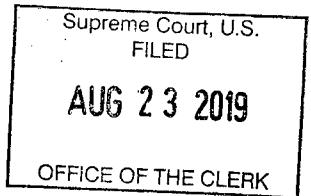


No. 19-6449 *ORIGINAL*

IN THE  
SUPREME COURT OF THE UNITED STATES

MR. ANTWOINE BEALER — PETITIONER  
(Your Name)



VS.

KERN VALLEY STATE PRISON — 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):

EASTERN DISTRICT OF CALIFORNIA

U.S. APPELLATE FOR THE NINTH CIRCUIT

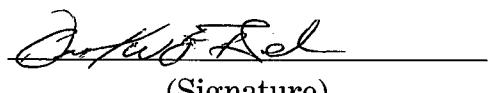
Petitioner has **not** previously been granted leave to proceed *in forma pauperis* in any other court.

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, MR. ANTWOINE BEALER, 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.

<b>Income source</b>	<b>Average monthly amount during the past 12 months</b>		<b>Amount expected next month</b>	
	<b>You</b>	<b>Spouse</b>	<b>You</b>	<b>Spouse</b>
Employment	\$ <u>0.66</u>	\$ _____	\$ <u>0.00</u>	\$ _____
Self-employment	\$ <u>0.00</u>	\$ _____	\$ <u>0.00</u>	\$ _____
Income from real property (such as rental income)	\$ <u>0.00</u>	\$ _____	\$ <u>0.00</u>	\$ _____
Interest and dividends	\$ <u>0.00</u>	\$ _____	\$ <u>0.00</u>	\$ _____
Gifts	\$ <u>500.00</u>	\$ _____	\$ <u>0.00</u>	\$ _____
Alimony	\$ <u>0.00</u>	\$ _____	\$ <u>0.00</u>	\$ _____
Child Support	\$ <u>0.00</u>	\$ _____	\$ <u>0.00</u>	\$ _____
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0.00</u>	\$ _____	\$ <u>0.00</u>	\$ _____
Disability (such as social security, insurance payments)	\$ <u>0.00</u>	\$ _____	\$ <u>0.00</u>	\$ _____
Unemployment payments	\$ <u>0.00</u>	\$ _____	\$ <u>0.00</u>	\$ _____
Public-assistance (such as welfare)	\$ <u>0.00</u>	\$ _____	\$ <u>0.00</u>	\$ _____
Other (specify): _____	\$ <u>0.00</u>	\$ _____	\$ <u>0.00</u>	\$ _____
<b>Total monthly income:</b>	\$ <u>0.00</u>	\$ _____	\$ <u>0.00</u>	\$ _____

2. List your employment history for the past two years, most recent first. (Gross monthly pay is before taxes or other deductions.)

<b>Employer</b>	<b>Address</b>	<b>Dates of Employment</b>	<b>Gross monthly pay</b>
NONE			\$ 0.00
			\$
			\$

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.)

<b>Employer</b>	<b>Address</b>	<b>Dates of Employment</b>	<b>Gross monthly pay</b>
NO SPOUSE			\$ _____
			\$_\$ _____
			\$_\$ _____

4. How much cash do you and your spouse have? \$ 0.00  
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) <u>NO ACCOUNT</u>	Amount you have \$ 0.00	Amount your spouse has \$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____

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

Home  
Value 0.00

Other real estate  
Value 0.00

Motor Vehicle #1  
Year, make & model 0.00  
Value \_\_\_\_\_

Other assets  
Description \_\_\_\_\_  
Value 6.00

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

<b>Person owing you or your spouse money</b>	<b>Amount owed to you</b>	<b>Amount owed to your spouse</b>
<u>NONE</u>	\$ <u>0.00</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").

<b>Name</b>	<b>Relationship</b>	<b>Age</b>
<u>NONE</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.

	<b>You</b>	<b>Your spouse</b>
Rent or home-mortgage payment (include lot rented for mobile home)	\$ <u>0.00</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>0.00</u>	\$ _____
Home maintenance (repairs and upkeep)	\$ <u>0.00</u>	\$ _____
Food	\$ <u>0.00</u>	\$ _____
Clothing	\$ <u>0.00</u>	\$ _____
Laundry and dry-cleaning	\$ <u>0.00</u>	\$ _____
Medical and dental expenses	\$ <u>0.00</u>	\$ _____

	<b>You</b>	<b>Your spouse</b>
Transportation (not including motor vehicle payments)	\$ 0.00	\$ _____
Recreation, entertainment, newspapers, magazines, etc.	\$ 0.00	\$ _____
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ 0.00	\$ _____
Life	\$ 0.00	\$ _____
Health	\$ 0.00	\$ _____
Motor Vehicle	\$ 0.00	\$ _____
Other: _____	\$ 0.00	\$ _____
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ 0.00	\$ _____
Installment payments		
Motor Vehicle	\$ 0.00	\$ _____
Credit card(s)	\$ 0.00	\$ _____
Department store(s)	\$ 0.00	\$ _____
Other: _____	\$ 0.00	\$ _____
Alimony, maintenance, and support paid to others	\$ 0.00	\$ _____
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0.00	\$ _____
Other (specify): _____	\$ 0.00	\$ _____
<b>Total monthly expenses:</b>	<b>\$ 0.00</b>	<b>\$ _____</b>

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? \_\_\_\_\_

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.  
Do Not Have Any Income

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

Executed on: August 27th, 2019

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(Signature)

## Inmate Statement Report

CDCR#	Inmate/Group Name	Institution	Unit	Cell/Bed
F06798	BEALER, ANTWOINE	HDSP	D 006 1	132001

Current Available Balance: \$7.60

Transaction List

Transaction Date	Institution	Transaction Type	Source Doc#	Receipt#/Check#	Amount	Account Balance
04/01/2019	HDSP	BEGINNING BALANCE				\$353.90
04/01/2019	HDSP	PLRA	APPEAL1: 16CV00367SKO	931935	(\$3.90)	\$350.00
04/01/2019	HDSP	PLRA	1:18-CV-01193-SKO	931935	(\$62.00)	\$288.00
04/01/2019	HDSP	PLRA	1:17-CV-01277-DAD- SA	931939	(\$70.00)	\$218.00
04/01/2019	HDSP	PLRA	APPEAL1: 16CV00672SAB	931940	(\$70.00)	\$148.00
04/01/2019	HDSP	PLRA	APPEAL1: 12CV01516EPG	931935	(\$70.00)	\$78.00
04/01/2019	HDSP	PLRA	1:16-CV-00672-SAB	931936	(\$34.00)	\$44.00
04/01/2019	HDSP	PLRA	1:16-CV-00671-DLB	931936	(\$34.00)	\$10.00
04/24/2019	HDSP	FAMILY VISIT	4918	8281	\$148.91	\$158.91
07/18/2019	HDSP	JPAY	0000000103442081		\$300.00	\$458.91
07/22/2019	HDSP	SALES	19		(\$10.00)	\$448.91
08/01/2019	HDSP	PLRA	APPEAL1: 16CV00367SKO	932366	(\$50.00)	\$398.91
08/01/2019	HDSP	PLRA	1:18-CV-01193-SKO	932366	(\$60.00)	\$338.91
08/01/2019	HDSP	PLRA	1:17-CV-01277-DAD- SA	932368	(\$60.00)	\$278.91
08/01/2019	HDSP	PLRA	APPEAL1: 16CV00672SAB	932369	(\$60.00)	\$218.91
08/01/2019	HDSP	PLRA	APPEAL1: 12CV01516EPG	932366	(\$60.00)	\$158.91
08/16/2019	HDSP	COPY CHARGES	LEGAL LOG COPY		(\$1.80)	\$157.11
09/20/2019	HDSP	COPY CHARGES	LEGAL MAIL LOG COPY		(\$0.10)	\$157.01
10/15/2019	HDSP	HEALTH RECORD COPIES	HR COPIES 10/3/19		(\$0.50)	\$156.51

Encumbrance List

Encumbrance Type	Transaction Date	Amount
FV Encumbrance	05/24/2019	\$148.91

Obligation List

Obligation Type	Court Case#	Original Owed Balance	Sum of Tx for Date Range for Oblig	Current Balance
PLRA	APPEAL1: 12CV01516EPG	\$505.00	(\$130.00)	\$209.00
PLRA	APPEAL1: 16CV00672SAB	\$505.00	(\$130.00)	\$325.00

## Inmate Statement Report

Obligation Type	Court Case#	Original Owed Balance	Sum of Tx for Date Range for Oblg	Current Balance
PLRA	1:17-CV-01277-DAD-SA	\$350.00	(\$130.00)	\$200.00
COPY CHARGES	COPIES 05/11/18	\$0.20	\$0.00	\$0.20
COPY CHARGES	COPY 05/11/18	\$0.10	\$0.00	\$0.10
COPY CHARGES	COPY 07/27/18	\$0.10	\$0.00	\$0.10
PLRA	1:18-CV-01193-SKO	\$350.00	(\$122.00)	\$228.00
PLRA	APPEAL1: 16CV00367SKO	\$505.00	(\$53.90)	\$451.10
COPY CHARGES	COPY 12/12/18	\$0.20	\$0.00	\$0.20
PLRA	1:18-CV01170-DAD-SAB	\$350.00	\$0.00	\$350.00

Restitution List

Restitution	Court Case#	Status	Original Owed Balance	Interest Accrued	Sum of Tx for Date Range for Oblg	Current Balance
RESTITUTION FINE	SCE244421	Fulfilled	\$1,000.00	\$0.00	\$0.00	\$0.00
RESTITUTION FINE	SCS175265	Fulfilled	\$500.00	\$0.00	\$0.00	\$0.00
RESTITUTION FINE	08CM7306	Fulfilled	\$1,000.00	\$0.00	\$0.00	\$0.00

PROOF OF SERVICE BY MAIL

BY PERSON IN STATE CUSTODY

(Fed. R. Civ. P. 5; 28 U.S.C. § 1746)

I, MR. ANTWONE BEALER, declare:

I am over 18 years of age and a party to this action. I am a resident of \_\_\_\_\_

\_\_\_\_\_  
HIGH DESERT STATE  
Prison,

in the county of LASSEN, \_\_\_\_\_

State of California. My prison address is: P.O. BOX 3030, \_\_\_\_\_

SUANVILLE, CA 96127

On OCTOBER 22nd, 2019  
(DATE)

I served the attached: WRIT OF CERTIORARI

(DESCRIBE DOCUMENT)

on the parties herein by placing true and correct copies thereof, enclosed in a sealed envelope, with postage thereon fully paid, in the United States Mail in a deposit box so provided at the above-named correctional institution in which I am presently confined. The envelope was addressed as follows:

US SUPREME COURT  
1 1st ST NE  
WASHINGTON, D.C. 20543

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Executed on OCTOBER 22nd, 2019  
(DATE)

  
(DECLARANT'S SIGNATURE)