

19-5984

RECEIVED

SEP 17 2019

OFFICE OF THE CLERK
SUPREME COURT, U.S.

IN THE
UNITED STATES SUPREME COURT
NO.
OCTOBER TERM, 2019

ORIGINAL

DANIEL H. JONES

Petitioner

Vs.

CLAUDIA C. BONNYMAN,

Part-1, Chancellor, et.al.

Respondents

FILED

SEP 09 2019

OFFICE OF THE CLERK
SUPREME COURT, U.S.

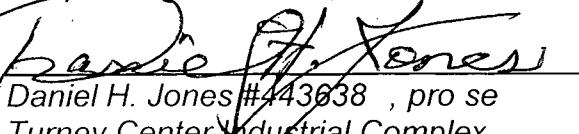
PERMISSION FOR LEAVE TO
PROCEED IN FORMA PAUPERIS

Come the Appellant, Dania H. Jones, pro se, pursuant to 28 USC § 1915(a)(1)(2)&(4) respectfully to request of this Court in being allowed to proceed In Forma Pauperis.

As grounds for this motion, the Plaintiff states that he is an inmate in the Turney Center Industrial Complex and cannot defray the cost of this action, being without sufficient funds or assets with which to do so.

Therefore, hereto shall attach the Plaintiff's Affidavit in support of this motion, in addition, a certified copy of the Plaintiff's inmate trust fund account for the past six months to support his claim of indigence.

Respectfully submitted,


Daniel H. Jones #443638, pro se
Turney Center Industrial Complex
1499 R.W. Moore Memorial Hwy.
Only, Tennessee 37140-4050

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

I, David H. Jones, 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	\$ 0.00	\$ N/A	\$ 0.00	\$ N/A
Self-employment	\$ 0.00	\$ 0.00	\$ 0.00	\$ N/A
Income from real property (such as rental income)	\$ 0.00	\$ N/A	\$ 0.00	\$ N/A
Interest and dividends	\$ 0.00	\$ N/A	\$ 0.00	\$ 0.00
Gifts	\$ N/A	\$ N/A	\$ 0.00	\$ 0.00
Alimony	\$ N/A	\$ N/A	\$ 0.00	\$ 0.00
Child Support	\$ N/A	\$ N/A	\$ 0.00	\$ N/A
Retirement (such as social security, pensions, annuities, insurance)	\$ 0.00	\$ N/A	\$ 0.00	\$ N/A
Disability (such as social security, insurance payments)	\$ 0.00	\$ N/A	\$ 0.00	\$ 0.00
Unemployment payments	\$ N/A	\$ N/A	\$ 0.00	\$ 0.00
Public-assistance (such as welfare)	\$ N/A	\$ N/A	\$ 0.00	\$ N/A
Other (specify): <u>None</u>	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Total monthly income:	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

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	TDOC	Now	\$ 48,00
None	TDOC	Now	\$ 48,00
None	TDOC	Now	\$ 48,00

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
Unknown			\$ 0.00
N/A			\$ 0.00
N/A			\$ 0.00

4. How much cash do you and your spouse have? \$ ~~Remaining Single~~
 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	\$ 0.00	\$ 0.00
	\$ 0.00	\$ 0.00
	\$ 0.00	\$ 0.00

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

Other real estate
 Value N/A

Motor Vehicle #1
 Year, make & model _____
 Value N/A

Motor Vehicle #2
 Year, make & model _____
 Value N/A

Other assets
 Description None
 Value N/A

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	\$ 0.00	\$ 0/12
None	\$ 0.00	\$ 0/12
None	\$ 0.00	\$ 0/12

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
None	N/AS	40/12
None	N/AS	20/12
None	N/AS	10/12

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)	\$ 0.00	\$ 10/12
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)	\$ 0.00	\$ N/A
Home maintenance (repairs and upkeep)	\$ 0.00	\$ 10/12
Food	\$ 0.00	\$ 10/12
Clothing	\$ 0.00	\$ 10/12
Laundry and dry-cleaning	\$ 0.00	\$ 10/12
Medical and dental expenses	\$ 0.00	\$ 10/12

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 0.00	\$ N/A
Recreation, entertainment, newspapers, magazines, etc.	\$ 0.00	\$ N/A
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ 0.00	\$ 0.00
Life	\$ 0.00	\$ 0.00
Health	\$ 0.00	\$ 0.00
Motor Vehicle	\$ 0.00	\$ 0.00
Other: <u>None</u>	\$ 0.00	\$ 0.00
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>None</u>	\$ 0.00	\$ 0.00
Installment payments		
Motor Vehicle	\$ 0.00	\$ N/A
Credit card(s)	\$ 0.00	\$ N/A
Department store(s)	\$ 0.00	\$ N/A
Other: <u>None</u>	\$ 0.00	\$ N/A
Alimony, maintenance, and support paid to others	\$ 0.00	\$ N/A
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0.00	\$ N/A
Other (specify): <u>None</u>	\$ 0.00	\$ N/A
Total monthly expenses:	\$ 0.00	\$ N/A

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? \$0.00

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

If yes, how much? \$0.00

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

N/A

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

*Board of State
Health Issues*

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

Executed on: September 9, 2019

Janice J. Jones
(Signature)