## 19-6593 No. 19-55397

Supreme Court, U.S. FILED

OCT 3 0 2019

OFFICE OF THE CLERK

IN THE

SUPREME COURT OF THE UNITED STATES

DESHAY D. FORD - PETITIONER (Your Name)

VS.

TIMOTHE P. WHITE - 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*.

ORIGINAL

(Signature)

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

I, DESHALO. Fold,, 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		\$ 7, 200,00	0 \$ 1, 500,00	\$ 2, 20000	\$ 1,000
Self-employment		\$	\$	\$ <del>-©</del>	\$
Income from real prope (such as rental income		\$	\$	\$-	\$
Interest and dividends	~	\$	\$	\$	\$
Gifts		\$	\$	\$	\$
Alimony		\$	\$	\$0	\$
Child Support		\$	<u>\$</u>	\$	\$
Retirement (such as so security, pensions, annuities, insurance)	cial	\$\$1. \$540.00 PERMONT PERSIONS	\$ <del>\( \)</del> # 760, \( \)	\$ 540,00	\$
Disability (such as soci security, insurance pay		\$ PEr me		\$540.00	\$
Unemployment paymer	nts	\$	\$	\$	\$
Public-assistance (such as welfare)		\$ <u>~</u>	\$	\$	\$
Other (specify): Ess	NO	\$ 760.00	\$	\$	\$
Total monthly in	ncome:	\$2,451.00 SELF PRIN SUPPFNOFF	\$	\$	\$
		SUPPLY OF F	Amily		
		11			

2. List your employm is before taxes or o		two years, most recent	first. (Gross monthly pay
Employer  ASTITUTE OF  APPLIED BEHAND  ANDLYSIS	Address 2310E. Pentinosa DR. CAMARICLOA 93010	Dates of Employment  3   S(2014 = 9   25   20 (9	Gross monthly pay \$_!, ((5. 90B; wEkkL \$ \$
	employment history for is before taxes or other		ost recent employer first.
Employer FOSTEN GRANT	Address	Dates of Employment	Gross monthly pay  \$ 1.000 Prumonth  \$ \$
Below, state any minstitution.  Type of account (e.g., e.g.,	checking or savings)	e have in bank accounts	nount your spouse has
5. List the assets, and and ordinary house		u own or your spouse o	wns. Do not list clothing
□ Home Value K	·	Value Soc 8	te Force Clossed
Motor Vehicle #1 Year, make & mode Value 5, 600	1	Motor Vehicle #2 Year, make & mode Value S, 000	n; 85/m 2016 el <u>2016</u>
Other assets Description Value		<del></del>	

6. State every person, busines amount owed.	ss, or organization owi	ng you or your spo	ouse money, and the
Person owing you or your spouse money	Amount owed to you	Amount ov	ved to your spouse
hone 6	\$	\$	
honzo	\$	\$	
Monte	\$	\$-0-	
7. State the persons who rely or instead of names (e.g. "J.S." i			children, list initials
Name	Relationship		ge
DANIEL D. Ford	Son	Z3 Z1}	YRSOLD
Edward m. Ford	Son		rroll
8. Estimate the average monthly paid by your spouse. Adjust annually to show the monthly annually ann	st any payments that a y rate. K PM SES! 975.00 BY NOWITS (\$375.00)	You \$\frac{2300}{\text{Kint Per monith}}\$	Your spouse  \$ 120 SEWAGETWATER PER MENTH
Utilities (electricity, heating fue water, sewer, and telephone)	ıl,	\$ 150,00	\$
Home maintenance (repairs and	upkeep)WE REAT.	»\$ <u> </u>	\$ <u></u>
Food (Per mon TH \$	300.00	\$ 200,00	\$ <del></del>
Clothing Clisman Day	Climar	\$45.00	\$
Laundry and dry-cleaning 6	0,00 PER MONTH	\$ 60.00	\$
Medical and dental expenses		\$ 100,00 (30)	H ME + WIFE)

	You GASolme	Your spouse
Transportation (not including motor vehicle payments)	\$ 100,00 75, mon 1 H	\$ 100.00 Ptr monty
Recreation, entertainment, newspapers, magazines, etc.	\$ 6	\$
Insurance (not deducted from wages or included in mortg	man TH	¥
Homeowner's or renter's	\$ 2,300,00	\$ 120
Life	\$ 148 LIGHTH SULM	\$ 120 WATEN + SEWAYE SECT
Health Michica Toums  Motor Vehicle S (Two CARS 375,00)	\$ 4000	
Motor Vehicle \$ (Two CARS 375,00)	\$ 375,00 TWO CARE	\$ BOTH CARS
Other:	\$	\$
Taxes (not deducted from wages or included in mortgage	payments)	
(specify): RENT PENMONTH \$2, 300,00	\$	\$
Installment payments Tar Ton Both Gars		
Installment payments  I Par Ton Both Gars  Motor Vehicle (2 CARS hom Thy Fin STALLME	375,00)	\$
Credit card(s) Visia RASobank Parmont	\$ \$ 93.00	<b>\$</b>
Department store(s)	\$	\$
Other:	\$	\$
Alimony, maintenance, and support paid to others	\$ <u></u>	\$
Regular expenses for operation of business, profession, or farm (attach detailed statement)	s-C	\$ 0
Other (specify):	*	<b>\$</b>
Total monthly expenses:	\$-6	*

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? I CAM NOT A FFORD AN ATTORNEY
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?
If yes, how much? O Name I annot A Frond An ATTORney
If yes, how much? Wante I annot At Polle Pin All
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.
And w SMALL PENSion. I WAS IN JURY AT WORK
Am I I NECEIVE # 1,115,90 FOR DISASILITY PAR MENTS
BI-WIEHLY (SOE ATTION MENT).  I declare under penalty of perjury that the foregoing is true and correct.
Executed on: \$12/18/113/11 30, 2019, 20 2019
Deshay D. Hold Signature)
(Signature)
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