

ORIGINAL

19-8026 II

IN THE SUPREME COURT OF THE UNITED STATES

MAR 13 1977
OFFICE

IN RE JONATHAN ANDREW HAMPTON

ON PETITION FOR WRIT OF HABEAS CORPUS

UNDER 28 USC § 2254 (A) (B) (1) (2) (b) (i) (ii)

MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

JONATHAN ANDREW HAMPTON
APPEARING IN PROPRIA PERSONA
CDCR NO. 656415
CENTINELA STATE PRISON
PO BOX 911
IMPERIAL, CALIFORNIA
92251

**Form 4. Affidavit Accompanying Motion for Permission to Appeal
In Forma Pauperis**

UNITED STATES DISTRICT COURT

for the

< _____ > DISTRICT OF < _____ >

<Name(s) of plaintiff(s)>,)

JONATHAN ANDREW HAMPTON)
Plaintiff(s))

v.)

<Name(s) of defendant(s)>,)

Defendant(s))

Case No. <Number>

**AFFIDAVIT ACCOMPANYING MOTION
FOR PERMISSION TO APPEAL IN FORMA PAUPERIS**

Affidavit in Support of Motion

Instructions

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.)

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.

Signed: _____

Date: _____

3/12/20

My issues on appeal are:

PETITION FOR WRIT OF HABEAS CORPUS

STATES LACK OF CORRECTIVE PROCESS, CIRCUMSTANCES DO NOT THAT REMEDY PROCESS INEFFECTIVE... CA-SUPREME COURTS LACK OF CASE AUTHORITY.

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.

NONE

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ 0	\$	\$ 0	\$
Self-employment	\$	\$	\$	\$
Income from real property (such as rental income)	\$	\$	\$	\$
Interest and dividends	\$	\$	\$	\$
Gifts	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Child support	\$	\$	\$	\$
Retirement (such as social security, pensions, annuities, insurance)	\$	\$	\$	\$
Disability (such as social security, insurance payments)	\$	\$	\$	\$
Unemployment payments	\$	\$	\$	\$
Public-assistance (such as welfare)	\$	\$	\$	\$
Other (specify):	\$	\$	\$	\$
Total monthly income:	\$	\$	\$	\$

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

NOPE

Employer	Address	Dates of employment	Gross monthly pay
			\$
			\$
			\$

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.)

NOT EMPLOYED

Employer	Address	Dates of employment	Gross monthly pay
			\$ 0
			\$
			\$

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
		\$	\$ 0
		\$	\$
		\$	\$

If you are a prisoner seeking to appeal a judgment in a civil action or proceeding, 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	Other real estate	Motor vehicle #1
(Value) \$ 0	(Value) \$ 0	(Value) \$ 0
		Make and year:
		Model:
		Registration #:

Motor vehicle #2	Other assets	Other assets
(Value) \$	(Value) \$ 0	(Value) \$ 0
Make and year:		
Model:		
Registration #:		

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
	\$ 0	\$ 0
	\$	\$
	\$	\$
	\$	\$

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

NONE

Name [or, if under 18, initials only]	Relationship	Age
0	0	0

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)	\$ 0	\$ 0
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)	\$ 0	\$ 0
Home maintenance (repairs and upkeep)	\$ 1	\$ 1
Food	\$ 1	\$ 1
Clothing	\$ 1	\$ 1
Laundry and dry-cleaning	\$ 1	\$ 1
Medical and dental expenses	\$ 1	\$ 1
Transportation (not including motor vehicle payments)	\$ 1	\$ 1
Recreation, entertainment, newspapers, magazines, etc.	\$ 0	\$ 0
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's:	\$ 0	\$ 0
Life:	\$ 1	\$ 1
Health:	\$ 1	\$ 1
Motor vehicle:	\$ 1	\$ 1
Other:	\$ 1	\$ 1
Taxes (not deducted from wages or included in mortgage payments) (specify):	\$ 1	\$ 1
Installment payments		
Motor Vehicle:	\$ 0	\$ 0
Credit card (name):	\$ 1	\$ 1
Department store (name):	\$ 1	\$ 1
Other:	\$ 1	\$ 1
Alimony, maintenance, and support paid to others	\$ 1	\$ 1
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 1	\$ 1
Other (specify):	\$ 1	\$ 1
Total monthly expenses:	\$ 1	\$ 1

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 spent — or will you be spending — any money for expenses or attorney fees in connection with this lawsuit? ☐ Yes ☒ No

If yes, how much? \$ _____

11. Provide any other information that will help explain why you cannot pay the docket fees for your appeal. ~~I~~ HE ~~BEEN~~ INCARCERATED ~~ON~~ A ~~CONVICTION~~ SINCE 2009, WHOS FEDERALLY PROTECTED DUE PROCESS RIGHTS HAVE BEEN DELIBERATELY UNREMOVED, BORN IN 2009 AND 2016, WHEN MY CONVICTION WAS REVERSED UNDER CHAPMAN. THE STATE IS UNLAWFULLY HOLDING ME ON A CONVICTION THAT WAS ALREADY INDISPUTABLY FEDERALLY INVALID.

12. State the city and state of your legal residence.

IMPERIAL, CALIFORNIA

Your daytime phone number: () NONE

Your age: 31 Your years of schooling: 12

Last four digits of your social-security number: _____

(As amended Apr. 24, 1998, eff. Dec. 1, 1998; Apr. 28, 2010, eff. Dec. 1, 2010; Apr. 16, 2013, eff. Dec. 1, 2013.)

MIME-Version:1.0 From:caed_cmecf_helpdesk@caed.uscourts.gov To:CourtMail@localhost.localdomain
Message-Id: Subject:Activity in Case 2:19-cv-00851-JAM-DB (PC)Hampton v. State of California et al
Order Dismissing Case with Leave to Amend. Content-Type: text/html

This is an automatic e-mail message generated by the CM/ECF system. Please DO NOT RESPOND to this e-mail because the mail box is unattended.

*****NOTE TO PUBLIC ACCESS USERS***** *There is no charge for viewing opinions.*

U.S. District Court

Eastern District of California – Live System

Notice of Electronic Filing

The following transaction was entered on 7/25/2019 at 1:45 PM PDT and filed on 7/25/2019

Case Name: (PC)Hampton v. State of California et al

Case Number: 2:19-cv-00851-JAM-DB

Filer:

Document Number: 8

Docket Text:

ORDER, FINDINGS and RECOMMENDATIONS signed by Magistrate Judge Deborah Barnes on 7/24/2019 GRANTING plaintiff's [2] motion to proceed IFP and DISMISSING plaintiff's complaint with leave to amend within 30 days. Plaintiff shall pay the \$350.00 filing fee in accordance with the concurrent CDCR order. IT IS RECOMMENDED that plaintiff's [7] motion for injunctive relief and petition for writ of mandamus be denied. Referred to Judge John A. Mendez; Objections to F&R due within 14 days. (Yin, K)

2:19-cv-00851-JAM-DB Notice has been electronically mailed to:

2:19-cv-00851-JAM-DB Electronically filed documents must be served conventionally by the filer to:

Jonathon Andrew Hampton
G-56415
CENTINELA STATE PRISON (911)
P.O. BOX 911
IMPERIAL, CA 92251-0911

The following document(s) are associated with this transaction:

MIME-Version:1.0 From:caed_cmecf_helpdesk@caed.uscourts.gov To:CourtMail@localhost.localdomain
Message-Id: Subject:Activity in Case 2:19-cv-00851-JAM-DB (PC)Hampton v. State of California et al .
Content-Type: text/html

This is an automatic e-mail message generated by the CM/ECF system. Please DO NOT RESPOND to this e-mail because the mail box is unattended.

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U.S. District Court

Eastern District of California – Live System

Notice of Electronic Filing

The following transaction was entered on 7/25/2019 at 1:48 PM PDT and filed on 7/25/2019

Case Name: (PC)Hampton v. State of California et al

Case Number: 2:19-cv-00851-JAM-DB

Filer:

Document Number: 2

Docket Text:

ORDER DIRECTING MONTHLY PAYMENTS be made from Prison Trust Account of Jonathon Andrew Hampton signed by Magistrate Judge Deborah Barnes on 7/23/2019. CDCR shall collect an initial partial filing fee and thereafter the balance in monthly payments and forward to the Clerk until the \$350.00 filing fee is paid in full. The Clerk is directed to serve this order and copy of plaintiff's IFP on the Director of CDCR. The Clerk shall also serve Financial with a copy of this order. (cc: CDCR, Financial) (Yin, K)

2:19-cv-00851-JAM-DB Notice has been electronically mailed to:

2:19-cv-00851-JAM-DB Electronically filed documents must be served conventionally by the filer to:

Jonathon Andrew Hampton
G-56415
CENTINELA STATE PRISON (911)
P.O. BOX 911
IMPERIAL, CA 92251-0911

The following document(s) are associated with this transaction:

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8 UNITED STATES DISTRICT COURT
9 FOR THE EASTERN DISTRICT OF CALIFORNIA
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11 JONATHON ANDREW HAMPTON,

12 Plaintiff,

13 v.

14 STATE OF CALIFORNIA, et al.,

15 Defendants.
16

No. 2:19-cv-0851 JAM DB P

ORDER FOR PAYMENT OF INMATE
FILING FEE

17 To: Director of the California Department of Corrections and Rehabilitation, 1515 S Street,
18 Sacramento, California 95814:

19 Plaintiff, a state prisoner proceeding in forma pauperis, is obligated to pay the statutory
20 filing fee of \$350.00 for this action. Plaintiff is assessed an initial partial filing fee of 20 percent
21 of the greater of (a) the average monthly deposits to plaintiff's trust account; or (b) the average
22 monthly balance in plaintiff's account for the 6-month period immediately preceding the filing of
23 this action. 28 U.S.C. § 1915(b)(1). Upon payment of that initial partial filing fee, plaintiff will
24 be obligated to make monthly payments in the amount of twenty percent of the preceding month's
25 income credited to plaintiff's trust account. The California Department of Corrections and
26 Rehabilitation is required to send to the Clerk of the Court the initial partial filing fee and
27 thereafter payments from plaintiff's prison trust account each time the amount in the account
28 exceeds \$10.00, until the statutory filing fee of \$350.00 is paid in full. 28 U.S.C. § 1915(b)(2).

1 Good cause appearing therefore, IT IS HEREBY ORDERED that:

2 1. The Director of the California Department of Corrections and Rehabilitation or a
3 designee shall collect from plaintiff's prison trust account an initial partial filing fee in
4 accordance with the provisions of 28 U.S.C. § 1915(b)(1) as set forth in this order and shall
5 forward the amount to the Clerk of the Court. The payment shall be clearly identified by the
6 name and number assigned to this action.

7 2. Thereafter, the Director of the California Department of Corrections and Rehabilitation
8 or a designee shall collect from plaintiff's prison trust account monthly payments in an amount
9 equal to twenty percent (20%) of the preceding month's income credited to the prisoner's trust
10 account and forward payments to the Clerk of the Court each time the amount in the account
11 exceeds \$10.00 in accordance with 28 U.S.C. § 1915(b)(2), until the \$350.00 filing fee for this
12 action has been paid in full. The payments shall be clearly identified by the name and number
13 assigned to this action.

14 3. The Clerk of the Court is directed to serve a copy of this order and a copy of plaintiff's
15 signed in forma pauperis affidavit on the Director, California Department of Corrections and
16 Rehabilitation, 1515 S Street, Sacramento, California 95814.

17 4. The Clerk of the Court is directed to serve a copy of this order on the Financial
18 Department of the court.

19 Dated: July 23, 2019

20 /s/ DEBORAH BARNES
21 UNITED STATES MAGISTRATE JUDGE
22
23
24
25

26 DLB:12

27 DLB:1/Orders/Prisoner/Civil.Rights/hamp0851.cdc
28