

19-7727  
IN THE  
SUPREME COURT OF THE UNITED STATES

5<sup>th</sup> Circuit Cause No. 19-60132  
U.S. District Court Cause No. 3:16-cv-674-DPJ-FKB

IN RE: CHAKAKHAN R. DAVIS,  
*Plaintiff-Petitioner.*

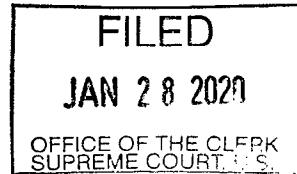
*Vs.*

HINDS COUNTY, MISSISSIPPI, ET AL.,  
*Defendant (s)-Respondent (s).*

**MOTION TO PROCEED INFORMA PAUPERIS**

Pursuant to Rule 39 of the U.S. Supreme Court; Section 28 U.S.C § 1915 of the United States Constitution, and Pates v. Stevens, 163 F. 3d 437 (7<sup>th</sup> Cir. 12/24/1998), Ms. Davis respectfully requests this Court to proceed on this Petition for an Extraordinary Writ of Mandamus as a Pauperis. Summarily, on or about May 23<sup>rd</sup> 2019 the Petitioner in this action were allowed to Appeal this case unto the Fifth Circuit Court of Appeals by the Judge of the United States District Court for the Southern District of Mississippi (Northern Division) under Section 28 U.S.C. § 1915 of the United States Constitution. Consequently, Ms. Davis believes that she are entitled to redress and should be allowed the same status before this Court while on a Petition for a Writ of Mandamus. Notably, since the filing of the IFP Affidavits in the United States District Court on May 14<sup>th</sup> 2019, the Plaintiffs allegations of poverty remains unchanged and statement of resources, whereas, in the event such indigency or statement of resources shall, she will notify the Court and fulfill any financial obligations owed to it, if any, shall arise. See also, Rule 24 of the Federal Rules of Appellate Procedure and 28 U.S.C. § 1657. As further authority for this Request, the Plaintiff also cites to the IFP Motion and Affidavit filed before the Fifth Circuit Court of Appeals in the case of Davis v. Hinds County, Mississippi, Et Al., 5<sup>th</sup> Cir. Cause Number. 18-60681 that was granted by the Fifth Circuit Court of Appeals.

WHEREFORE PREMISES CONSIDERED, for the foregoing reasons the Petitioner respectfully request this Court to grant this Motion in its entirety and all other reliefs it may deem just according to the facts and circumstances of this case. Finally, pursuant to Section 28 U.S.C. § 1746 of the United States Constitution, Ms. Davis



declare under penalty of perjury of the laws of the United States of America that the foregoing information contained in this Motion are true and correct and would be properly granted.

This the 29<sup>th</sup> day of January 2020.

Respectfully Submitted,  
MS. CHAKAKHAN R. DAVIS, PETITIONER

By: 

32942 / 50 Hwy 18, Utica, MS 39175  
[chakakhandavis@yahoo.com](mailto:chakakhandavis@yahoo.com)

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

I, \_\_\_\_\_, 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	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Self-employment	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Income from real property (such as rental income)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Interest and dividends	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Gifts	\$ 50-100 <sup>00</sup>	\$ 0.00	\$ 50-100 <sup>00</sup>	\$ 0.00
Alimony	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Child Support	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Retirement (such as social security, pensions, annuities, insurance)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Disability (such as social security, insurance payments)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Unemployment payments	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Public-assistance (such as welfare)	\$ 192.00	\$ 0.00	\$ 192.00	\$ 0.00
Other (specify): <u>None</u>	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
<b>Total monthly income:</b>	<b>\$ 292.00</b>	<b>\$ 0.00</b>	<b>\$ 292.00</b>	<b>\$ 0.00</b>

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
Disabled 12/30/2014			\$ \$ \$

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
			\$ \$ \$

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
Regions Bank	savings	\$ 4.00	\$ 0.00
None other		\$	\$
		\$	\$

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

Home 1981 Radica Champion Mobile Home  
Value 900.00 - 1100.00  Other real estate  
Value done

Motor Vehicle #1  
Year, make & model Chevy 2006  
Value 5-6000.00

Motor Vehicle #2  
Year, make & model None other  
Value done

Other assets (Broken) Jasmine Classical Guitar Approx 10-15.00  
Description (Broken) Jasmine Classical Guitar Approx 10-15.00  
Value 10.00 to 15.00

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>None known</u>	\$ <u>Unknown</u>	\$ <u>N/A Single</u>
	\$ <u>          </u>	\$ <u>          </u>
	\$ <u>          </u>	\$ <u>          </u>

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

Name	Relationship	Age
<u>Rose Jenkins</u>	<u>Mother (mentally)</u>	<u>75</u>
<u>None other</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>0.00</u>	\$ <u>0.00</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>Approximately 100.00 to 150.00</u>	\$ <u>0.00</u>
Home maintenance (repairs and upkeep)	\$ <u>0.00</u>	\$ <u>0.00</u>
Food	\$ <u>192.00</u>	\$ <u>0.00</u>
Clothing	\$ <u>0.00</u>	\$ <u>0.00</u>
Laundry and dry-cleaning	\$ <u>10-15.00</u>	\$ <u>0.00</u>
Medical and dental expenses	\$ <u>30-40.00</u>	\$ <u>0.00</u>

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 25.00	\$ 0.00
Recreation, entertainment, newspapers, magazines, etc.	\$ 0.00	\$ 0.00
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ 0.00	\$ 0.00
Life	\$ 45.00	\$ 0.00
Health	\$ 0.00	\$ 0.00
Motor Vehicle	\$ 40.00	\$ 0.00
Other: <u>None</u>	\$ 0.00	\$ 0.00
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>None</u>	\$ 0.00	\$ 0.00
Installment payments		
Motor Vehicle	\$ 0.00	\$ 0.00
Credit card(s)	\$ 0.00	\$ 0.00
Department store(s)	\$ 0.00	\$ 0.00
Other: <u>None</u>	\$ 0.00	\$ 0.00
Alimony, maintenance, and support paid to others	\$ 0.00	\$ 0.00
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0.00	\$ 0.00
Other (specify): <u>None</u>	\$ 0.00	\$ 0.00
<b>Total monthly expenses:</b>	<b>\$ 542.00</b>	<b>\$ 0.00</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?

*unsure*  
 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? *UnKnown? copy / print - Travel Expenses*

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

*None*

*CRD*

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:

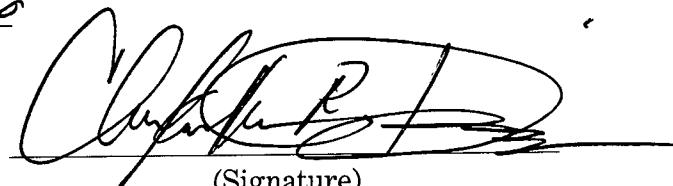
*None*

*CRD*

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

*See, e.g., the Motion to proceed IFP attached to the petition and Hollier v. Broussard, 220 So. 2d 175 (La. App. 3d Cir. 1969) where the Court held financial help from friend/family do not count as personal income.*  
I declare under penalty of perjury that the foregoing is true and correct.

Executed on: February 12<sup>th</sup>, 2020

  
(Signature)