

No. 19-7513

IN THE  
SUPREME COURT OF THE UNITED STATES

Omar Smith, #1069073 - PETITIONER

**ORIGINAL**

V.S.

Harold W. Clarke, Director VDOC - RESPONDENT

FILED

JAN 07 2020

OFFICE OF THE CLERK  
SUPREME COURT, U.S.

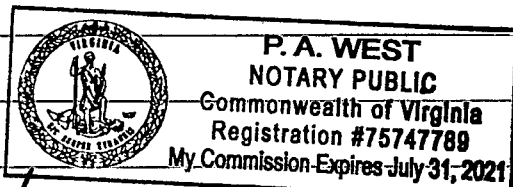
MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

The petitioner asks leave to file the attached petition for a writ of certiorari without prepayment of cost and to proceed in forma pauperis.

Petitioner has previously been granted leave to proceed in forma pauperis in the following court:

Virginia Supreme Court

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



*P. A. West* 6 Jan 2020

A handwritten signature in black ink, appearing to be 'P. A. West'.

ORIGINAL

FILED  
JAN 07 2020  
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SUPREME COURT U.S.

NOTARY PUBLIC  
F.A. WEST  
Commission of Virginia  
Registration #75247788  
My Commission Expires July 31, 2021



# Motion and Affidavit for Permission to Proceed In Forma Pauperis

Omar Smith, #1069073  
Petitioner / Appellant,

v.

Harold W. Clarke, Director VDOC  
Respondent.

Affidavit in Support of Motion	Instructions
<p>I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)</p> <p>Signed: <u>[Signature]</u></p>	<p>Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write in that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.</p> <p>Date: <u>January, 2020</u></p>

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>70</u>	\$ <u>Ø</u>	\$ <u>70</u>	\$ <u>Ø</u>
Self-employment	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>
Income from real property (such as rental income)	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>
Interest and dividends	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>
Gifts	\$ <u>50</u>	\$ <u>Ø</u>	\$ <u>30</u>	\$ <u>Ø</u>
Alimony	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>
Child support	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>
Disability (such as social security, insurance payments)	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>
Unemployment payments	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>
Public-assistance (such as welfare)	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>



Other (specify): N/A

\$ 0      \$ 0      \$ 0      \$ 0  
Total monthly income: \$ 0      \$ 0      \$ 0      \$ 0

2. List your employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
<u>Prison Kitchen</u>	<u>STLSP</u>	<u>3-1-19</u>	<u>\$70</u>
<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>

3. List your spouse's employment history, 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>
<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>

4. How much cash do you and your spouse have? \$ 78.95

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>STLSP</u>	<u>offender trust</u>	<u>\$ 78.95</u>	<u>\$ 0</u>
<u>NA</u>	<u>NA</u>	<u>\$ 0</u>	<u>\$ 0</u>
<u>NA</u>	<u>NA</u>	<u>\$ 0</u>	<u>\$ 0</u>

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

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 (Value)
<u>NA</u>	<u>NA</u>	Make & year: <u>NA</u>
<u>NA</u>	<u>NA</u>	Model: <u>NA</u>
<u>NA</u>	<u>NA</u>	Registration #: <u>NA</u>
Motor vehicle #2 (Value)	Other assets (Value)	Other assets (Value)
Make & year: <u>NA</u>	<u>NA</u>	<u>NA</u>
Model: <u>NA</u>	<u>NA</u>	<u>NA</u>
Registration #: <u>NA</u>	<u>NA</u>	<u>NA</u>

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>	<u>NA</u>
<u>NA</u>	<u>NA</u>
<u>NA</u>	<u>NA</u>

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

Name	Relationship	Age
<u>Omar Smith Jr.</u>	<u>son</u>	<u>5</u>
<u>Mekhi A.D. Smith</u>	<u>son</u>	<u>5</u>
<u>NA</u>	<u>NA</u>	<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, semiannually, or annually to show the monthly rate.

	You	Your Spouse
Rent or home-mortgage payment (include lot rented for mobile home)	\$ <u>Ø</u>	\$ <u>Ø</u>
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>Ø</u>	\$ <u>Ø</u>
Home maintenance (repairs and upkeep)	\$ <u>Ø</u>	\$ <u>Ø</u>
Food	\$ <u>15.00</u>	\$ <u>Ø</u>
Clothing	\$ <u>10.00</u>	\$ <u>Ø</u>
Laundry and dry-cleaning	\$ <u>Ø</u>	\$ <u>Ø</u>
Medical and dental expenses	\$ <u>10.00</u>	\$ <u>Ø</u>
Transportation (not including motor vehicle payments)	\$ <u>Ø</u>	\$ <u>Ø</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>25.00</u>	\$ <u>Ø</u>
Insurance (not deducted from wages or included in Mortgage payments)	\$ <u>Ø</u>	\$ <u>Ø</u>
Homeowner's or renter's	\$ <u>Ø</u>	\$ <u>Ø</u>
Life	\$ <u>Ø</u>	\$ <u>Ø</u>
Health	\$ <u>Ø</u>	\$ <u>Ø</u>
Motor Vehicle	\$ <u>Ø</u>	\$ <u>Ø</u>
Other: <u>NONE</u>	\$ <u>Ø</u>	\$ <u>Ø</u>
Taxes (not deducted from wages or included in Mortgage payments) (specify): <u>COURT</u>	\$ <u>4.02</u>	\$ <u>Ø</u>
Installment payments	\$ <u>Ø</u>	\$ <u>Ø</u>
Motor Vehicle	\$ <u>Ø</u>	\$ <u>Ø</u>
Credit card (name): <u>NA</u>	\$ <u>Ø</u>	\$ <u>Ø</u>
Department store (name): <u>NA</u>	\$ <u>Ø</u>	\$ <u>Ø</u>



Other: NA

\$ Ø

\$ Ø

Alimony, maintenance, and support paid to others

\$ Ø

\$ Ø

Regular expenses for operation of business, profession, or farm  
(attach detailed statement)

\$ Ø

\$ Ø

Other (specify): NA

\$ Ø

\$ Ø

Total monthly expenses:

\$ 64.00

\$ Ø

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? \$ NA

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

NA

NA

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? \$ NA

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

NA

NA

12. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.

as a kitchen worker my pay rate is .35\$ an hour

13. State the address of your legal residence.

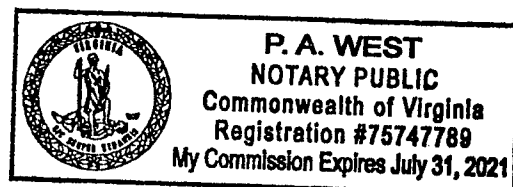
24427 Musselwhite Drive

Waverly, Va 23891

Your daytime phone number: NA

Your age: 37 Your years of schooling: GED

Your social-security number: 230 27 7348



P. A. West  
6 Jan 2020



