

No. 19-6158



IN THE
SUPREME COURT OF THE UNITED STATES

William A White — PETITIONER
(Your Name)

VS.

Tood Sloop & William True — 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):

Middle District of Florida, Southern District of Illinois, Seventh Circuit, Eleventh Circuit, Western District of Virginia, Eastern District of Virginia, Fourth Circuit, et al

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.

(Signature)

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

I, William A White, 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.

All figures exclude transfers to prison trust account. See end note.

Income source	Average monthly amount during the past 12 months	Amount expected next month		
You	Spouse	You		
Employment	\$ 0	\$ unk	\$ 0	\$ unk
Self-employment	\$ 0	\$ unk	\$ 0	\$ unk
Income from real property (such as rental income)	\$ 0	\$ unk	\$ 0	\$ unk
Interest and dividends	\$ 0	\$ unk	\$ 0	\$ unk
Gifts	\$ 0	\$ unk	\$ 0	\$ unk
Alimony	\$ 0	\$ unk	\$ 0	\$ unk
Child Support	\$ 0	\$ unk	\$ 0	\$ unk
Retirement (such as social security, pensions, annuities, insurance)	\$ 0	\$ unk	\$ 0	\$ unk
Disability (such as social security, insurance payments)	\$ 0	\$ unk	\$ 0	\$ unk
Unemployment payments	\$ 0	\$ unk	\$ 0	\$ unk
Public-assistance (such as welfare)	\$ 0	\$ unk	\$ 0	\$ unk
Other (specify):	\$ 0	\$ unk	\$ 0	\$ unk
Total monthly income:	\$ 0	\$ unk	\$ 0	\$ unk

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			\$
			\$
			\$

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			\$
			\$
			\$

4. How much cash do you and your spouse have? \$ 0.00 and unknown

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		\$	\$
		\$	\$
		\$	\$

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

NONE			
<input type="checkbox"/> Home	Value _____	<input type="checkbox"/> Other real estate	Value _____
<input type="checkbox"/> Motor Vehicle #1	Year, make & model _____	<input type="checkbox"/> Motor Vehicle #2	Year, make & model _____
Value _____		Value _____	
<input type="checkbox"/> Other assets	Description _____		
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>United States</u>	\$ unliquidated	\$ _____
<u>Seminole County, FL</u>	\$ unliquidated	\$ _____
	\$ _____	\$ _____

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

Name	Relationship	Age
BLW	daughter	11

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	\$ unk
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	\$ unk
Home maintenance (repairs and upkeep)	\$ 0	\$ unk
Food	\$ 0	\$ unk
Clothing	\$ 0	\$ unk
Laundry and dry-cleaning	\$ 0	\$ unk
Medical and dental expenses	\$ 0	\$ unk

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

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.

My father is dying of cancer. Should he die, I will become beneficiary of a substantial trust.

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? _____

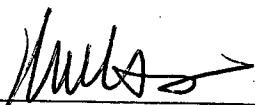
If yes, state the person's name, address, and telephone number:

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

A third party is willing to pay the filing fee in this matter. However, I cannot prepare the booklets, as I have no access to a printer for the full-fee pleadings. So, I ask for IFP status so I can proceed in 8.5x11" format.

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

Executed on: September 12, 2019



(Signature)