

No.

19-7970

IN THE SUPREME COURT OF THE UNITED STATES

SHAWNTE L. SHADE, PETITIONER

vs.

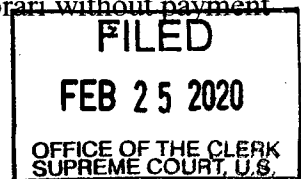
RUSSELL WASHBURN, WARDEN, RESPONDENT

ORIGINAL

MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

The Petitioner asks leave to file the attached petition for the writ of certiorari without payment of costs and to proceed *in forma pauperis*.

Please check the appropriate boxes:



☒ Petitioner has been previously been granted leave to proceed *in forma pauperis* in the following courts:

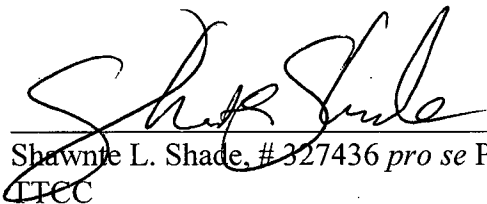
Federal Court: U.S. Court of Appeals - 6th Circuit. (19-6041)(12/3/2019) (Appendix-A)
U.S. Dist. Court, Eastern TN. (3:19-cv-00051)(8/5/2019) (Appendix-B)

State Court: TN Supreme Court. (E2017-00562-SC-R11-PC)(6/6/2018) (Appendix-C)
TN Ct. Crim. App. (E2017-00562-CCA-R30PC)(2/27/2018) (Appendix-D)
Knox Co. Post-Conviction Court. (# 107438)(3/8/2017) (Appendix-E)

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

☐ The appointment was made under the following provision of law: _____

☐ A copy of the order of appointment is appended.


Shawnte L. Shade, #327436 *pro se* Petitioner
TTCC

140 Macon Way
Hartsville, TN 37074

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

I, Shawnte L. Shade, # 327436, 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, quarterly, semiannually, or annually to show the monthly rate. Use gross amount, that is, amounts before any deduction for taxes or otherwise.

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	<u>\$ 110.00</u>	<u>\$ N/A</u>	<u>\$ 30.00</u>	<u>\$ N/A</u>
Self-employment	<u>\$ N/A</u>	<u>\$ N/A</u>	<u>\$ N/A</u>	<u>\$ N/A</u>
Income from real property (such as rental income)	<u>\$ N/A</u>	<u>\$ N/A</u>	<u>\$ N/A</u>	<u>\$ N/A</u>
Interest and dividends	<u>\$ N/A</u>	<u>\$ N/A</u>	<u>\$ N/A</u>	<u>\$ N/A</u>
Gifts	<u>\$ N/A</u>	<u>\$ N/A</u>	<u>\$ N/A</u>	<u>\$ N/A</u>
Alimony	<u>\$ N/A</u>	<u>\$ N/A</u>	<u>\$ N/A</u>	<u>\$ N/A</u>
Child Support	<u>\$ N/A</u>	<u>\$ N/A</u>	<u>\$ N/A</u>	<u>\$ N/A</u>
Retirement (such as social security, pensions, annuities, insurance)	<u>\$ N/A</u>	<u>\$ N/A</u>	<u>\$ N/A</u>	<u>\$ N/A</u>
Disability (such as social security, insurance payment)	<u>\$ N/A</u>	<u>\$ N/A</u>	<u>\$ N/A</u>	<u>\$ N/A</u>
Unemployment payments	<u>\$ N/A</u>	<u>\$ N/A</u>	<u>\$ N/A</u>	<u>\$ N/A</u>
Public-assistance (such as welfare)	<u>\$ N/A</u>	<u>\$ N/A</u>	<u>\$ N/A</u>	<u>\$ N/A</u>
Other (specify)	<u>\$ N/A</u>	<u>\$ N/A</u>	<u>\$ N/A</u>	<u>\$ N/A</u>
Total monthly income:	<u>\$ 110.00</u>	<u>\$ N/A</u>	<u>\$ 30.00</u>	<u>\$ N/A</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	Date of Employment	Gross monthly pay
TTCC	140 Macon Way	9/2017	\$ 123.00
	Hartsville, TN		

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.) N/A

Employer	Address	Date of Employment	Gross monthly pay
N/A	N/A	N/A	N/A

3. How much cash do you and your spouse have? \$ None

Below, state any money you or your spouse have in bank accounts or in any other financial institution. N/A

Financial Institution	Type of Account	Amount of Money	Amount your spouse has
N/A	N/A	N/A	N/A

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

- | | |
|---|--|
| <input type="checkbox"/> Home | <input type="checkbox"/> Other real estate |
| <input type="checkbox"/> Motor Vehicle #1 | <input type="checkbox"/> Motor Vehicle #2 |
| <input type="checkbox"/> Other assets | |

5. State every person, business, or organization owing you or your spouse money, and the amount owed. N/A.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
N/A	N/A	N/A

6. State the person who rely on you or your spouse for support. N/A.

Name	Relationship	Age
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

7. 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) 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	<u>\$ N/A</u>	<u>\$ N/A</u>
Utilities (electricity, heating fuel, water, sewer, and telephone)	<u>\$ N/A</u>	<u>\$ N/A</u>
Home maintenance (repairs and upkeep)	<u>\$ N/A</u>	<u>\$ N/A</u>
Food	<u>\$ 30.00</u>	<u>\$ N/A</u>
Clothing	<u>\$ N/A</u>	<u>\$ N/A</u>
Laundry and dry-cleaning	<u>\$ N/A</u>	<u>\$ N/A</u>
Medical and dental expenses	<u>\$ N/A</u>	<u>\$ N/A</u>
Transportation (not including motor vehicle payments)	<u>\$ N/A</u>	<u>\$ N/A</u>
Recreation, entertainment, newspaper, magazines, etc.	<u>\$ N/A</u>	<u>\$ N/A</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	<u>\$ N/A</u>	<u>\$ N/A</u>
Life	<u>\$ N/A</u>	<u>\$ N/A</u>
Health	<u>\$ N/A</u>	<u>\$ N/A</u>
Motor Vehicle	<u>\$ N/A</u>	<u>\$ N/A</u>
Other: <u>\$ N/A</u>	<u>\$ N/A</u>	<u>\$ N/A</u>

Taxes (not deducted from wages or included in mortgage payments)
(specify) \$ N/A \$ N/A

Installment payments

Motor Vehicle \$ N/A \$ N/A

Credit card(s) \$ N/A \$ N/A

Department store(s) \$ N/A \$ N/A

Other: \$ N/A \$ N/A \$ N/A

Alimony, maintenance, and support paid to others \$ N/A \$ N/A

Regular expenses for operation of business, profession,
or farm (attach detailed statement) \$ N/A \$ N/A

Other (specify): \$ N/A \$ N/A \$ N/A

Total monthly expenses: \$ 60.00 \$ N/A

8. Do you expect any major changes to your monthly income or expense or in your assets or liabilities during the next 12 months? ☒ No. Because the Petitioner is an indigent state inmate serving -year sentence.

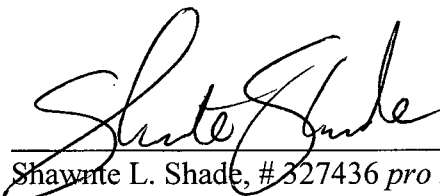
9. Have you paid – or will you be paying – an attorney any money for services in connection with this case, including the completion of this form? ☒ No.

10. 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? ☒ No.

11. Provide any other information that will help explain why you cannot pay the costs of this case.
The Petitioner is an indigent state inmate serving 32-year sentence.

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

Executed on 2/23/2020.


Shawnte L. Shade, # 327436 pro se Petitioner
TTCC
140 Macon Way
Hartsville, TN 37074