

19-6248

United States Supreme Court
United State of America

ORIGINAL

WARREN PARKS,

Appellant,

Warren Parks/Agent
Circuit

-v-

UNITED STATES DISTRICT COURT,
Respondent.

United States Court of Appeals
for the Seventh

Appeal No. _____

MOTION FOR LEAVE TO FILE AND PROCEED ON ~~APPEAL~~

MANDAMUS

IN FORMA PAUPERIS

The Agent, for, Appellant (WARREN PARKS), herein, do hereby move his Honorable Court for Leave to file the above-entitled cause of action in forma pauperis. In support of said motion, Appellant has attached an affidavit of financial status and incorporates the same herein.

Warren Parks
Appellant

AGENT

All Right Reserve

U.C.C. 1-308

AFFIDAVIT ACCOMPANYING MOTION FOR PERMISSION TO APPEAL IN FORMA PAUPERIS

United States Court of Appeals
for the Seventh Circuit

Warren Parks
Warren Parks Agent

v. Case No. _____

) Appeal from the United States District Court for the

) Southear District of INDIAN

)

) District Court No. 17-2342

)

) District Court Judge William J. Bauer

)

Affidavit in Support of Motion

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)

Signed: [Signature]

Instructions

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Date: 7/30/19

My issues on appeal are:

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>[X]</u>	\$ <u>[X]</u>	\$ <u>[X]</u>	\$ <u>[X]</u>
Self-employment	\$ <u>[X]</u>	\$ <u>[X]</u>	\$ <u>[X]</u>	\$ <u>[X]</u>
Income from real property (such as rental income)	\$ <u>[X]</u>	\$ <u>[X]</u>	\$ <u>[X]</u>	\$ <u>[X]</u>
Interest and dividends	\$ <u>[X]</u>	\$ <u>[X]</u>	\$ <u>[X]</u>	\$ <u>[X]</u>
Gifts	\$ <u>[X]</u>	\$ <u>[X]</u>	\$ <u>[X]</u>	\$ <u>[X]</u>
Alimony	\$ <u>[X]</u>	\$ <u>[X]</u>	\$ <u>[X]</u>	\$ <u>[X]</u>
Child support	\$ <u>[X]</u>	\$ <u>[X]</u>	\$ <u>[X]</u>	\$ <u>[X]</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>[X]</u>	\$ <u>[X]</u>	\$ <u>[X]</u>	\$ <u>[X]</u>
Disability (such as social security, insurance payments)	\$ <u>[X]</u>	\$ <u>[X]</u>	\$ <u>[X]</u>	\$ <u>[X]</u>
Unemployment payments	\$ <u>[X]</u>	\$ <u>[X]</u>	\$ <u>[X]</u>	\$ <u>[X]</u>
Public-assistance (such as welfare)	\$ <u>[X]</u>	\$ <u>[X]</u>	\$ <u>[X]</u>	\$ <u>[X]</u>
Other (specify): _____	\$ <u>[X]</u>	\$ <u>[X]</u>	\$ <u>[X]</u>	\$ <u>[X]</u>
Total monthly income:	\$ <u>[X]</u>	\$ <u>[X]</u>	\$ <u>[X]</u>	\$ <u>[X]</u>

2. List your employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross monthly pay
NA	NA		

3. List your spouse's employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross monthly pay
NA	NA		

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

Financial Institution	Type of Account	Amount you have	Amount your spouse has
NA	NA		

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

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

Home (Value)	Other real estate (Value)	Motor Vehicle #1 (Value)
NA	NA	Make & year: _____
		Model: _____
		Registration # _____
Motor Vehicle #2 (Value)	Other assets (Value)	Other assets (Value)
NA	NA	
Make & year: _____		
Model: _____		
Registration # _____		

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

NA NA NA

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

Name

Relationship

Age

NA NA NA

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, semiannually, or annually to show the monthly rate.

	You	Your spouse
Rent or home-mortgage payment (including lot rented for mobile home)	\$	\$
Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$	\$
Home maintenance (repairs and upkeep)	\$	\$
Food	\$	\$
Clothing	\$	\$
Laundry and dry-cleaning	\$	\$
Medical and dental expenses	\$	\$
Transportation (not including motor vehicle expenses)	\$	\$
Recreation, entertainment, newspapers, magazines, etc.	\$	\$
Insurance (not deducted from wages or included in mortgage payments) Homeowner's or renter's	\$	\$

Life

\$ _____ \$ _____

Health

\$ _____ \$ _____

Motor Vehicle

\$ _____ \$ _____

Other: _____

\$ _____ \$ _____

Taxes (not deducted from wages or included in mortgage payments)
(specify):

\$ _____ \$ _____

Installment payments

\$ _____ \$ _____

Motor Vehicle

\$ _____ \$ _____

Credit card (name): _____

\$ _____ \$ _____

Department store (name): _____

\$ _____ \$ _____

Other: _____

\$ _____ \$ _____

Alimony, maintenance, and support paid to others

\$ _____ \$ _____

Regular expenses for operation of business, profession, or farm (attach
detail)

\$ _____ \$ _____

Other (specify): _____

\$ _____ \$ _____

Total monthly expenses: \$ _____ \$ _____

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 connections 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 docket fees for your appeal.

*BECAUSE OF THIS ILLEGAL IMPRISONMENT, I AM UNABLE
TO PAY FOR THESE*

13. State the address of your legal residence.

I HAVE NONE I SOJOURN AT
1946 W. US HWY 40
GREENCASTLE INDIANA
46135