

No. _____

IN THE
SUPREME COURT OF THE UNITED STATES

Kenan Allen Pro. Se. 382599 PETITIONER
(Your Name)

VS.

DARREL VANNOY, Warden — RESPONDENT(S)
L.S.P.

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*.

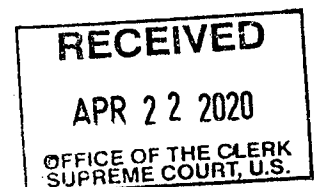
[☒] Petitioner has previously been granted leave to proceed *in forma pauperis* in the following court(s):

U.S. District Court, Eastern District of Louisiana
500 Poydras Street, Room C-151, New Orleans, LA 70130

[☐] 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.

Kenan Allen
(Signature)



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

I, Kenan Allen, 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	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</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>0</u>	\$ <u>0</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</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</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	Dates of Employment	Gross monthly pay
<u>TRCPC/ced</u>	<u>N/A</u>	<u>N/A</u>	\$ <u>N/A</u>
<u>11</u>	<u>N/A</u>	<u>N/A</u>	\$ <u>N/A</u>
<u>11</u>	<u>N/A</u>	<u>N/A</u>	\$ <u>N/A</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>N/A</u>	<u>N/A</u>	<u>N/A</u>	\$ <u>N/A</u>
			\$
			\$

4. How much cash do you and your spouse have? \$ 0
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>1.5.P.</u>	<u>0</u>	\$ <u>0.16</u>	\$ <u>0</u>
		\$	\$
		\$	\$

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

☐ Home
Value 0

☐ Other real estate
Value 0

☐ Motor Vehicle #1
Year, make & model _____
Value 0

☐ Motor Vehicle #2
Year, make & model _____
Value 0

☐ Other assets
Description _____
Value 0

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>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

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

Name	Relationship	Age
<u>N/A</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>0</u>	\$ <u>0</u>
Home maintenance (repairs and upkeep)	\$ <u>0</u>	\$ <u>0</u>
Food	\$ <u>0</u>	\$ <u>0</u>
Clothing	\$ <u>0</u>	\$ <u>0</u>
Laundry and dry-cleaning	\$ <u>0</u>	\$ <u>0</u>
Medical and dental expenses	\$ <u>0</u>	\$ <u>0</u>

You

Your spouse

Transportation (not including motor vehicle payments) \$ 0 \$ 0

Recreation, entertainment, newspapers, magazines, etc. \$ 11 \$ 11

Insurance (not deducted from wages or included in mortgage payments)

Homeowner's or renter's \$ 11 \$ 11

Life \$ 11 \$ 11

Health \$ \$

Motor Vehicle \$ \$

Other: \$ \$

Taxes (not deducted from wages or included in mortgage payments)

(specify): \$ 0 \$ 0

Installment payments

Motor Vehicle \$ \$

Credit card(s) \$ \$

Department store(s) \$ \$

Other: \$ \$

Alimony, maintenance, and support paid to others \$ \$

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

Other (specify): \$ \$

Total monthly expenses: \$ \$

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:

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:

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

I AM INCARCERATED AT LOUISIANA STATE PENITENTIARY, I MAKE APPROX. 4 CENTS TO 10. CENTS PER HOUR WORK. THOSE FUNDS ARE BEING TAKEN FROM ME TO PAY FOR INDIGENT LEGAL SERVICE. ALL FUNDS EARNED.

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

Executed on: 4-10-20, 2020

Kenan Allen #382595

(Signature)

STATEMENT OF ACCOUNT
(Certified Institutional Equivalent)

I hereby certify that KENAN Allen, inmate number 382599-F-2, the plaintiff herein has the following sums of money on account to his credit at LOUISIANA STATE PRISON, ANGOLA, LOUISIANA, the institution where he is confined:

Prison Drawing Account: \$ -0-

Prison Savings Account: \$ -0-

A. Cash \$ _____

B. Bonds \$ _____

I further certify that the average monthly deposits for the preceding six months is \$ 0-

(The average monthly deposits are to be determined by adding the deposits made during a given month and dividing that total by the number of deposits made during that month. This is repeated for each of the six months. The average from each of the six months are to be added together and the total is to be divided by six.)

I further certify that the average monthly balance for the prior six months is \$.16

(The average monthly balance is to be determined by adding each day's balance for a given month and dividing that total by the number of days in that month. This is to be repeated for each of the six months. The balance from each of the six months are to be added together and the total is to be divided by six.)

Date Certified

DATE

APR 01 2020

CERTIFIED

Sandra Rosso

Signature of Authorized Officer of Institution
and Title of Institution