

No. 19-7350

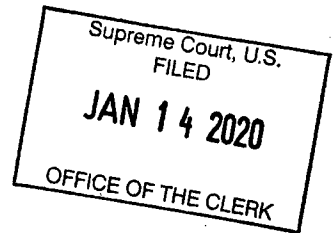
ORIGINAL

IN THE  
SUPREME COURT OF THE UNITED STATES

Billy D. Battenfield — PETITIONER  
(Your Name)

VS.

State of Oklahoma — 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):  
\_\_\_\_\_  
\_\_\_\_\_

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

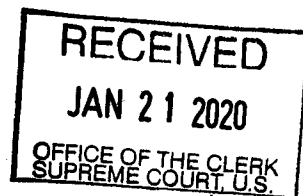
☒ Petitioner's affidavit or declaration in support of this motion is attached hereto.

☐ 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.

Billy D. Battenfield  
(Signature)



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

I, Billy D. Battenfield, 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>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>
Self-employment	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>
Income from real property (such as rental income)	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>
Interest and dividends	\$ <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>
<b>Total monthly income:</b>	\$ <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
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			\$
			\$
			\$

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.

Type of account (e.g., checking or savings)	Amount you have	Amount your spouse has
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  
Year, make & model \_\_\_\_\_  
Value NONE

☐ Motor Vehicle #2  
Year, make & model \_\_\_\_\_  
Value NONE

☐ Other assets  
Description NONE  
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

NONE

\$           

\$           

NONE

\$           

\$           

NONE

\$           

\$           

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

NONE

NONE

NONE

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)

\$ NONE

\$ NONE

Are real estate taxes included? ☐ Yes ☐ No

Is property insurance included? ☐ Yes ☐ No

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

\$ NONE

\$           

Home maintenance (repairs and upkeep)

\$ NONE

\$           

Food

\$ NONE

\$           

Clothing

\$ NONE

\$           

Laundry and dry-cleaning

\$ NONE

\$           

Medical and dental expenses

\$ NONE

\$

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

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

Executed on: 1-7, 2020

Billy D. Battenfeld  
(Signature)

Offender#	Offender/Group Name	Institution	Unit	Cell/Bed
0635419	BATTENFIELD, BILLY	DCCC	UNIT W	AREA A LOWER- CELL 108- 104152

**Transaction List**

Transaction Date	Transaction Type	Source Document #	Receipt#/Check#	Sender Name	Amount	Account Balance
07/01/2019	BEGINNING BALANCE					\$14.46
07/05/2019	LEGAL COPAY	7/2/19DC			(\$14.46)	\$0.00
07/31/2019	GANG PAY				\$14.45	\$14.45
07/31/2019	LEGAL COPAY	7/2/19DC			(\$0.49)	\$13.96
08/02/2019	SALES		87		(\$13.17)	\$0.79
08/09/2019	LEGAL COPAY	8/6/19DC			(\$0.79)	\$0.00
08/31/2019	GANG PAY				\$14.45	\$14.45
08/31/2019	LEGAL COPAY	8/6/19DC			(\$8.26)	\$6.19
09/06/2019	SALES		102		(\$6.16)	\$0.03
09/24/2019	OCI PAY	4242208			\$0.40	\$0.43
09/30/2019	GANG PAY				\$14.45	\$14.88
10/04/2019	SALES		163		(\$10.97)	\$3.91
10/31/2019	GANG PAY				\$14.45	\$18.36
11/01/2019	SALES		75		(\$14.03)	\$4.33
11/23/2019	MEDICAL COPAY	02362018			(\$4.00)	\$0.33
11/30/2019	GANG PAY				\$14.45	\$14.78
12/06/2019	SALES		160		(\$14.66)	\$0.12
12/17/2019	MEDICAL COPAY	COPIES			(\$0.12)	\$0.00
12/31/2019	GANG PAY				\$14.45	\$14.45
12/31/2019	MEDICAL COPAY	COPIES			(\$5.38)	\$9.07
01/02/2020	SALES		137		(\$8.89)	\$0.18

**Summary Balances**

Available Balance	Savings Balance	Debt Encumbrance	Other Encumbrance	Outstanding Instruments	Administrative Holds	Account Balance
\$0.18	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.18

## REQUIRED CERTIFICATION

You must attach to this motion and affidavit a certified copy of your trust fund account statement (or institutional equivalent) for the six-month period immediately preceding the filing of this action. You must obtain the certified copy of your trust fund account statement (or institutional equivalent) from the appropriate official of each penal institution at which you are or were confined during the six-month period.

## STATEMENT OF INSTITUTIONAL ACCOUNTS

I hereby state that on 7<sup>th</sup> day of January, 2020, this prisoner had \$ .18 in his/her institutional account(s). I further state that the:

1. Average monthly deposits to the prisoner's accounts for the six-month period immediately preceding the filing of this action:

\$ 14.53 x 20% = \$ 2.90

2. Average monthly balance in the prisoner's accounts for six-month period immediately preceding the filing of this action:

\$ 12.87 x 20% = \$ 2.57

I FURTHER STATE THAT THE ABOVE REFERENCED AMOUNTS WERE CALCULATED PURSUANT TO THE PRISONERS INSTITUTIONAL ACCOUNTS(S), A COPY OF WHICH IS ATTACHED HERETO.

Dianna Cellis  
Authorized Prison Official

Admin. Asst. I.  
Title