| No | |
|--------------------------------------|------------|
| In The Supreme Court of the Unite | ed States |
| CHARLES P. MAYEUX, | PETITIONER |
| v. | |

STATE OF LOUISIANA,

RESPONDENT.

MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

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

Petitioner was represented by court-appointed counsel at his trial, and granted leave to proceed in forma pauperis in the Louisiana Third Circuit Court of Appeal, and in the Louisiana Supreme Court.

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

Respectfully submitted,

Collen an

G. BEN COHEN

Counsel of Record

The Promise of Justice Initiative 1024 Elysian Fields Avenue New Orleans, Louisiana 70117

Telephone: (504) 529-5955 bcohen@defendla.org

| NO. |
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| |
| IN THE |
| SUPREME COURT OF THE UNITED STATES |
| |
| |
| Charles Mayery fr. — PETITIONER (Your Name) |
| VS. |
| — RESPONDENT(S) |
| MODION HOD I EAVE TO DEOCEED IN EQUIA DAMBEDIC |
| 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 <i>in forma pauperis</i> . |
| [] Petitioner has previously been granted leave to proceed in forma pauperis in the following court(s): |
| [\int 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. |
| Ma. 1 Mm |
| (Signature) |

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.

| | Average monthly amonthly amonths | e monthly amount during st 12 months | | cted |
|---|----------------------------------|---|-------------|--------|
| | You | Spouse | You | Spouse |
| Employment | \$ <i>C</i> | \$ | \$ <u> </u> | \$ |
| Self-employment | \$ <i>C</i> | \$ | \$ <i>O</i> | \$ |
| Income from real proper (such as rental income) | | \$ | \$ <u> </u> | \$ |
| Interest and dividends | \$ <i>C</i> | \$ | \$ <i></i> | \$ |
| Gifts | \$ <i>©</i> | \$ | \$ | \$ |
| Alimony | \$ | \$ | \$ <i>e</i> | \$ |
| · Child Support | \$ <i>o</i> | \$ | \$ <u> </u> | \$ |
| Retirement (such as soc security, pensions, annuities, insurance) | cial \$ | \$ | \$ | \$ |
| Disability (such as socia security, insurance pay | | \$ | \$ | \$ |
| Unemployment payment | ts \$ <u></u> | \$ | \$ | \$ |
| Public-assistance (such as welfare) | \$ | \$ | \$ | \$ |
| Other (specify): | \$ | \$ | \$ <i>6</i> | \$ |
| Total monthly inc | come: \$ <i>C</i> | \$ | \$ | \$ |

| past two years, most recent employer fructions.) tes of Gross monthly pay pay properties of Second |
|---|
| past two years, most recent employer fructions.) tes of Gross monthly pay pay pay pay pay pay pay pay pay pa |
| tes of Gross monthly pay ployment \$ |
| ye in bank accounts or in any other finan |
| ssve in bank accounts or in any other finan |
| we in bank accounts or in any other finan |
| ve in bank accounts or in any other finan unt you have Amount your spouse ha |
| NJ |
| n or your spouse owns. Do not list cloth |
| Other real estate |
| Value |
| Motor Vehicle #2 Year, make & model |
| |
| Value |
|] |

| 6. State every person, bus amount owed. | iness, or organization | owing you | ı or your | spouse money, and the |
|--|------------------------|-------------|-----------|------------------------|
| Person owing you or your spouse money | Amount owed to | you | Amoun | it owed to your spouse |
| None | \$ | | \$ | |
| | \$ | <u></u> | \$ | |
| TO ALLOS DIAGONIA DI LA CONTROL DE LA CONTRO | \$ | | \$ | |
| 7. State the persons who rel | y on you or your spou | se for supp | | |
| Name | Relationsh | nip | | Age |
| Non-e | | | | |
| annually to show the mon | | You | | Your spouse |
| Rent or home-mortgage pay (include lot rented for mobile Are real estate taxes included Is property insurance included | e home) led? | \$ | 0 | \$ |
| Utilities (electricity, heating water, sewer, and telephone) | | \$ | 0 | |
| Home maintenance (repairs a | and upkeep) | \$ | в | \$ |
| Food | | \$ | 6 | \$ |
| Clothing | | \$ | <u> </u> | \$ |
| Laundry and dry-cleaning | | \$ | 6 | |
| Medical and dental expenses | | \$ | O | \$ |

,

| | You | Your spouse |
|---|-----------------|-------------|
| Transportation (not including motor vehicle payments) | \$ O | \$ |
| Recreation, entertainment, newspapers, magazines, etc. | \$ <i>O</i> | \$ |
| Insurance (not deducted from wages or included in mort | gage payments) | |
| Homeowner's or renter's | \$ & | \$ |
| Life | \$ | \$ |
| Health | \$ | \$ |
| Motor Vehicle | \$ <i>&</i> | \$ |
| Other: | \$ | \$ |
| Taxes (not deducted from wages or included in mortgage | payments) | |
| (specify): | \$ | \$ |
| Installment payments | | |
| Motor Vehicle | \$ | \$ |
| Credit card(s) | \$ <i>L</i> > | \$ |
| Department store(s) | \$ | \$ |
| Other: | \$ | \$ |
| Alimony, maintenance, and support paid to others | \$ | \$ |
| Regular expenses for operation of business, profession, or farm (attach detailed statement) | \$ <i>6</i> | \$ |
| Other (specify): | \$ | \$ |
| Total monthly expenses: | \$ <i>O</i> | \$ |

| 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? |
| | If yes, state the attorney's name, address, and telephone number: |
| | |
| | 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 y | res, state the person's name, address, and telephone number: |
| | Provide any other information that will help explain why you cannot pay the costs of this case |
| I d€ | eclare under penalty of perjury that the foregoing is true and correct. |
| Exe | ecuted on: 3-10-20 , 20.20 |
| | Charles Mayers (Signature) |
| | (Signature) |