

No

18-9554

ORIGINAL

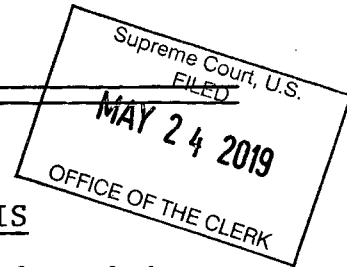
IN THE SUPREME COURT OF THE UNITED STATES

"IN RE BILLIE JEROME ALLEN" (pro se)

Petitioner

(CAPITAL CASE)

MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS



I Billie Allen ask leave to file the attached petition, and if granted, filings thereafter, without payment of costs, and to proceed in forma pauperis.

I have been granted leave to proceed in forma pauperis because of my being indigent throughout "all" of my proceedings (trial, and appeal(s)). I have been granted leave in:

1. Eastern District of Missouri; Eastern Division, pursuant 18 U.S.C. 3006A(a)(2)(B). (Order attached to motion; (See Ex. 1)).

2. Southern District of Indiana; Terre Haute Division, pursuant 18 U.S.C. 3006(a)(2)(B), (Order attached to motion; (See Ex. 2)).

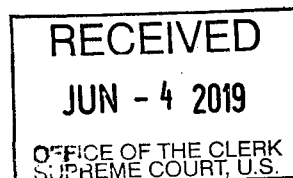
I am currently represented by counsel, pursuant 18 U.S.C. (a)(2)(B), from an order granted by the Eighth Circuit, on November 4, 2014, because of my poverty. (Order attached to motion; (See Ex. 3)). (The order is still active and continues to this date, because of my poverty).

STATEMENT

When counsel of record refused to aid and/or assist me, they granted me permission to seek aid from other counsel, and if granted, that counsel whom I seek aid and assistance from can represent me on this petition. I have sought help and guidance from counsel;

Amy Levin Weil*
511 East Paces Ferry Road, N.E.
Atlanta, GA. 30305
404-581-0000

*Member of the Bar of the Supreme Court.




Though busy, Amy Levin Weil has stated that if the petition is granted, she would be willing to represent me, if appointed by this Court. And I would accept her appointment.

I swear under the penalty of perjury that all statements related above are true and correct.

WHEREFORE, I ask this Court to allow me to proceed in forma pauperis.


BILLIE ALLEN

Authorized by the Act
July 7, 1955 to Administer
Oaths (18 U.S.C. 4004)

Case Manager

Executed on, May 28, 20 19.

Respectfully Submitted,

Billie Allen 26901-044
P.O. BOX 33
Terre Haute, IN. 47808

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

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

Employer	Address	Dates of Employment	Gross monthly pay
<u>0</u>	<u>0</u>	<u>0</u>	\$ <u>0</u>
<u>0</u>	<u>0</u>	<u>0</u>	\$ <u>0</u>
<u>0</u>	<u>0</u>	<u>0</u>	\$ <u>0</u>

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
<u>0</u>	\$ <u>0</u>	\$ <u>0</u>
<u>0</u>	\$ <u>0</u>	\$ <u>0</u>
<u>0</u>	\$ <u>0</u>	\$ <u>0</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 0

☐ Other real estate
Value 0

☐ Motor Vehicle #1
Year, make & model 0
Value 0

☐ Motor Vehicle #2
Year, make & model 0
Value 0

☐ 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.

You

Your spouse

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

0

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:

0

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

I'm a prisoner on Federal Death Row, where I've been for the last 22 years. I have no job. Nor am I able to receive one. Because of my medical condition, I have no way to pay the Court costs. Nor can I hire an attorney to assist me. I am fully dependant on others.

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

Executed on: May 28, 20 19

Authorized by the Act
July 7, 1955 to Administer
Oaths (18 U.S.C. 4004)

Case Manager

Gellie
(Signature)