

No.18-\_\_\_\_

**In The**  
**Supreme Court of the United States**

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DAVON KELLY BENNETT,  
*Petitioner,*  
v.

UNITED STATES OF AMERICA,  
*Respondent.*

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**On Petition For A Writ Of Certiorari To The  
United States Court of Appeals for the Fourth  
Circuit**

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**MOTION TO APPEAL IN FORMA PAUPERIS**

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October 17, 2018

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**MOTION TO PROCEED IN FORMA PAUPERIS  
PURSUANT TO RULE 39**

Petitioner, Davon Kelly Bennett, respectfully requests that this Court permit him to appeal in forma pauperis pursuant to Rule 39 of the Rules of the Supreme Court.

I represented Petitioner at trial and on appeal in the Fourth Circuit. After trial, he was declared indigent for purposes of appeal, and I represented him pro bono in the Fourth Circuit. I have agreed to continue to represent Petitioner pro bono because his family lacked the funds for further legal services, and because Petitioner was indigent, having been convicted and sentenced to a 20-year prison term.

I am currently representing Petitioner pro bono, because I believe in the issues raised in this case, and because I made a promise not to abandon Petitioner.

An affidavit of indigency is attached hereto. Petitioner does not own any assets, has no income, no savings, and no other access to funds.

For these reasons, Petitioner respectfully requests permission to appeal in forma pauperis.

Respectfully submitted on this 17th day of October, 2018.

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*\*Counsel of Record*

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

I, Dawn Bennett, 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.

<b>Income source</b>	<b>Average monthly amount during the past 12 months</b>		<b>Amount expected next month</b>	
	<b>You</b>	<b>Spouse</b>	<b>You</b>	<b>Spouse</b>
Employment	\$ <u>0.00</u>	\$ _____	\$ _____	\$ _____
Self-employment	\$ <u>0.00</u>	\$ _____	\$ _____	\$ _____
Income from real property (such as rental income)	\$ <u>0.00</u>	\$ _____	\$ _____	\$ _____
Interest and dividends	\$ <u>0.00</u>	\$ _____	\$ _____	\$ _____
Gifts	\$ <u>0.00</u>	\$ _____	\$ _____	\$ _____
Alimony	\$ <u>0.00</u>	\$ _____	\$ _____	\$ _____
Child Support	\$ <u>0.00</u>	\$ _____	\$ _____	\$ _____
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0.00</u>	\$ _____	\$ _____	\$ _____
Disability (such as social security, insurance payments)	\$ <u>0.00</u>	\$ _____	\$ _____	\$ _____
Unemployment payments	\$ <u>0.00</u>	\$ _____	\$ _____	\$ _____
Public-assistance (such as welfare)	\$ <u>0.00</u>	\$ _____	\$ _____	\$ _____
Other (specify): <u>Family</u>	\$ <u>100.00</u>	\$ _____	\$ <u>100.00</u>	\$ _____
<b>Total monthly income:</b>	<b>\$ <u>100.00</u></b>	<b>\$ _____</b>	<b>\$ <u>100.00</u></b>	<b>\$ _____</b>

2. List your employment history for the past two years, most recent first. (Gross monthly pay is before taxes or other deductions.)

<b>Employer</b>	<b>Address</b>	<b>Dates of Employment</b>	<b>Gross monthly pay</b>
_____	_____	_____	\$ <u>None</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

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.)

<b>Employer</b>	<b>Address</b>	<b>Dates of Employment</b>	<b>Gross monthly pay</b>
_____	_____	_____	\$ <u>None</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

4. How much cash do you and your spouse have? \$ 0.00  
Below, state any money you or your spouse have in bank accounts or in any other financial institution.

<b>Financial institution</b>	<b>Type of account</b>	<b>Amount you have</b>	<b>Amount your spouse has</b>
_____	_____	\$ _____	\$ <u>None</u>
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Home  
Value \_\_\_\_\_

Other real estate  
Value \_\_\_\_\_

Motor Vehicle #1  
Year, make & model \_\_\_\_\_  
Value \_\_\_\_\_

Motor Vehicle #2  
Year, make & model \_\_\_\_\_  
Value \_\_\_\_\_

Other assets  
Description \_\_\_\_\_  
Value \_\_\_\_\_

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

<b>Person owing you or your spouse money</b>	<b>Amount owed to you</b>	<b>Amount owed to your spouse</b>
_____	\$_____	\$_____
_____	\$_____	\$_____
_____	\$_____	\$_____

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

<b>Name</b>	<b>Relationship</b>	<b>Age</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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.

	<b>You</b>	<b>Your spouse</b>
Rent or home-mortgage payment (include lot rented for mobile home)	\$_____	\$_____
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)	\$_____	\$_____
Home maintenance (repairs and upkeep)	\$_____	\$_____
Food	\$_____	\$_____
Clothing	\$_____	\$_____
Laundry and dry-cleaning	\$_____	\$_____
Medical and dental expenses	\$_____	\$_____

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

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

Executed on: April 29, 2019

Dawn Bennett  
(Signature)

D. Rivera Medina  
Notary Public  
State of Ohio  
My Commission Expires  
05-09-2022

Dawn Bennett #59630-050

8730 Scroggs Road  
Linson OH 44432-9333

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# FINANCIAL AFFIDAVIT

IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT, OR OTHER SERVICES WITHOUT PAYMENT OF FEE

IN THE UNITED STATES  DISTRICT COURT  COURT OF APPEALS  OTHER (Specify below)

IN THE CASE OF

USA

v. Davon Kelly Bennett

FOR

AT

LOCATION NUMBER

PERSON REPRESENTED (Show your full name)

DAVON KELLY BENNETT

1 <input checked="" type="checkbox"/> Defendant - Adult
2 <input type="checkbox"/> Defendant - Juvenile
3 <input type="checkbox"/> Appellant
4 <input type="checkbox"/> Probation Violator
5 <input type="checkbox"/> Supervised Release Violator
6 <input type="checkbox"/> Habeas Petitioner
7 <input type="checkbox"/> 2255 Petitioner
8 <input type="checkbox"/> Material Witness
9 <input type="checkbox"/> Other (Specify)

DOCKET NUMBERS
Magistrate Judge
District Court
Court of Appeals

CHARGE/OFFENSE (describe if applicable & check box →)

21 U.S.C. 841(b)(1)(A)  
18 U.S.C. 924(c)(1)(A)(i)  
18 U.S.C. 1956(a)(1)

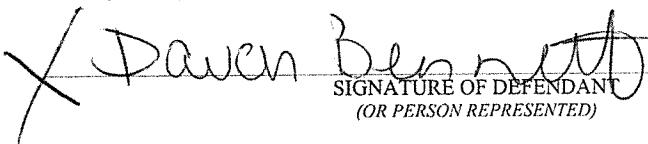
Felony

Misdemeanor

## ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

EMPLOYMENT	Are you now employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Self-Employed				
	Name and address of employer:				
	IF YES, how much do you earn per month? \$ _____	IF NO, give month and year of last employment? _____ How much did you earn per month? \$ _____			
INCOME & ASSETS	If married, is your spouse employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If you are a minor under age 21, what is the approximate monthly income of your parent(s) or guardian(s)? \$ _____			
	IF YES, how much does your spouse earn per month? \$ _____				
	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
OTHER INCOME	RECEIVED	SOURCES			
	IF YES, give the amount received and identify the sources \$ _____				
PROPERTY	Do you have any cash on hand or money in savings or checking accounts? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, total amount? \$ _____				
	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	DESCRIPTION			
	IF YES, give value and description for each \$ _____ \$ _____ \$ _____	VALUE			
OBLIGATIONS & DEBTS	DEPENDENTS	MARITAL STATUS		List persons you actually support and your relationship to them	
		Single	Total	Honesty Bennett - daughter	
		Married	No. of	Allure Patience Bennett - daughter	
	Widowed	Dependents	Davon Bennett, Jr. - son		
	Separated or Divorced	4	Destiny Bennett - daughter		
DEBTS & MONTHLY BILLS (Rent, utilities, loans, charge accounts, etc.)	DESCRIPTION			TOTAL DEBT	MONTHLY PAYMENT
	Child support - amount to be determined			\$ 1,232.00	\$ _____
	Verizon collection account			\$ 1,969.00	\$ _____
	unpaid medical bills unpaid utilities			\$ 116.00	\$ _____

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

  
SIGNATURE OF DEFENDANT  
(OR PERSON REPRESENTED)

4/25/2017  
Date