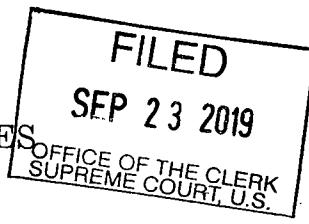


No. 19-6995 ORIGINAL

MS. A. 2. 6. 2. 2.  
APR 2019 10:42:32

IN THE  
SUPREME COURT OF THE UNITED STATES



Richard Alan Kline — PETITIONER  
(Your Name)

VS.

United States of America — 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):

United States District Court for the District of Arizona  
United States Court of Appeals for the Ninth Circuit

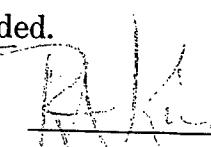
Petitioner has **not** previously been granted leave to proceed *in forma pauperis* in any other court.

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: \_\_\_\_\_  
18 USC § 3006a, 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, Richard Mark King, 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	\$ <u>00</u>	\$ <u>00</u>	\$ <u>00</u>	\$ <u>00</u>
Self-employment	\$ <u>00</u>	\$ <u>00</u>	\$ <u>00</u>	\$ <u>00</u>
Income from real property (such as rental income)	\$ <u>00</u>	\$ <u>00</u>	\$ <u>00</u>	\$ <u>00</u>
Interest and dividends	\$ <u>00</u>	\$ <u>00</u>	\$ <u>00</u>	\$ <u>00</u>
Gifts	\$ <u>00</u>	\$ <u>00</u>	\$ <u>00</u>	\$ <u>00</u>
Alimony	\$ <u>00</u>	\$ <u>00</u>	\$ <u>00</u>	\$ <u>00</u>
Child Support	\$ <u>00</u>	\$ <u>00</u>	\$ <u>00</u>	\$ <u>00</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>00</u>	\$ <u>00</u>	\$ <u>00</u>	\$ <u>00</u>
Disability (such as social security, insurance payments)	\$ <u>00</u>	\$ <u>00</u>	\$ <u>00</u>	\$ <u>00</u>
Unemployment payments	\$ <u>00</u>	\$ <u>00</u>	\$ <u>00</u>	\$ <u>00</u>
Public-assistance (such as welfare)	\$ <u>00</u>	\$ <u>00</u>	\$ <u>00</u>	\$ <u>00</u>
Other (specify): _____	\$ <u>00</u>	\$ <u>00</u>	\$ <u>00</u>	\$ <u>00</u>
<b>Total monthly income:</b>	\$ <u>00</u>	\$ <u>00</u>	\$ <u>00</u>	\$ <u>00</u>

Spouse is disabled receiving an assisted living facility

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
<del>Employer</del>	<del>Address</del>	<del>Dates of Employment</del>	<del>Gross monthly pay</del>
<del>Employer</del>	<del>Address</del>	<del>Dates of Employment</del>	<del>Gross monthly pay</del>
<del>Employer</del>	<del>Address</del>	<del>Dates of Employment</del>	<del>Gross monthly pay</del>

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
<del>Employer</del>	<del>Address</del>	<del>Dates of Employment</del>	<del>Gross monthly pay</del>
<del>Employer</del>	<del>Address</del>	<del>Dates of Employment</del>	<del>Gross monthly pay</del>
<del>Employer</del>	<del>Address</del>	<del>Dates of Employment</del>	<del>Gross monthly pay</del>

4. How much cash do you and your spouse have? \$ 100  
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
<del>Type of account</del>	<del>Amount you have</del>	<del>Amount your spouse has</del>
<del>Type of account</del>	<del>Amount you have</del>	<del>Amount your spouse has</del>
<del>Type of account</del>	<del>Amount you have</del>	<del>Amount your spouse has</del>

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

Home  
Value 100

Other real estate  
Value 100

Motor Vehicle #1  
Year, make & model None  
Value 0

Motor Vehicle #2  
Year, make & model None  
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**

*MA*

**Amount owed to you**

\$ *MA*  
\$ *MA*  
\$ *MA*

**Amount owed to your spouse**

\$ *MA*  
\$ *MA*  
\$ *MA*

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**

*MA*

**Relationship**

*MA*

**Age**

*MA*

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)

\$ *MA*

\$ *MA*

Are real estate taxes included?  Yes  No

Is property insurance included?  Yes  No

Utilities (electricity, heating fuel,  
water, sewer, and telephone)

\$ *MA*

\$ *MA*

Home maintenance (repairs and upkeep)

\$ *MA*

\$ *MA*

Food

\$ *MA*

\$ *MA*

Clothing

\$ *MA*

\$ *MA*

Laundry and dry-cleaning

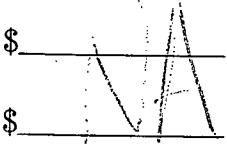
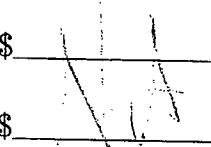
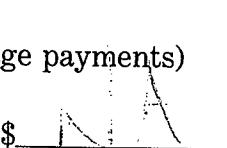
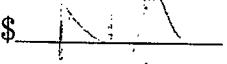
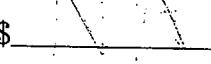
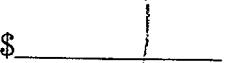
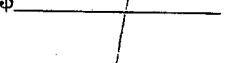
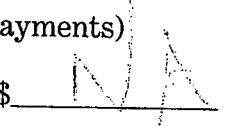
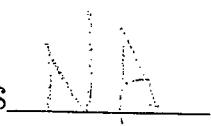
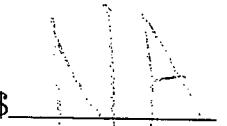
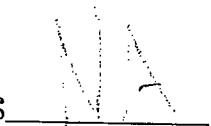
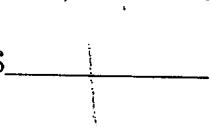
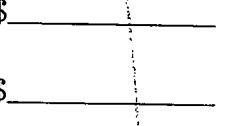
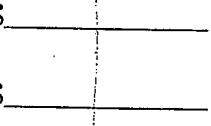
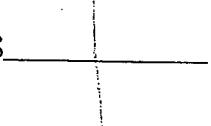
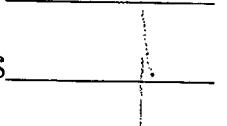
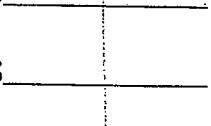
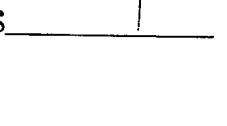
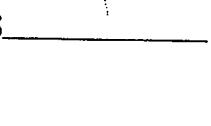
\$ *MA*

\$ *MA*

Medical and dental expenses

\$ *MA*

\$ *MA*

	<b>You</b>	<b>Your spouse</b>
Transportation (not including motor vehicle payments)	\$ 	\$ 
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(s)	\$ 	\$ 
Department store(s)	\$ 	\$ 
Other: _____	\$ 	\$ 
Alimony, maintenance, and support paid to others	\$ 	\$ 
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 	\$ 
Other (specify): _____	\$ 	\$ 
<b>Total monthly expenses:</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? \_\_\_\_\_

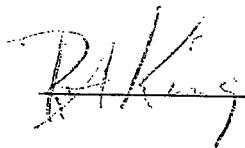
If yes, state the person's name, address, and telephone number:

12. Provide any other information that will help explain why you cannot pay the costs of this case.

I believe I am a citizen of the United States. Since  
March, I have no income other than gifts of charity from my daughter  
and friends sent to my confinement address. I am severely disabled  
by Prison account for the last six months it attached. My wife is 100% disabled  
keeping a minimum income from her SSI.

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

Executed on: September 19, 2007

  
R. K. King (Signature)

## Inmate Inquiry



Inmate Reg #: 97546131  
 Inmate Name: KING, RICHARD  
 Report Date: 09/20/2019  
 Report Time: 11:08:19 AM  
 Current Institution: Schuylkill FCI  
 Housing Unit: SCH-D-A  
 Living Quarters: D01-123L

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: 7173

PAC #: 726546824

Revalidation Date: 19th

FRP Participation Status: Participating

Arrived From: CAA

Transferred To:

Account Creation Date: 2/9/2010

Local Account Activation Date: 9/5/2018 3:16:19 AM



Sort Codes:

Last Account Update: 9/19/2019 12:11:31 AM

Account Status: Active

Phone Balance: \$6.03

**Pre-Release Plan Information**

Target Pre-Release Account Balance: \$1,000.00

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: \$0.65  
 Pre-Release Balance: \$0.00  
 Debt Encumbrance: \$0.65  
 SPO Encumbrance: \$0.00  
 Other Encumbrances: \$0.00

Outstanding Negotiable Instruments: \$0.00  
 Administrative Hold Balance: \$0.00  
 Available Balance: \$0.00  
 National 6 Months Deposits: \$595.00  
 National 6 Months Withdrawals: -\$594.45  
 Available Funds to be considered for IFRP Payments: \$120.00  
 National 6 Months Avg Daily Balance: \$19.96  
 Local Max. Balance - Prev. 30 Days: \$12.35  
 Average Balance - Prev. 30 Days: \$0.68

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## Commissary History

### Purchases

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Validation Period Purchases: \$0.00  
 YTD Purchases: \$650.80  
 Last Sales Date: 8/22/2019 8:02:09 AM

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### SPO Information

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

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### Spending Limit Info

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Spending Limit Override: No  
 Weekly Revalidation: No  
 Bi-Weekly Revalidation: No  
 Spending Limit: \$360.00  
 Expended Spending Limit: \$0.00  
 Remaining Spending Limit: \$360.00

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## Commissary Restrictions

### Spending Limit Restrictions

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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

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List Name	List Type	Start Date	End Date	Active
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