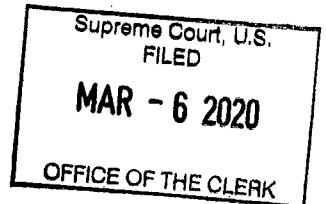


No. 19-8547

**ORIGINAL**

IN THE  
SUPREME COURT OF THE UNITED STATES

Joseph D. Blueford — PETITIONER  
(Your Name)



VS.

Timothy Hooper, — RESPONDENT(S)  
Warden

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*.

Please check the appropriate boxes:

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

U. S. Court of Appeals For The Fifth Circuit,  
U. S. District Court Western District of Louisiana,  
MONROE DIVISION

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.

Petitioner's affidavit or declaration is **not** attached because the court below appointed counsel in the current proceeding, and:

The appointment was made under the following provision of law: \_\_\_\_\_  
\_\_\_\_\_, or

a copy of the order of appointment is appended.

Joseph Blueford  
(Signature)

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

I, Joseph Blueford, 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.

<b>Income source</b>	<b>Average monthly amount during the past 12 months</b>		<b>Amount expected next month</b>	
	<b>You</b>	<b>Spouse</b>	<b>You</b>	<b>Spouse</b>
Employment	\$ <u>Q</u>	\$ <u>Q</u> N/A	\$ <u>Q</u>	\$ <u>N/A</u>
Self-employment	\$ <u>Q</u>	\$ <u>N/A</u>	\$ <u>Q</u>	\$ <u>N/A</u>
Income from real property (such as rental income)	\$ <u>Q</u>	\$ <u>N/A</u>	\$ <u>Q</u>	\$ <u>N/A</u>
Interest and dividends	\$ <u>Q</u>	\$ <u>N/A</u>	\$ <u>Q</u>	\$ <u>N/A</u>
Gifts	\$ <u>Q</u>	\$ <u>N/A</u>	\$ <u>Q</u>	\$ <u>N/A</u>
Alimony	\$ <u>Q</u>	\$ <u>N/A</u>	\$ <u>Q</u>	\$ <u>N/A</u>
Child Support	\$ <u>Q</u>	\$ <u>N/A</u>	\$ <u>Q</u>	\$ <u>N/A</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>Q</u>	\$ <u>N/A</u>	\$ <u>Q</u>	\$ <u>N/A</u>
Disability (such as social security, insurance payments)	\$ <u>Q</u>	\$ <u>N/A</u>	\$ <u>Q</u>	\$ <u>N/A</u>
Unemployment payments	\$ <u>Q</u>	\$ <u>N/A</u>	\$ <u>Q</u>	\$ <u>N/A</u>
Public-assistance (such as welfare)	\$ <u>Q</u>	\$ <u>N/A</u>	\$ <u>Q</u>	\$ <u>N/A</u>
Other (specify): _____	\$ <u>Q</u>	\$ <u>N/A</u>	\$ <u>Q</u>	\$ <u>N/A</u>
<b>Total monthly income:</b>	\$ <u>Q</u>	\$ <u>N/A</u>	\$ <u>Q</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	Dates of Employment	Gross monthly pay
NIA	NIA	NIA	\$ NIA

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
NIA	NIA	NIA	\$ NIA

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

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

Home  
Value NIA

Other real estate  
Value NIA

Motor Vehicle #1  
Year, make & model NIA  
Value \_\_\_\_\_

Motor Vehicle #2  
Year, make & model NIA  
Value \_\_\_\_\_

Other assets  
Description NIA  
Value \_\_\_\_\_

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

**Person owing you or your spouse money**

NIA

**Amount owed to you**

\$ NIA

**Amount owed to your spouse**

\$ NIA

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

**Name**  
NIA  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Relationship**  
NIA  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Age**  
NIA  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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)

\$ NIA

\$ NIA

Are real estate taxes included?  Yes  No

Is property insurance included?  Yes  No

Utilities (electricity, heating fuel,  
water, sewer, and telephone)

\$ NIA

\$ NIA

Home maintenance (repairs and upkeep)

\$ NIA

\$ NIA

Food

\$ NIA

\$ NIA

Clothing

\$ NIA

\$ NIA

Laundry and dry-cleaning

\$ NIA

\$ NIA

Medical and dental expenses

\$ NIA

\$ NIA

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ N/A	\$ N/A
Recreation, entertainment, newspapers, magazines, etc.	\$ N/A	\$ N/A
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ N/A	\$ N/A
Life	\$ N/A	\$ N/A
Health	\$ N/A	\$ N/A
Motor Vehicle	\$ N/A	\$ N/A
Other: _____	\$ N/A	\$ N/A
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
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
<b>Total monthly expenses:</b>	<u>\$ N/A</u>	<u>\$ N/A</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? \_\_\_\_\_

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.

Incarcerated

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

Executed on: May 14, 2020

Joseph Blueprint  
(Signature)

**UNITED STATES DISTRICT COURT**  
**Eastern District of Louisiana**

Joseph Blueford

Plaintiff

v.

Timothy Hopper

Defendant

Joseph Blueford

petitioner/plaintiff/movant       other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915 I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated?       Yes       No      (If "No," go to Part 2)

If "Yes," state the place of your incarceration \_\_\_\_\_

Are you employed at the institution? No Do you receive any payment from the No

Have the institution certify the Statement of Account portion of this affidavit or attach a certified ledger sheet from the institution(s) of your incarceration showing at least the past six months' transactions.

2. Are you currently employed?       Yes       No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

b. If the answer is "No," state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer. N/A

3. In the past 12 twelve months have you received any money from any of the following sources?

- |   |                              |  |
|---|------------------------------|--|
| a. Business, profession or other self-employment  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b. Rent payments, interest or dividends           | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation payments    | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| e. Gifts or inheritances                          | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| f. Any other sources                              | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

If the answer to any of the above is "Yes", describe each source of money and state the amount received and what you expect you will continue to receive.

4. Do you have **any** cash or checking or savings accounts?  Yes  No

If "Yes," state the total amount. \_\_\_\_\_

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or any other thing of value?  Yes  No

If "Yes," describe the property and state its value.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

<u>Name</u>	<u>Relationship</u>	<u>Amount Contributed for Support</u>
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N/A

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

5-11-2020

Date

Joseph Blueford

Signature of Applicant

#### STATEMENT OF ACCOUNT

(Certified Institutional Equivalent)  
(To be completed by the institution of incarceration)

I hereby certify that this inmate, Joseph Blueford #393195, has a present inmate account balance of \$ 105.87 at the Ellyn Hunt Correctional institution. I further certify

that the average monthly deposits for the preceding six months is \$71.53

*(The average monthly deposits are to be determined by adding the deposits made during a given month and dividing the 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 divided by six).*

I further certify that the average monthly balance for the prior six months is \$269.83

*(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 prior months. The balance from each of the six months are to be added together and the total is to be divided by six).*

5-12-2020

Date Certified

Brenda Holloway

Authorized Officer of Institution

DEPARTMENT OF CORRECTIONS  
INMATE MASTER RECORD INFORMATION

DATE : 05/12/20

TIME : 12:27:17

=====

DOC NUMBER....: 393195 STATUS.....: ACTIVE  
LAST NAME : BLUEFORD FIRST NAME : JOSEPH M.I.: D  
SENT LENGTH : LIFE  
RACE : BLACK DOC SYSTEM ENTRY DATE : 04/29/13  
SEX : MALE DISCHARGE DATE : 99/99/99  
LAST UPDATE : 05/11/20 SAVINGS BONDS : N

=====

LIVING QTRS : FOX 6 TIER D LIVING QTRS # : 6083  
BEDS 79-104 COMPOUND 2

WORK ASSIGNMENT : YARD ORDERLIES WORK ASSIGNMENT # : 0T42  
GROUNDSKEEPER 3 PAY RATE : .160

INC.PAY XFER FLAG: INC.PAY XFER DATE.: 20191122

=====

DRAWING BALANCE : \$ 0.49 ->LAST 6 MONTH AVERAGE....: \$ 9.72  
SAVINGS BALANCE : \$ 105.38 ->LAST 6 MONTH AVERAGE....: \$ 260.11  
RESERVE BALANCE : \$ 0.00 *269.83*  
TOTAL DEBT OWED : \$ 0.00 LAST 6 MTH AVG EARNINGS.: \$ 71.53  
ACCrued SALES : \$ 3.61 INSTITUTION LIMIT : \$ 175.00  
PERSONAL PROP. ACCRUED:\$ 0.00 PERSONAL PROPERRTY LIMIT: \$ 250.00

=====

PRESS XMIT TO REQUEST ANOTHER INQUIRY : (ENTER X TO CANCEL FUNCTION)