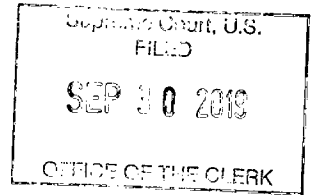


19-6786 ORIGINAL

IN THE
SUPREME COURT OF THE UNITED STATES



CAROL JOHNNENE MOERIS — PETITIONER
(Your Name)

VS.

UNITED STATES, ET AL. — 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):

1) USDC NO-97-CR-10; U.S.A. v. Morris. Title 18 USC § 3006(a); NO. 14-50875; IFP granted
March 6, 2015; 2) USDC NO. 14-50443; Morris v. Stephens; 3) USDC W-14-CV-131; Morris v. Stephens

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

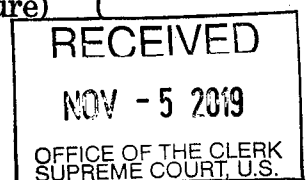
☒ Petitioner's affidavit or declaration in support of this motion is attached hereto.

☐ 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.

Carol Johnene Morris
(Signature)



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

I, CAROL J. JENSEN ^{For. Leg.} MDU #76547-080, 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- | \$ | \$ 650 | \$ |
| Self-employment | \$ -0- | \$ | \$ 0 | \$ |
| Income from real property (such as rental income) | \$ -0- | \$ | \$ 0 | \$ |
| Interest and dividends | \$ -0- | \$ | \$ 0 | \$ |
| Gifts | \$ -0- | \$ | \$ 0 | \$ |
| Alimony | \$ -0- | \$ | \$ 0 | \$ |
| Child Support | \$ -0- | \$ | \$ 0 | \$ |
| Retirement (such as social security, pensions, annuities, insurance) | \$ -0- | \$ | \$ 0 | \$ |
| Disability (such as social security, insurance payments) | \$ 2,000 | \$ | \$ 500 | \$ |
| Unemployment payments | \$ -0- | \$ | \$ 0 | \$ |
| Public-assistance (such as welfare) | \$ -0- | \$ | \$ 0 | \$ |
| Other (specify): ^{PROV. NCJ-18} # 1681899 | \$ 100 | \$ | \$ 100 | \$ |
| Total monthly income: | \$ 41.00 approx. | \$ | \$ 1100 | \$ |

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 |
|----------|---|---------------------|-------------------|
| NICA | 11600 S. Lincoln Park Ft. Worth, TX. 76164 | Sept. 26, 2019 - | \$ 650 |
| | | | \$ |
| | | | \$ |

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 |
|----------|---------|---------------------|-------------------|
| N/A | N/A | N/A | \$ N/A |
| | | | \$ |
| | | | \$ |

4. How much cash do you and your spouse have? \$ approx \$1100
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 |
|---|-------------------|------------------------|
| CHECKING (DIRECT DEPOSIT) | \$ approx. \$1100 | \$ |
| | \$ | \$ |
| | \$ | \$ |

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

☒ Home
Value BURNED (UNHABITABLE)
1109-1111 E. TULSA (REBUILT OR FURNISHED)
RENOVATE 208 S. Lee St; 2301 East Kentucky Ave
☒ Motor Vehicle #1
Year, make & model 500 1999 CADILLAC
Value 500 D'Elia

☒ Other real estate (approx. 26 lots)
Value UNKNOWN
☒ Motor Vehicle #2
Year, make & model John Deere Tractor
Value _____

☒ Other assets
Description N/A
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 |
|---|--------------------|----------------------------|
| BP America Prod. Co. | \$ MILLIONS | \$ |
| City of Houston, Tex. | \$ MILLIONS | \$ |
| Mr. Aubrey Stephens, Esq. Energy Resources, Inc. | \$ MILLIONS | \$ |

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 |
|------|--------------|-----|
| N/A | N/A | N/A |
| | | |
| | | |

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) <u>RENOVATE/REMODEL</u> | \$ 1 MILLION | \$ |
| 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) | \$ <u>GOING SOLAR</u> ??? | \$ |
| Home maintenance (repairs and upkeep) <u>RENOVATION</u> | \$ 1,500 mo. | \$ |
| Food | \$ 500 mo | \$ |
| Clothing | \$ 2,000 mo. | \$ |
| Laundry and dry-cleaning | \$ 500. mo | \$ |
| Medical and dental expenses (<u>HEAVY DUTY</u> ; <u>IMPLANTS</u>) <u>W/ GOLD CROWNS FROM DENTAL; COLONOSCOPY;</u> <u>APPHYSICIAN</u> | \$ 80,000 | \$ |

| | You | Your spouse |
|---|--|--------------|
| Transportation (not including motor vehicle payments) | \$ <u>40 mo.</u> | \$ <u> }</u> |
| Recreation, entertainment, newspapers, magazines, etc. | \$ <u>unavailable</u> | \$ <u> }</u> |
| Insurance (not deducted from wages or included in mortgage payments) | | |
| Homeowner's or renter's | \$ <u>500. ⁰⁰/_{mo}</u> | \$ <u> }</u> |
| Life | \$ <u>35. ⁰⁰/_{mo}</u> | \$ <u> }</u> |
| Health : <u>NEED MEDICARE for Hip-L; asphyxia;</u> <u>and colonoscopy</u> | <u>MEDICARE</u> \$ <u>MEDICARE</u> | \$ <u> }</u> |
| Motor Vehicle | \$ <u>150. ⁰⁰/_{mo}</u> | \$ <u> }</u> |
| Other: <u>prescriptions (co-pay)</u> | \$ <u>777</u> | \$ <u> }</u> |
| Taxes (not deducted from wages or included in mortgage payments) | | |
| (specify): <u>MCAD = \$10,000 per year ?/yr</u> | \$ <u>approx \$10,000 yr.</u> | \$ <u> }</u> |
| Installment payments | | |
| Motor Vehicle : <u>now one (Bentley)</u> | \$ <u>250,000</u> | \$ <u> }</u> |
| Credit card(s) | \$ <u>1,000</u> | \$ <u> }</u> |
| Department store(s) | \$ <u>2,000</u> | \$ <u> }</u> |
| Other: <u>now Tom's Shoe Tencor</u> | \$ <u>17,000</u> | \$ <u> }</u> |
| Alimony, maintenance, and support paid to others | \$ <u>0</u> | \$ <u> }</u> |
| Regular expenses for operation of business, profession, or farm (attach detailed statement) <u>Tom's Shoe Tencor</u> <u>repairs 208 S. Lee St., Miami, Texas</u> | \$ <u>17,000</u> | \$ <u> }</u> |
| Other (specify): <u>REBUILD 1109 E. TULSA AVE.,</u> | \$ <u>1.5 million</u> | \$ <u> }</u> |
| <u>OR REPLACE w/FRANCHISE: 2301 E. Kentucky Ave.</u> | \$ <u>2.4 million</u> | \$ <u> }</u> |
| 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.

Just Compensation pursuant to, Title 28 USC § 1358, Eminent Domain;
USCA Commerce Clause, Art. 1 § 8, Cl. 3, w interests, compensatory, declaratory, punitive
MONETARY DAMAGES

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

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

CAROL JOHNSON MORAN, CERTIFIED PARALEGAL,
MICHIGAN COURSE, MICHIGAN, TOWNS.

If yes, how much? _____

JUNE 11, 2007.

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.

I HAVE BEEN INSTANTLY INCARCERATED FROM NOVEMBER 30, 2009, UNTIL PRESENT —
WILL BE TEN (10) CALENDAR YEARS, NOVEMBER 30, 2019. SEE, CARZA V. TANCOR, 085 F.
3d 889 (5th Cir. 2009). "PAROLE IS CONSIDERED CUSTODY."

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

Executed on: OCTOBER 14, 2019

OCTOBER 28, 2019

NOVEMBER 18, 2019

Carol Johnson Moran
(Signature)