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IN THE	The second secon	non on the state of the state o
ME COURT OF THE	united states	
		A Company of the Comp
DALTON SMITH	- PETITIONE	R
(Your Name)	· · · · · · · · · · · · · · · · · · ·	FILED
VS.		JAN 24 2019
		OFFICE OF THE CLERK SUPREME COURT, U.S.

_ — RESPONDENT(Š)

MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

SUPRE

JAMES

THE STATE OF TEXAS

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

RECEIVED (Gignature)

JAN 3 1 2019

OFFICE OF THE CLERK SUPREME COURT, U.S.

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

I, JAMES DALTON SMITH, 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.

	Average monthly amount during he past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$	\$	\$	\$
Self-employment	\$0	\$	\$	\$
Income from real property (such as rental income)	\$	\$	\$	\$
Interest and dividends	\$ 0	\$0	\$	\$
Gifts	\$	\$	\$0	\$
Alimony	\$0	\$0	\$0	\$0
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): N/A	\$0	\$0	\$0	\$
Total monthly income:	\$	\$0.00	\$	\$

Employer N/A	Address N/A	Dates of Employment	Gross monthly pay
			\$
			\$
			\$
3. List your spot (Gross monthly	use's employment histo y pay is before taxes or	ry for the past two years other deductions.)	, most recent employer fi
Employer /A	Address N/A	Dates of Employment	Gross monthly pay
			\$
			\$ \$
			¥
			Amount your spouse ha
N/A		<u> </u>	\$
N/A		\$ \$	\$
N/A 5. List the assets		\$ \$	\$ \$ \$
5. List the assets and ordinary h	s, and their values, whi ousehold furnishings.	\$\$ \$\$ ch you own or your spouse	\$s \$e owns. Do not list cloth
N/A 5. List the assets and ordinary h	s, and their values, whi ousehold furnishings.	\$\$ \$\$ ch you own or your spouse	\$s \$e owns. Do not list cloth
N/A 5. List the assets and ordinary h Home Value N/A	s, and their values, whi ousehold furnishings.	\$\$ \$\$ ch you own or your spouse Other real esta Value Motor Vehicle #	\$
5. List the assets and ordinary h Home Value N/A Motor Vehicle Year, make & n	s, and their values, whi ousehold furnishings. #1 nodel ^{N/A}	\$\$ \$\$ ch you own or your spouse Other real esta Value Motor Vehicle # Year, make & n	\$\$ \$ \$ e owns. Do not list cloth te A #2 nodelN/A
5. List the assets and ordinary h Home Value N/A	s, and their values, whi ousehold furnishings. #1 nodel ^{N/A}	\$\$ \$\$ ch you own or your spouse Other real esta Value Motor Vehicle #	\$\$ \$ \$ e owns. Do not list cloth te A #2 nodelN/A
5. List the assets and ordinary h Home Value N/A Motor Vehicle Year, make & r	s, and their values, whi ousehold furnishings. #1 nodel ^{N/A}	\$\$ \$\$ ch you own or your spouse Other real esta Value Motor Vehicle # Year, make & n	\$\$ \$ \$ e owns. Do not list cloth te A #2 nodelN/A
5. List the assets and ordinary h Home Value N/A Motor Vehicle Year, make & n	s, and their values, whi ousehold furnishings. #1 nodelN/A	\$\$ \$\$ ch you own or your spouse Other real esta Value Motor Vehicle # Year, make & n	\$\$ \$ \$ e owns. Do not list cloth te

6. State every person, busines amount owed.	ss, or organization ow	ing you o	r your spouse	money, and the
Person owing you or your spouse money	Amount owed to you		Amount owed	to your spouse
N/A	\$N/A	;	\$	
	\$;	\$	<u>.</u>
	\$	•	\$	
7. State the persons who rely of instead of names (e.g. "J.S." i			For minor chi	ldren, list initials
Name	Relationship		Age	
N/A	N/A	· · · · · · · · · · · · · · · · · · ·		
annually to show the monthly	y rate.	You	Yo	ur spouse
Rent or home-mortgage payme				
(include lot rented for mobile he Are real estate taxes included Is property insurance included	? Yes No	\$0	<u> </u>	0
Utilities (electricity, heating fue water, sewer, and telephone)	el,	\$	\$	0
Home maintenance (repairs and	l upkeep)	\$ <u> </u>	\$	0
Food		\$0	\$	0
Clothing		\$	\$	0
Laundry and dry-cleaning		\$0	\$	0
Medical and dental expenses		\$0	\$	0 .

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u></u> 0	\$_O
Recreation, entertainment, newspapers, magazines, etc.	<u>\$</u> 0	\$ <u></u>
nsurance (not deducted from wages or included in mort	gage payments)	
Homeowner's or renter's	\$ <u></u> 0	\$ <u> </u>
Life	\$_0	\$ <u> </u>
Health	\$ <u></u>	\$ <u> </u>
Motor Vehicle	\$ <u></u>	\$ <u></u>
Other: N/A	\$_0	<u>\$</u>
Taxes (not deducted from wages or included in mortgage	payments)	
(specify): N/A	\$_0	<u> </u>
nstallment payments		
Motor Vehicle	\$ <u></u> 0	<u> </u>
Credit card(s)	\$_0	\$0
Department store(s)	\$ 0	<u> </u>
Other: N/A	\$_0	\$0
Alimony, maintenance, and support paid to others	\$ 0	<u>\$</u> _0
Regular expenses for operation of business, profession, r farm (attach detailed statement)	\$_0	\$_0
Other (specify): N/A	\$ <u></u> O	\$0
Total monthly expenses:	\$ 0.00	\$ 0.00

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? N/A
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 of a typist) any money for services in connection with this case, including the completion of this form?
☐ Yes
If yes, how much? N/A
If was atota the name of a name address and talanhana number
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 am a prisoner of the State of Texas. We are not paid for our labor.
I declare under penalty of perjury that the foregoing is true and correct.
Executed on:
2 10 8 4
(Signature)