

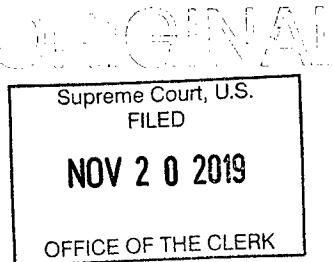
19-6883
case no. _____

IN THE SUPREME COURT OF THE
UNITED STATES

DONALD BRIAN WINBERG
PETITIONER

vs.

UNITED STATES GOVERNMENT
RESPONDENT



MOTION FOR LEAVE TO PROCEED
IN FORMA PAUPERIS

The PRO SE. petitioner DONALD BRIAN WINBERG, asks leave to file the attached petition for a writ of certioari without prepayment of costs, to proceed in forma pauperis.

Petitioner has previously been granted leave to proceed in forma pauperis in the United States District Court and Appeals Court for the Tenth Circuit of Colorado.

Petitioners affidavit in support of this motion is attached hereto.

date. 11/20/19

DONALD BRIAN WINBERG

Donald Brian Winberg

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

DONALD BRIAN

I, WINBERG, 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	\$ 0	\$ 0	\$ 0
Self-employment	\$ 0	\$ 0	\$ 0	\$ 0
Income from real property (such as rental income)	\$ 0	\$ 0	\$ 0	\$ 0
Interest and dividends	\$ 0	\$ 0	\$ 0	\$ 0
Gifts	\$ 0	\$ 0	\$ 0	\$ 0
Alimony	\$ 0	\$ 0	\$ 0	\$ 0
Child Support	\$ 0	\$ 0	\$ 0	\$ 0
Retirement (such as social security, pensions, annuities, insurance)	\$ 0	\$ 0	\$ 0	\$ 0
Disability (such as social security, insurance payments)	\$ 0	\$ 0	\$ 0	\$ 0
Unemployment payments	\$ 0	\$ 0	\$ 0	\$ 0
Public-assistance (such as welfare)	\$ 0	\$ 0	\$ 0	\$ 0
Other (specify): <u>none</u>	\$ 0	\$ 0	\$ 0	\$ 0
Total monthly income:	\$ 0	\$ 0	\$ 0	\$ 0

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	none	none	\$ none
none	none	none	\$ none
none	none	none	\$ 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
none	none	none	\$ none
none	none	none	\$ none
none	none	none	\$ none

4. How much cash do you and your spouse have? \$ 0

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	none	\$ none	\$ none
none	none	\$ none	\$ none
none	none	\$ none	\$ none

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

Home
Value none

Other real estate
Value none

Motor Vehicle #1 none
Year, make & model _____
Value 0

Motor Vehicle #2 none
Year, make & model _____
Value 0

Other assets none
Description _____
Value 0

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
none	\$ 0	\$ 0
none	\$ 0	\$ 0
none	\$ 0	\$ 0

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

Name	Relationship	Age
none	0	0
none	0	0
none	0	0

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

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 0	\$ 0
Recreation, entertainment, newspapers, magazines, etc.	\$ 0	\$ 0
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ 0	\$ 0
Life	\$ 0	\$ 0
Health	\$ 0	\$ 0
Motor Vehicle	\$ 0	\$ 0
Other: <u>none</u>	\$ 0	\$ 0
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>none</u>	\$ 0	\$ 0
Installment payments		
Motor Vehicle	\$ 0	\$ 0
Credit card(s)	\$ 0	\$ 0
Department store(s)	\$ 0	\$ 0
Other: <u>none</u>	\$ 0	\$ 0
Alimony, maintenance, and support paid to others	\$ 0	\$ 0
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0	\$ 0
Other (specify): <u>none</u>	\$ 0	\$ 0
Total monthly expenses:	\$ 0	\$ 0

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.

I am incarcerated in a Federal Prison
 I have no income

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

Executed on: 11/20, 2019

Donald Brian Waring
(Signature)

Inmate Inquiry



Inmate Reg #: 40433013 Current Institution: Sheridan FCI
 Inmate Name: WINBERG, DONALD Housing Unit: SHE-E-G
 Report Date: 02/12/2019 Living Quarters: E07-005U
 Report Time: 3:01:24 PM

[General Information](#) | [Account Balances](#) | [Commissary History](#) | [Commissary Restrictions](#) | [Comments](#)

General Information

Administrative Hold Indicator: No

No Power of Attorney: No

Never Waive NSF Fee: No

Max Allowed Deduction %: 100

PIN: 0926

PAC #: 982822716

Revalidation Date: 10th

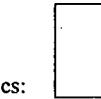
FRP Participation Status: ExemptTmp

Arrived From: OKL

Transferred To:

Account Creation Date: 2/6/2015

Local Account Activation Date: 7/14/2018 3:12:30 AM



Sort Codes:

Last Account Update: 2/9/2019 5:52:29 PM

Account Status: Active

Phone Balance: \$0.00

Pre-Release Plan Information

Target Pre-Release Account Balance: \$0.00

Pre-Release Deduction %: 0%

Income Categories to Deduct From: Payroll Outside Source Funds

FRP Plan Information

FRP Plan Type	Expected Amount	Expected Rate
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Account Balances

Account Balance:	\$0.50
Pre-Release Balance:	\$0.00
Debt Encumbrance:	\$0.00
SPO Encumbrance:	\$0.00
Other Encumbrances:	\$0.00
Outstanding Negotiable Instruments:	\$0.00




Administrative Hold Balance: \$0.00
 Available Balance: \$0.50
 National 6 Months Deposits: \$82.90
 National 6 Months Withdrawals: \$84.00
 Available Funds to be considered for IFRP Payments: (\$367.10)
 National 6 Months Avg Daily Balance: \$1.11
 Local Max. Balance - Prev. 30 Days: \$19.50
 Average Balance - Prev. 30 Days: \$0.88

Commissary History

Purchases

Validation Period Purchases: \$0.00
 YTD Purchases: \$0.00
 Last Sales Date: No Comm Sales

SPO Information

SPO's this Month: 0
 SPO \$ this Quarter: \$0.00

Spending Limit Info

Spending Limit Override: No
 Weekly Revalidation: No
 Bi-Weekly Revalidation: Yes
 Spending Limit: \$180.00
 Expended Spending Limit: \$0.00
 Remaining Spending Limit: \$180.00

Commissary Restrictions

Spending Limit Restrictions

Restricted Spending Limit: \$0.00
 Restricted Expended Amount: \$0.00
 Restricted Remaining Spending Limit: \$0.00
 Restriction Start Date: N/A
 Restriction End Date: N/A

Item Restrictions

List Name	List Type	Start Date	End Date	Active
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case no. 19-6883

IN THE SUPREME COURT OF THE
UNITED STATES

Supreme Court, U.S.
FILED

NOV 20 2019

OFFICE OF THE CLERK

KARLIEN RICHEL WINBERG
petitioner

vs.

UNITED STATES GOVERNMENT
respondent

MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

The PRO SE, petitioner KARLIEN RICHEL WINBERG, asks leave to file the attached petition for a writ of certioari without prepayment of costs to proceed in forma pauperis.

Petitioner has previously been granted leave to proceed in forma pauperis in the United States District Court and Appeals Court for the Tenth Circuit of Colorado.

Petitioners affidavit in support of this motion is attached hereto.

Date. 11/20/19

Karlien Richel Winberg
KARLIEN RICHEL WINBERG

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

I, Winberg, 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	\$ 0	\$ 0	\$ 0
Self-employment	\$ 0	\$ 0	\$ 0	\$ 0
Income from real property (such as rental income)	\$ 0	\$ 0	\$ 0	\$ 0
Interest and dividends	\$ 0	\$ 0	\$ 0	\$ 0
Gifts	\$ 0	\$ 0	\$ 0	\$ 0
Alimony	\$ 0	\$ 0	\$ 0	\$ 0
Child Support	\$ 0	\$ 0	\$ 0	\$ 0
Retirement (such as social security, pensions, annuities, insurance)	\$ 0	\$ 0	\$ 0	\$ 0
Disability (such as social security, insurance payments)	\$ 0	\$ 0	\$ 0	\$ 0
Unemployment payments	\$ 0	\$ 0	\$ 0	\$ 0
Public-assistance (such as welfare)	\$ 0	\$ 0	\$ 0	\$ 0
Other (specify): <u>none</u>	\$ 0	\$ 0	\$ 0	\$ 0
Total monthly income:	\$ 0	\$ 0	\$ 0	\$ 0

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	none	none	\$ none
none	none	none	\$ none
none	none	none	\$ 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
none	none	none	\$ none
none	none	none	\$ none
none	none	none	\$ none

4. How much cash do you and your spouse have? \$ 0
 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	none	\$ none	\$ none
none	none	\$ none	\$ none
none	none	\$ none	\$ none

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

Home
 Value none

Other real estate
 Value none

Motor Vehicle #1 none
 Year, make & model _____
 Value 0 _____

Motor Vehicle #2 none
 Year, make & model _____
 Value 0 _____

Other assets
 Description none
 Value 0 _____

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
none	\$ 0	\$ 0
none	\$ 0	\$ 0
none	\$ 0	\$ 0

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

Name	Relationship	Age
none	0	0
none	0	0
none	0	0

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

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 0	\$ 0
Recreation, entertainment, newspapers, magazines, etc.	\$ 0	\$ 0
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ 0	\$ 0
Life	\$ 0	\$ 0
Health	\$ 0	\$ 0
Motor Vehicle	\$ 0	\$ 0
Other: <u>none</u>	\$ 0	\$ 0
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>none</u>	\$ 0	\$ 0
Installment payments		
Motor Vehicle	\$ 0	\$ 0
Credit card(s)	\$ 0	\$ 0
Department store(s)	\$ 0	\$ 0
Other: <u>none</u>	\$ 0	\$ 0
Alimony, maintenance, and support paid to others	\$ 0	\$ 0
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0	\$ 0
Other (specify): <u>none</u>	\$ 0	\$ 0
Total monthly expenses:	\$ 0	\$ 0

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.

I am incarcerated in a Federal Prison
 I have no income

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

Executed on: 11/30, 2019

Harlan Richard Helmsley
(Signature)

Inmate Inquiry



Inmate Reg #: 40434013 Current Institution: Bryan FPC
Inmate Name: WINBERG, KARLIEN Housing Unit: BRY-D-A
Report Date: 01/09/2019 Living Quarters: D02-711U
Report Time: 12:17:37 PM

General Information | Account Balances | Commissary History | Commissary Restrictions | Comments

General Information

Administrative Hold Indicator: No
No Power of Attorney: No
Never Waive NSF Fee: No
Max Allowed Deduction %: 100
PIN: 6809
PAC #: 569792986
Revalidation Date: 13th
FRP Participation Status: Participating
Arrived From: OKL
Transferred To:
Account Creation Date: 2/6/2015
Local Account Activation Date: 11/16/2017 3:12:55 AM
Sort Codes:
Last Account Update: 1/8/2019 1:09:42 PM
Account Status: Active
Phone Balance: \$0.17

Pre-Release Plan Information

Target Pre-Release Account Balance: \$1.00
Pre-Release Deduction %: 0%
Income Categories to Deduct From: Payroll Outside Source Funds

FRP Plan Information

FRP Plan Type	Expected Amount	Expected Rate
Quarterly	\$25.00	0%

Account Balances

Account Balance:	\$5.92
Pre-Release Balance:	\$0.00
Debt Encumbrance:	\$0.00
SPO Encumbrance:	\$0.00
Other Encumbrances:	\$0.00

Outstanding Negotiable Instruments: \$0.00
Administrative Hold Balance: \$0.00
Available Balance: \$5.92
National 6 Months Deposits: \$298.86
National 6 Months Withdrawals: \$301.05
Available Funds to be considered for IFRP Payments: (\$201.14)
National 6 Months Avg Daily Balance: \$14.98
Local Max. Balance - Prev. 30 Days: \$24.67
Average Balance - Prev. 30 Days: \$13.14

Commissary History

Purchases

Validation Period Purchases: \$37.05
YTD Purchases: \$92.25
Last Sales Date: 1/8/2019 1:09:42 PM

SPO Information

SPO's this Month: 0
SPO \$ this Quarter: \$0.00

Spending Limit Info

Spending Limit Override: No
Weekly Revalidation: No
Bi-Weekly Revalidation: No
Spending Limit: \$410.00
Expended Spending Limit: \$24.55
Remaining Spending Limit: \$385.45

Commissary Restrictions

Spending Limit Restrictions

Restricted Spending Limit: \$0.00
Restricted Expended Amount: \$0.00
Restricted Remaining Spending Limit: \$0.00
Restriction Start Date: N/A
Restriction End Date: N/A

Item Restrictions

List Name	List Type	Start Date	End Date	Active
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