

ORIGINAL

Supreme Court, U.S.  
FILED

FEB 19 2019

OFFICE OF THE CLERK

NO.

18-8867  
IN THE

SUPREME COURT OF THE UNITED STATES

JAMES A. BROWN, PRO SE PETITIONER

V.

LOREE DAVIS - TEXAS DEPT. OF CRIMINAL

JUSTICE, DIRECTOR, THE U.S. WESTERN DIST.

CT., AUSTIN DIVISION, AND THE U.S. COURT OF

APPEALS FIFTH CIRCUIT, RESPONDENT

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MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

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THE PETITIONER ASK LEAVE TO FILE THE ATTACHED PETITION FOR A WRIT OF CERTIORARI WITHOUT PREPAYMENT OF COST AND TO PROCEED IN FORMA PAUPERIS. THE PETITIONER HAS PREVIOUSLY BEEN GRANTED TO PROCEED IN FORMA PAUPERIS IN THE FOLLOWING COURTS:

JAMES BROWN V. LOREE DAVIS, DIRECTOR

U.SDC NO. 1:18-CV-135

U.SCA 5 NO. 18-50375

RECEIVED

MAR 12 2019

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SUPREME COURT, U.S.

THE PETITIONER IN SUPPORT OF THIS MOTION HAS ATTACHED A SIX MONTH PRINT OUT OF HIS INMATE TRUST FUND ACCOUNT HERETO.

THE PETITIONER ALSO CLAIMS BECAUSE OF HIS POVERTY HE IS UNABLE TO PAY THE COST OF THIS CASE OR TO GIVE SECURITY THEREFOR; AND THAT HIS AVERAGE SOURCE OF MONEY ~~RECEIVED~~ RECEIVED IN HIS ORIGINAL IFP HAS NOT CHANGED ~~FROM~~ FROM  $\emptyset$  DURING THE PAST 12 MONTHS

I DECLARE UNDER THE PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT

MARCH 6, 2019

DATE

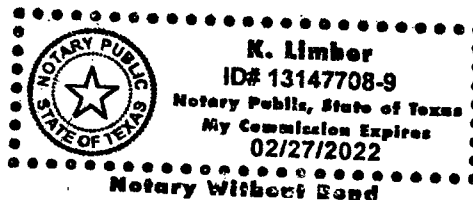
RESPECTFULLY SUBMITTED.

*[Signature]*

CSINIB02/CINIB02 TEXAS DEPARTMENT OF CRIMINAL JUSTICE 03/06/19  
6999/LK00013 IN-FORMA-PAUPERIS DATA 06:22:00  
TDCJ#: 01893446 SID#: 05791692 LOCATION: ELLIS INDIGENT DTE: 05/31/16  
NAME: BROWN, JAMES BEGINNING PERIOD: 09/01/18  
PREVIOUS TDCJ NUMBERS: 01040318 01089799 01144477  
CURRENT BAL: 0.00 TOT HOLD AMT: 5.00 3MTH TOT DEP: 0.00  
6MTH DEP: 0.00 6MTH AVG BAL: 0.00 6MTH AVG DEP: 0.00  
MONTH HIGHEST BALANCE TOTAL DEPOSITS MONTH HIGHEST BALANCE TOTAL DEPOSITS  
02/19 0.00 0.00 11/18 0.00 0.00  
01/19 0.00 0.00 10/18 0.00 0.00  
12/18 0.00 0.00 09/18 0.00 0.00  
PROCESS DATE HOLD AMOUNT HOLD DESCRIPTION

STATE OF TEXAS COUNTY OF \_\_\_\_\_  
ON THIS THE \_\_\_\_ DAY OF \_\_\_\_\_, I CERTIFY THAT THIS DOCUMENT IS A TRUE,  
COMPLETE, AND UNALTERED COPY MADE BY ME OF INFORMATION CONTAINED IN THE  
COMPUTER DATABASE REGARDING THE OFFENDER'S ACCOUNT. NP SIG:  
PF1-HELP PF3-END ENTER NEXT TDCJ NUMBER: \_\_\_\_\_ OR SID NUMBER: \_\_\_\_\_

*K. Limber*



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

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

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.

Type of account (e.g., checking or savings)	Amount you have	Amount your spouse has
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 0 Value 0	<input type="checkbox"/> Motor Vehicle #2 Year, make & model 0 Value 0
<input type="checkbox"/> Other assets Description 0 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**

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

7. State the persons who rely on you or your spouse for support. For minor children, list initials instead of names (e.g. "J.S." instead of "John Smith").

**Name**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Relationship**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Age**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

Rent or home-mortgage payment  
(include lot rented for mobile home)

Are real estate taxes included? ☐ Yes ☒ No

Is property insurance included? ☐ Yes ☒ No

Utilities (electricity, heating fuel,  
water, sewer, and telephone)

Home maintenance (repairs and upkeep)

Food

Clothing

Laundry and dry-cleaning

Medical and dental expenses

**You**

\$ \_\_\_\_\_

**Your spouse**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

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

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:

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

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

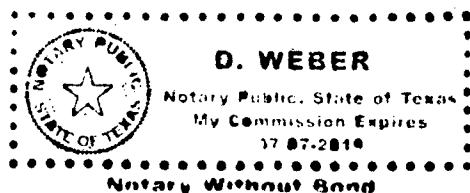
Executed on: JULY 17, 2018, 2018

  
(Signature)



INIB02/CINIB02 TEXAS DEPARTMENT OF CRIMINAL JUSTICE 07/03/18  
 72/WD00111 IN-FORMA-PAUPERIS DATA 06:13:22  
 TDCJ#: 01893446 SID#: 05791692 LOCATION: ELLIS INDIGENT DTE: 05/31/16  
 NAME: BROWN, JAMES BEGINNING PERIOD: 01/01/18  
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 CURRENT BAL: 0.00 TOT HOLD AMT: 0.00 3MTH TOT DEP: 1.80  
 6MTH DEP: 1.80 6MTH AVG BAL: 0.00 6MTH AVG DEP: 0.30  
 MONTH HIGHEST BALANCE TOTAL DEPOSITS MONTH HIGHEST BALANCE TOTAL DEPOSITS  
 06/18 0.00 0.00 03/18 0.00 0.00  
 05/18 1.80 1.80 02/18 0.00 0.00  
 04/18 0.00 0.00 01/18 0.00 0.00  
 PROCESS DATE HOLD AMOUNT HOLD DESCRIPTION

STATE OF TEXAS COUNTY OF Waller  
 ON THIS THE 3 DAY OF July, 2018 I CERTIFY THAT THIS DOCUMENT IS A TRUE,  
 COMPLETE, AND UNALTERED COPY MADE BY ME OF INFORMATION CONTAINED IN THE  
 COMPUTER DATABASE REGARDING THE OFFENDER'S ACCOUNT. NP SIG:  
 PF1-HELP PF3-END ENTER NEXT TDCJ NUMBER: \_\_\_\_\_ OR SID NUMBER: \_\_\_\_\_



*D. Weber*