

19-5021

No. _____

ORIGINAL

IN THE

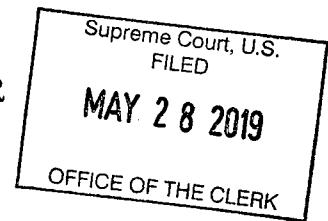
SUPREME COURT OF THE UNITED STATES

OLIVER BOLING #36688-118

— PETITIONER
(Your Name)

VS.

UNITED STATES PAROLE COMMISSION, et al. — 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):

UNITED STATES COURT OF APPEALS NINTH CIR, DC COURT OF APPEALS

DC UNITED STATES DISTRICT COURT,

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.


Oliver Boling #36688-118
(Signature)

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

I, OLIVER BOLING

, 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>NONE</u> <u>\$ N/A</u>	<u>NONE</u> <u>\$ N/A</u>	<u>NONE</u> <u>\$ N/A</u>	<u>NONE</u> <u>\$ N/A</u>
Self-employment	<u>\$ N/A</u>	<u>\$ N/A</u>	<u>\$ N/A</u>	<u>\$ N/A</u>
Income from real property (such as rental income)	<u>\$N/A</u>	<u>\$ N/A</u>	<u>\$ N/A</u>	<u>\$ N/A</u>
Interest and dividends	<u>\$ N/A</u>	<u>\$ N/A</u>	<u>\$ N/A</u>	<u>\$ N/A</u>
Gifts	<u>\$ N/A</u>	<u>\$ N/A</u>	<u>\$ N/A</u>	<u>\$ N/A</u>
Alimony	<u>\$ N/A</u>	<u>\$ N/A</u>	<u>\$ N/A</u>	<u>\$ N/A</u>
Child Support	<u>\$ N/A</u>	<u>\$ N/A</u>	<u>\$ N/A</u>	<u>\$ N/A</u>
Retirement (such as social security, pensions, annuities, insurance)	<u>N/A</u> <u>\$ _____</u>	<u>N/A</u> <u>\$ _____</u>	<u>N/A</u> <u>\$ _____</u>	<u>N/A</u> <u>\$ _____</u>
Disability (such as social security, insurance payments)	<u>N/A</u> <u>\$ _____</u>	<u>N/A</u> <u>\$ _____</u>	<u>N/A</u> <u>\$ _____</u>	<u>N/A</u> <u>\$ _____</u>
Unemployment payments	<u>N/A</u> <u>\$ _____</u>	<u>N/A</u> <u>\$ _____</u>	<u>N/A</u> <u>\$ _____</u>	<u>N/A</u> <u>\$ _____</u>
Public-assistance (such as welfare)	<u>N/A</u> <u>\$ _____</u>	<u>N/A</u> <u>\$ _____</u>	<u>N/A</u> <u>\$ _____</u>	<u>N/A</u> <u>\$ _____</u>
Other (specify): <u>N/A</u>	<u>\$ N/A</u>	<u>\$ N/A</u>	<u>\$ N/A</u>	<u>\$ N/A</u>
Total monthly income:	<u>NONE</u>	<u>NONE</u>	<u>NONE</u>	<u>NONE</u>
	<u>\$ _____</u>	<u>\$ _____</u>	<u>\$ _____</u>	<u>\$ _____</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
NONE	NONE	NONE	\$ NONE
<u>X</u>	<u>X</u>	<u>X</u>	<u>\$ X</u>
<u>X</u>	<u>X</u>	<u>X</u>	<u>\$ X</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
NONE	USPENITENTIARY	NONE	\$ NONE
<u>X</u>	<u>X</u>	<u>X</u>	<u>\$ X</u>
<u>X</u>	<u>X</u>	<u>X</u>	<u>\$ X</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.

Financial institution	Type of account	Amount you have	Amount your spouse has
NONE	NONE	\$ NONE	\$ NONE
<u>X</u>	<u>X</u>	<u>\$ X</u>	<u>\$ X</u>

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	NONE	NONE
Value _____		Value _____

<input type="checkbox"/> Motor Vehicle #1	NONE	<input type="checkbox"/> Motor Vehicle #2	NONE
Year, make & model _____		Year, make & model _____	NONE
Value _____		Value _____	

<input type="checkbox"/> Other assets	BROKE / NONE
Description _____	
Value _____	NONE

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
NONE	\$ <u> X </u>	\$ <u> X </u>
NONE	\$ <u> X </u>	\$ <u> X </u>
NONE	\$ <u> X </u>	\$ <u> X </u>

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

Name	Relationship	Age
NONE	<u> NONE </u>	<u> NONE </u>
X	<u> X </u>	<u> X </u>
X	<u> X </u>	<u> X </u>

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.

		None	You	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)	NONE	\$ <u> NONE </u>	\$ <u> NONE </u>	
Home maintenance (repairs and upkeep)	NONE	\$ <u> NONE </u>	\$ <u> NONE </u>	
Food		\$ <u> NONE </u>	\$ <u> NONE </u>	
Clothing	NONE	\$ <u> NONE </u>	\$ <u> NONE </u>	
Laundry and dry-cleaning	NONE	\$ <u> NONE </u>	\$ <u> NONE </u>	
Medical and dental expenses		\$ <u> NONE </u>	\$ <u> NONE </u>	
NONE				

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

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:

N/A

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 **N/A**
NA

If yes, how much? _____

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

NONE

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

**I have been in prison a lengthy term and my mother father and
Job at the DC PUBLIC WORKS COULD NOT BE HELD FOR ME. MY FAMILY
IS DECEASED AND I HAVE ONE WISH TO BE GRANTED GATEWAY. THANKS**

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

Executed on: 20 th of june 2019, 20 19

Oliver Boling 36688-118
(Signature)