

19-7282

Record No.

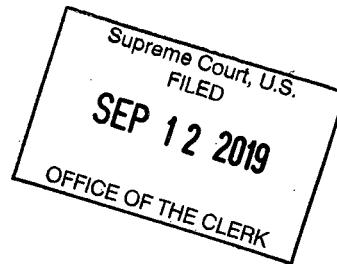
No. 181381

ORIGINAL

Virginia Court of Appeals No. 1410-17-1

IN THE
SUPREME COURT OF THE UNITED STATES

John Arnold 1108658 — PETITIONER
(Your Name)



VS.

Supreme Court of Virginia — 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*.

Petitioner has previously been granted leave to proceed *in forma pauperis* in the following court(s):

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.

John Arnold
(Signature)

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

I, John Amosky 10858, 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>NA</u>	\$ <u>NA</u>	\$ <u>NA</u>	\$ <u>NA</u>
Self-employment	\$ <u>11</u> <u>NA</u>	\$ <u>NA</u>	\$ <u>NA</u>	\$ <u>NA</u> <u>11</u>
Income from real property (such as rental income)	\$ <u>11</u> <u>NA</u>	\$ <u>NA</u>	\$ <u>NA</u>	\$ <u>NA</u> <u>11</u>
Interest and dividends	\$ <u> </u> <u>↓</u>	\$ <u> </u> <u>↓</u>	\$ <u> </u> <u>↓</u>	\$ <u> </u> <u>↓</u>
Gifts	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
Alimony	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
Child Support	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
Disability (such as social security, insurance payments)	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
Unemployment payments	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
Public-assistance (such as welfare)	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
Other (specify): _____	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
Total monthly income:	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>

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
<u>Virginia Dept of Corrections</u>	<u>4181 Hayes Mill RD Bucknerville, VA 23915</u>	<u>7/08/14 - To present</u>	<u>\$ 54.00 \$ 62.00 \$</u>

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
<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>\$ NA \$ \$</u>

4. How much cash do you and your spouse have? \$ _____
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
<u>NA</u>	<u>NA</u>	<u>\$ NA</u>	<u>\$ NA</u>

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

Home
Value _____

Other real estate
Value _____

Motor Vehicle #1
Year, make & model _____
Value _____

Motor Vehicle #2
Year, make & model _____
Value _____

Other assets
Description _____
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

<u>NA</u>	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

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

Name	Relationship	Age
<u>NA</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.

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

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

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 a Prisoner in the Virginia Dept. of Corrections

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

Executed on: November 7, 2019


(Signature)



Virginia Department of Corrections

Offender Pay Statement

Facility: **BASKERVILLE CORRECTIONAL CENTER FG**

Pay Period : **06/03/2019 - 07/07/2019**

Week Ending	ICC	Job Name	Pay Rate	Regular Pay Hrs	Regular Pay	Adjustment	Net Pay	Comments
1108658	Arnold, John Anthony							IPBACCC_A0603201907072019
06/09/2019	05-Housekeeping	1-Hskp AM skilled	0.45	30	13.50	0.00	13.50	
06/16/2019	05-Housekeeping	1-Hskp AM skilled	0.45	30	13.50	0.00	13.50	
06/23/2019	05-Housekeeping	1-Hskp AM skilled	0.45	30	13.50	0.00	13.50	
06/30/2019	05-Housekeeping	1-Hskp AM skilled	0.45	30	13.50	0.00	13.50	
07/07/2019	05-Housekeeping	1-Hskp AM skilled	0.45	30	13.50	0.00	13.50	
		Total		150	67.50	0.00	67.50	

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1108658 Arnold, John Anthony

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Virginia Department of Corrections

Offender Pay Statement

Facility: BASKERVILLE CORRECTIONAL CENTER FG

Pay Period : 05/06/2019 - 06/02/2019

Week Ending	ICC	Job Name	Pay Rate	Regular Pay Hrs	Regular Pay	Adjustment Pay	Net Pay	Comments
1108658	Arnold, John Anthony		HU1-B-33-B					IPBACCC_A0506201906022019
05/26/2019	05-Housekeeping	1-Hskp AM skilled	0.45	30	13.50	0.00	13.50	
06/02/2019	05-Housekeeping	1-Hskp AM skilled	0.45	30	13.50	0.00	13.50	
		Total		60	27.00	0.00	27.00	

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1108658 Arnold, John Anthony

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Virginia Department of Corrections

Offender Pay Statement

Facility: **BASKERVILLE CORRECTIONAL CENTER FG**

Pay Period : **07/08/2019 - 08/04/2019**

Week Ending	ICC	Job Name	Pay Rate	Regular Pay Hrs	Regular Pay	Adjustment Pay	Net Pay	Comments
1108658	Arnold, John Anthony		HU1-B-33-B					IPBACCC_A0708201908042019
07/14/2019	05-Housekeeping	1-Hskp AM skilled	0.45	30	13.50	0.00	13.50	
07/21/2019	05-Housekeeping	1-Hskp AM skilled	0.45	30	13.50	0.00	13.50	
07/28/2019	05-Housekeeping	1-Hskp AM skilled	0.45	30	13.50	0.00	13.50	
08/04/2019	05-Housekeeping	1-Hskp AM skilled	0.45	30	13.50	0.00	13.50	
		Total		120	54.00	0.00	54.00	

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1108658 Arnold, John Anthony

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