

MAR 12 2020

OFFICE OF THE CLERK

No. 19-8122

IN THE
SUPREME COURT OF THE UNITED STATES

ALLAN WADDIFIELD ^{PRO-SE} — PETITIONER
(Your Name)

VS.

ATTORNEY GEN OF KENTUCKY — 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*.

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.

Allan Waddifield ^{PRO-SE}
(Signature)

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

I, ANNA WEDDINFIELD, 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	\$ 75.00	\$ 75.00	\$ 75.00	\$ 75.00
Self-employment	\$ 0	\$ 0	\$ 0	\$ 0
Income from real property (such as rental income)	\$ 0	\$ 0	\$ 0	\$ 0
Interest and dividends	\$ 0	\$ 0	\$ 0	\$ 0
Gifts	\$ VAR. 200.	\$ VAR. 200.	\$ VAR. 200.	\$ VAR. 200.
Alimony	\$ 0	\$ 0	\$ 0	\$ 0
Child Support	\$ 0	\$ 0	\$ 0	\$ 0
Retirement (such as social security, pensions, annuities, insurance)	\$ 0	\$ 0	\$ 0	\$ 0
Disability (such as social security, insurance payments)	\$ 0	\$ 0	\$ 0	\$ 0
Unemployment payments	\$ 0	\$ 0	\$ 0	\$ 0
Public-assistance (such as welfare)	\$ 0	\$ 0	\$ 0	\$ 0
Other (specify): _____	\$ 0	\$ 0	\$ 0	\$ 0
Total monthly income:	\$ 75.00	\$ 75.00	\$ 75.00	\$ 75.00

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
KENTUCKY DEPT OF CORRECTION	GRCC CENTRAL CITY KENTUCKY	12-2016 TO PRESENT	\$ 75.00 \$ \$

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
KENTUCKY DEPT OF CORRECTION	KWIC PELVEY VALLEY KENTUCKY	6-2015 TO PRESENT	\$ 75.00 \$ \$

4. How much cash do you and your spouse have? \$ 0 - 50.

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>0</u>	<u>0 NA</u>	\$ <u>0</u>	\$ <u>0</u>
		\$ <u> </u>	\$ <u> </u>
		\$ <u> </u>	\$ <u> </u>

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

<input checked="" type="checkbox"/> Home Value <u>LESS THAN \$10,000</u>	<input checked="" type="checkbox"/> Other real estate Value <u>N/A</u>
<input checked="" type="checkbox"/> Motor Vehicle #1 Year, make & model <u>2001 FORD F150</u> Value <u><\$3000</u>	<input checked="" type="checkbox"/> Motor Vehicle #2 <u>1997</u> Year, make & model <u>DODGE 1500</u> Value <u><\$500</u>
<input type="checkbox"/> Other assets Description <u>NA</u> Value <u>/</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>NONE</u>	\$ <u>0</u>	\$ <u>0</u>
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

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

Name	Relationship	Age
<u>NONE</u>	<u>N/A</u>	<u>N/A</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</u>	\$ <u>0</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>70. MONTH</u>	\$ <u>70. MONTH</u>
Home maintenance (repairs and upkeep)	\$ <u>VARIABLES</u>	\$ <u>VARIABLES</u>
Food	\$ <u>200.</u>	\$ <u>200.</u>
Clothing	\$ <u>50</u>	\$ <u>20</u>
Laundry and dry-cleaning	\$ <u>10</u>	\$ <u>10</u>
Medical and dental expenses	\$ <u>6</u>	\$ <u>6</u>

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>0</u>	\$ <u>0</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>10.</u>	\$ <u>10.</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>VARIES</u>	\$ <u>VARIES</u>
Life	\$ <u>0</u>	\$ <u>0</u>
Health	\$ <u>0</u>	\$ <u>0</u>
Motor Vehicle	\$ <u>0</u>	\$ <u>0</u>
Other: _____	\$ <u>0</u>	\$ <u>0</u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>PROPERTY</u>	\$ <u>130, YENES 11, MW</u>	\$ <u>130, YENES 11, MW</u>
Installment payments		
Motor Vehicle	\$ <u>0</u>	\$ <u>0</u>
Credit card(s)	\$ <u>0</u>	\$ <u>0</u>
Department store(s)	\$ <u>0</u>	\$ <u>0</u>
Other: _____	\$ <u>0</u>	\$ <u>0</u>
Alimony, maintenance, and support paid to others	\$ <u>0</u>	\$ <u>0</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>0</u>	\$ <u>0</u>
Other (specify): _____	\$ <u>0</u>	\$ <u>0</u>
Total monthly expenses:	<u>\$ 327.</u>	<u>\$ 327.</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? \$60,000 + AT THIS POINT,

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

\$25,000 BILL BARBER OWENSBORO, KY

\$10,000 RICK HARDIN HARDINSBURG, KY

\$25,000 DAX WOMACK HENDERSON, KY

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 *ACLU*

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.

BOTH ME AND MY SPOUSE ARE IN PRISON. WE HAVE USED UP OUR SAVINGS TRYING TO FIND A HONEST JUDGE AND COURT TO WATCH THE COLOR VIDEO OF THE POLICE BRINGING THE DRUGS INTO OUR HOUSE. THE VERY THING WE ARE IN PRISON FOR, AND THE THEFT OF FIREARMS BY THE POLICE.

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

Executed on: March 8th, 2020

Debra W. Waddefford
(Signature) *PRO
SE*

**COMMONWEALTH OF KENTUCKY
DEPARTMENT OF CORRECTIONS**

Green River Correctional Complex
(Institution)

**CERTIFICATION OF FUNDS DEPOSITED IN
PRISONER'S INSTITUTIONAL ACCOUNT**

Inmate Name: Allan Widdifield

Institutional I.D. Number: 263693

I, Melissa Latham, of the Green River Correctional Complex
(Institution)

Inmate Accounts Office do hereby certify that the sum of
\$1,645.28 has been deposited to this inmate's account during the
preceding 6 months.

Melissa Latham
Signature of Authorized Officer

10/02/2019

Date

UNITED STATES COURT OF APPEALS
FOR THE SIXTH CIRCUIT

ALLAN WIDDIFIELD, aka Alan
Widdifield, aka Allan Widdlefield

Petitioner - Appellant

v.

KEVIN MAZZA, Warden

Respondent - Appellee

Case No: 19-6147

(asm)

MOTION FOR PAUPER STATUS

I move to waive the payment of the appellate filing fee under Fed. R. App. P. 24 because I am a pauper. This motion is supported by the attached financial affidavit.

The issues which I wish to raise on appeal are:

'A' LISTED ON APPLICATION FOR C.O.A

I. AEDPA- 1 YR STATUTE, 11.42 COLLATERAL ACTION

II. EQUITABLE TOLLING OF THE STATUTE, PROVISIONS IN
HOWARD, FD. # 28 USC 2244(D)(G) I.E. JULY, 7, 2018

III. ACTUAL INNOCENCE & 28 USC 2241

III. MC. QUIGGIN v. PERKINS, 569 US. 383 2013

Signed: Allan Widdlefield P.A.-SE Date: 3-9-2020

Address: G.R.C. 6-BLA

P.O. BOX 9300

CENTRAL CITY, KY 42330

AFFIDAVIT ACCOMPANYING MOTION FOR
PERMISSION TO APPEAL IN FORMA PAUPERISUnited States Court of Appeals
for the Sixth Circuit

ALLAN WIDDIFIELD, aka Alan Widdifield,
aka Allan Widdlefield

Petitioner - Appellant

V.
KEVIN MAZZA, Warden

Respondent - Appellee

Case No: 19-6147

(asm)

Affidavit in Support of Motion

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.)

Signed: Allen Widdifield PAO-SE

My issues on appeal are:

- A. LISTED ON APPLICATION FOR C.O.A.
- B. AEDPA. 1 yr STATUTE & 11.42 COLLATERAL ACTION
- C. EQUITABLE TOLLING OF THE STATUTE. PROVISIONS IN HOLLAND ED. 28 USC 2244(d)(2). IE JULY 17, 2018
- D. ACTUAL INNOCENCE & 28 USC 2241
- E. MCQUIGGIN v PERKINS, 569 US 383 - 2013

Date: 3-8-2020

Instructions

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 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.

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>75.</u>	<u>75.</u>	<u>75.</u>	<u>75.</u>
Self-employment	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Income from real property (such as rental income)	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Interest and dividends	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Gifts	<u>200</u>	<u>VIARTES</u>	<u>0</u>	<u>0</u>
Alimony	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Child support	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Retirement (such as social security, pensions, annuities, insurance)	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Disability (such as social security, insurance payments)	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Unemployment payments	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Public-assistance (such as welfare)	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Other (specify):	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Total monthly income:	<u>\$ 0.00</u>	<u>\$ 0.00</u>	<u>\$ 0.00</u>	<u>\$ 0.00</u>
	<u>75.</u>	<u>75.</u>	<u>75.</u>	<u>75.</u>

2. List your 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
<u>Ky. D.O.C.</u>	<u>G.R.C.L.</u>	<u>12-2016 to PRESENT</u>	<u>\$ 75.</u>
	<u>CENTRAL CITY, KY</u>		

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
<u>KY. D.O.C.</u>	<u>KWIC</u>	<u>6-2015 TO</u>	<u>\$75.</u>
	<u>PEWEE VALLEY, KY</u>	<u>PRESENT</u>	

4. How much cash do you and your spouse have? \$ 0 - \$50.

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>0</u>	<u>N.A</u>	<u>0</u>	<u>0</u>

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 (Value)	Other real estate (Value)	Motor Vehicle #1 (Value)
<u>LESS THAN \$10,000</u>	<u>N.A</u>	<u>APPROX \$3000.</u>
		<u>Make & year: 2001 FORD TRUCK</u>
		<u>Model: F 150</u>
		<u>Registration #: N/A</u>
Motor Vehicle #2 (Value)	Other assets (Value)	Other assets (Value)
<u>LESS THAN \$5000</u>	<u>N.A</u>	<u>N/A</u>
<u>Make & year: 1997 DODGE TRUCK</u>		
<u>Model: 1500</u>		
<u>Registration #: N/A</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
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<u>NONE</u>	<u>0</u>	<u>0</u>

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

Name	Relationship	Age
<u>NONE</u>	<u>N/A</u>	<u>N/A</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 (including 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)	\$70.	\$70.
Home maintenance (repairs and upkeep)	VARIES	VARIES
Food	\$200.	\$200.
Clothing	20	20
Laundry and dry-cleaning	10	10
Medical and dental expenses	6	6
Transportation (not including motor vehicle expenses)	0	0
Recreation, entertainment, newspapers, magazines, etc.	10	10
Insurance (not deducted from wages or included in mortgage payments) Homeowner's or renter's	VAR	VAR
Life	0	0
Health	0	0
Motor vehicle	0	0
Other:	NR	NR
Taxes (not deducted from wages or included in mortgage payments) specify: <u>PROPERTY TAXES</u>	130 ^{1/2} YR \$11.	130 ^{1/2} YR \$11.
Installment payments	0	0
Motor Vehicle	0	0
Credit card (name):	0	0
Department store (name):	0	0
Other:	0	0
Alimony, maintenance, and support paid to others	0	0
Regular expenses for operation of business, profession, or farm (attach detail)	0	0
Other (specify):	0	0
Total monthly expenses:	\$ 0.00	\$ 0.00
	\$327.00	\$327.00

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? \$25,000 BILL BARKER - OWENSBORO, KY
\$10,000 RICK HARDIN - HARRISBURG KY
\$25,000 DAX WOMACK - HENDERSON, KY

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

MY SPOUSE AND I ARE BOTH IN PRISON. WE HAVE PAID TO
WALYERS & COURT COSTS ALL OF OUR SAVINGS TRYING TO FIND
A JUDGE TO WATCH THE COLOR VIDEO OF THE POLICE BRINGING THE
DRUGS & PLANTING THEM IN OUR HOUSE. THE VERY THING WE ARE IN
PRISON FOR.

12. State the address of your legal residence.

GREEN RIVER CORRECTIONAL COMPLEX
DORM 6-BL2
R0 B0 K9300
CENTRAL CITY, KY 42330

Your daytime phone number: (N/A) PRISON

Your age: 48

Your years of schooling: 12 +

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the foregoing Notice of Appeal has been mailed, first class postage paid to the following:

Hon. Andy Beshear, Attorney General of Kentucky
Office of Criminal Appeals
1024 Capitol Center Drive
Frankfort, KY 40601

Dated this 8 day of MARCH 2020.

Allan Widdifield
Allan Widdifield, Pro Se