

No.

October Term, 2018

In the
Supreme Court of the United States

Steven Michael Cox,
Petitioner,
v.
Isidro Baca, Warden,
Respondent.

On Petition for Writ of Certiorari to the
Nevada Supreme Court

Motion for Leave to Proceed *In Forma Pauperis*

Rene L. Valladares
Federal Public Defender of Nevada
*Jonathan M. Kirshbaum
Assistant Federal Public Defender
Jonathan_Kirshbaum@fd.org
411 E. Bonneville Ave., Ste. 250
Las Vegas, Nevada 89101
(702) 388-6577

Attorneys for Petitioner
*Counsel of Record

Pursuant to Supreme Court Rule 39.1, Petitioner Steven Michael Cox requests leave to file the attached Petition for Writ of Certiorari without prepayment of costs and to proceed *in forma pauperis*. Cox has been granted leave to do so in state court and federal court. In state court, counsel were appointed to represent Cox at trial, on direct appeal, and in state post-conviction proceedings. In his federal habeas corpus proceedings, the United States District Court granted Cox's motion to proceed *in forma pauperis* and appointed the Federal Public Defender to represent him. *See Cox v. Del Papa*, No. 3:98-cv-00482-PMP-VPC, ECF No. 5 (Dist. Nev. Nov. 3, 1998). Cox has attached a declaration in compliance with 28 U.S.C. § 1746.

Dated this 6th day of August, 2019.

Respectfully submitted,

/s/ Jonathan M. Kirshbaum
Jonathan M. Kirshbaum
Assistant Federal Public Defender

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

I, Steven Michael Cox, 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>N/A</u> | \$ <u>0</u> | \$ <u>N/A</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> |
| 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 |
|----------|---------|---------------------|-------------------|
| N/A | N/A | N/A | \$ N/A (0.) |
| | | | \$ N/A |
| | | | \$ N/A |

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 | N/A | \$ N/A |
| | | | \$ N/A |
| | | | \$ N/A |

4. How much cash do you and your spouse have? \$ (0.) N/A
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 |
|---|-----------------|------------------------|
| N/A | \$ (0.) | \$ N/A |
| | \$ N/A | \$ N/A |
| | \$ N/A | \$ N/A |

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

Home Value N/A (0.) Other real estate Value N/A (0.)

Motor Vehicle #1 Year, make & model N/A Value (0.)

Motor Vehicle #2 Year, make & model N/A Value (0.)

Other assets Description NONE Value _____

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 |
|---------------------------------------|--------------------|----------------------------|
| <u>N/A</u> | \$ <u>N/A</u> | \$ <u>N/A</u> |
| <u>(0.)</u> | \$ <u>(0.)</u> | \$ <u>(0.)</u> |

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 |
|------------|--------------|------------|
| <u>N/A</u> | <u>N/A</u> | <u>N/A</u> |
| | | |

8. Estimate the average monthly expenses of you and your family. Show separately the amount 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) | \$ <u>N/A</u> | \$ <u>N/A</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> </u> | \$ <u> </u> |
| Home maintenance (repairs and upkeep) | \$ <u> </u> | \$ <u> </u> |
| Food | \$ <u> </u> | \$ <u> </u> |
| Clothing | \$ <u> </u> | \$ <u> </u> |
| Laundry and dry-cleaning | \$ <u> </u> | \$ <u> </u> |
| Medical and dental expenses | \$ <u> </u> | \$ <u> </u> |

| | You | Your spouse |
|---|-----------------|---------------|
| Transportation (not including motor vehicle payments) | \$ <u>11A</u> | \$ <u>11A</u> |
| Recreation, entertainment, newspapers, magazines, etc. | \$ <u>5</u> | \$ <u>5</u> |
| Insurance (not deducted from wages or included in mortgage payments) | | |
| Homeowner's or renter's | \$ <u> </u> | \$ <u> </u> |
| Life | \$ <u> </u> | \$ <u> </u> |
| Health | \$ <u> </u> | \$ <u> </u> |
| Motor Vehicle | \$ <u> </u> | \$ <u> </u> |
| Other: _____ | \$ <u> </u> | \$ <u> </u> |
| Taxes (not deducted from wages or included in mortgage payments) | | |
| (specify): _____ | \$ <u> </u> | \$ <u> </u> |
| Installment payments | \$ <u> </u> | \$ <u> </u> |
| Motor Vehicle | \$ <u> </u> | \$ <u> </u> |
| Credit card(s) | \$ <u> </u> | \$ <u> </u> |
| Department store(s) | \$ <u> </u> | \$ <u> </u> |
| Other: _____ | \$ <u> </u> | \$ <u> </u> |
| Alimony, maintenance, and support paid to others | \$ <u> </u> | \$ <u> </u> |
| Regular expenses for operation of business, profession, or farm (attach detailed statement) | \$ <u> </u> | \$ <u> </u> |
| Other (specify): _____ | \$ <u> </u> | \$ <u> </u> |
| Total monthly expenses: | \$ <u>(11.)</u> | \$ <u> </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? (N/A)

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.)

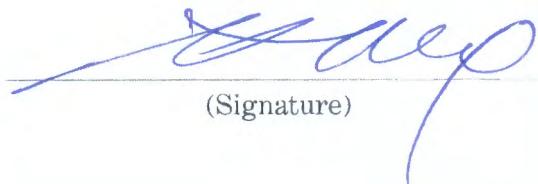
If yes, state the person's name, address, and telephone number:

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

INCARCERATED / DESTROYED INMATE

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

Executed on: 7-8-, 2019


(Signature)