

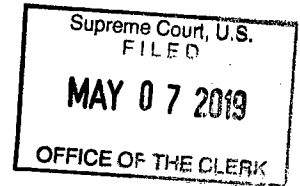
No. 18-9281

IN THE
SUPREME COURT OF THE UNITED STATES
WASHINGTON, DC 20543

RANDY BURKE PRO-SE — PETITIONER
(Your Name)

VS.

DIANE PROSPER ETAL., — 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):

SUPREME COURT OF THE VIRGIN ISLANDS P.O. BOX 336, ST. CROIX V.I. 00841-0336

SUPERIOR COURT OF THE VIRGIN ISLANDS P.O. BOX 929, V.I. 00821-929

☐ 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.

Randy Burke
(Signature)

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

I, Randy Burke, 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>32.40</u>	\$ <u>NONE</u>	\$ <u>32.40</u>	\$ <u>NONE</u>
Self-employment	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>
Income from real property (such as rental income)	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>
Interest and dividends	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>
Gifts	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>
Alimony	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>
Child Support	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>
Disability (such as social security, insurance payments)	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>
Unemployment payments	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>
Public-assistance (such as welfare)	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>
Other (specify): <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>
Total monthly income:	\$ <u>32.40</u>	\$ <u>NONE</u>	\$ <u>32.40</u>	\$ <u>NONE</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
Wallens Ridge State Prison	Box 759 Big Stone Gap, VA 24219	2-12-16	\$ 32.40
			\$
			\$

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
None	None	None	\$ None
			\$
			\$

4. How much cash do you and your spouse have? \$ I Have No Spouse.
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	\$ 123.49	\$ None
	\$	\$
	\$	\$

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 None	<input type="checkbox"/> Other real estate Value None
<input type="checkbox"/> Motor Vehicle #1 Year, make & model None Value None	<input type="checkbox"/> Motor Vehicle #2 Year, make & model None Value None
<input type="checkbox"/> Other assets Description None Value None	

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
None	\$ None	\$ None
	\$	\$
	\$	\$

Name	Relationship	Age
None	None	None

	Your	Your spouse
Rent or home-mortgage payment (include lot rented for mobile home)	\$ <u>NONE</u>	\$ <u>NONE</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>NONE</u>	\$ <u>NONE</u>
Home maintenance (repairs and upkeep)	\$ <u>NONE</u>	\$ <u>NONE</u>
Food	\$ <u>220.00 ANNUALLY</u>	\$ <u>NONE</u>
Clothing	\$ <u>NONE</u>	\$ <u>NONE</u>
Laundry and dry-cleaning	\$ <u>NONE</u>	\$ <u>NONE</u>
Medical and dental expenses	\$ <u>50.00 ANNUALLY</u>	\$ <u>NONE</u>

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>NONE</u>	\$ <u>NONE</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>NONE</u>	\$ <u>NONE</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>NONE</u>	\$ <u>NONE</u>
Life	\$ <u>NONE</u>	\$ <u>NONE</u>
Health	\$ <u>NONE</u>	\$ <u>NONE</u>
Motor Vehicle	\$ <u>NONE</u>	\$ <u>NONE</u>
Other: <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>
Installment payments		
Motor Vehicle	\$ <u>NONE</u>	\$ <u>NONE</u>
Credit card(s)	\$ <u>NONE</u>	\$ <u>NONE</u>
Department store(s)	\$ <u>NONE</u>	\$ <u>NONE</u>
Other: <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>
Alimony, maintenance, and support paid to others	\$ <u>NONE</u>	\$ <u>NONE</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>NONE</u>	\$ <u>NONE</u>
Other (specify): <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>
Total monthly expenses:	\$ <u>NONE</u>	\$ <u>NONE</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? _____

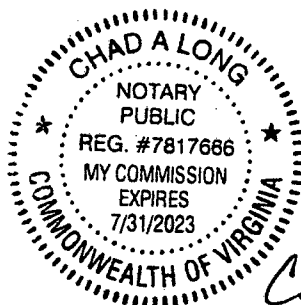
If yes, state the person's name, address, and telephone number:

Due to the fact that I am incarcerated and only make \$32.40 monthly, I am unable to pay the cost of this case. I also have hygiene products, food, and medical/dental expenses.

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: MAY 1, 2019



Randy Burke

(Signature)

*Date
5-2-19*

C. Long