner named herein has the sum of \$ 4878.22  
on account to his credit at EMCIF, MDOC Facility, where  
he is confined. I further certify that the Petitioner has the following securities to his  
credit according to the records of said institution: N/A

I further certify that during the last six (6) months the  
Petitioner's average monthly balance was \$ 5139.33

I further certify that during the last six (6) months the  
Petitioner's average monthly deposit was \$ 0

I further certify that Petitioner has made the following withdrawals within  
the past thirty (30) days: 8/29 99.73, 9/5 6.00, 9/12 20.58, 9/19 48.63

601-359-5014  
Telephone Number

9-29-17  
Date

Appeal State

9/26 23.39

Gia McLeod  
Authorized Officer of Inmate Accounts  
Gia McLeod  
Print Name of Authorized Officer