

19-8794

No. _____

ORIGINAL

Supreme Court, U.S.
FILED

JUN 03 2020

OFFICE OF THE CLERK

IN THE

SUPREME COURT OF THE UNITED STATES

CASEY RAFEAL TYLER — PETITIONER
(Your Name)

VS.

ERIK A. HOOKS — 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*.

Please check the appropriate boxes:

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

United States Court of Appeals for the 4th Circuit

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.


(Signature)

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

I, CASEY RAFEAL TYLER, 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>N/A</u>	\$ <u>0</u>	\$ <u>N/A</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>N/A</u>	\$ <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
N/A	N/A	N/A	\$ 0
N/A	N/A	N/A	\$ 0
N/A	N/A	N/A	\$ 0

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
N/A	N/A	N/A	\$ 0
N/A	N/A	N/A	\$ 0
N/A	N/A	N/A	\$ 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.

Type of account (e.g., checking or savings)	Amount you have	Amount your spouse has
N/A	\$ 0	\$ 0
N/A	\$ 0	\$ 0
N/A	\$ 0	\$ 0

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

Home

Value N/A

Other real estate

Value N/A

Motor Vehicle #1

Year, make & model N/A

Motor Vehicle #2

Year, make & model N/A

Value N/A

Other assets

Description N/A

Value N/A

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>0</u>	\$ <u>0</u>
<u>N/A</u>	\$ <u>0</u>	\$ <u>0</u>
<u>N/A</u>	\$ <u>0</u>	\$ <u>0</u>

7. State the persons who rely on you or your spouse for support. For minor children, list initials instead of names (e.g. "J.S." instead of "John Smith").

Name	Relationship	Age
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<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>N/A</u>
Are real estate taxes included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is property insurance included? <input checked="" type="checkbox"/> Yes <input 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>

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.

Been a prisoner since age 17 (2007)

Prison Trust fund Statement attached showing indigence.

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

Executed on: June 3rd, 2020


(Signature)

NORTH CAROLINA DEPARTMENT OF PUBLIC SAFETY 06/01/20
 IBSR140 (60) TRUST FUND ACCOUNT STATEMENT 18:10:13
 FACILITY: 3980 - POLK CI PAGE 573
 FOR: 05/25/20 - 06/01/20

ACCT. NAME: TYLER, CASEY R. ACCT#: 1124017
 BED: HCDL-112 TYPE: INMATE

ENDING BALANCE 06/01/20 \$ 0.00 INCLUDES CANTEEN LIMIT OF \$ 0.00

BATCH		REFERENCE					
DATE	NBR.	TYPE	NUMBER	FACTL	+/-	AMOUNT	BALANCE
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BEGINNING BALANCE							\$ 0.00

DEBT	DEBT				AMOUNT OF	AMOUNT
DATE	TIME	TYPE OF DEBT			DEBT	STILL OWED
-----	-----	-----	-----	-----	-----	-----
02/20/14	15:01	FILING FEES-CASE# 5:14-CT-3044-BO			\$ 350.00	\$ 168.18
08/20/14	07:33	FILING FEES-CASE# 5:14-CT-3126-H			\$ 350.00	\$ 337.00
10/08/15	07:41	FILING FEES-CASE# NO.15-6642 (5:14-CT-031	\$	505.00	\$ 504.13	
10/08/15	07:42	FILING FEES-CASE# NO.15-6040 (5:14-CT-030	\$	505.00	\$ 501.69	
12/09/16	11:40	FILING FEES-CASE# 5:15-CT-3253-D			\$ 350.00	\$ 350.00
01/11/18	08:02	FILING FEES-CASE# 1:17CV1104			\$ 350.00	\$ 349.47
01/25/18	08:12	FILING FEES-CASE# 1:17CV1142			\$ 350.00	\$ 348.38
01/23/19	07:22	DENTAL -Dental Tx Encounter			\$ 5.00	\$ 5.00
06/05/19	07:54	DENTAL -Dental Tx Encounter			\$ 5.00	\$ 5.00
01/16/20	07:29	DENTAL -Dental Tx Encounter			\$ 5.00	\$ 5.00
05/11/20	11:51	FILING FEES-CASE# 20-6518 (1:17-CV-01104-	\$	505.00	\$ 505.00	

THIS STATEMENT SHOWS DEPOSITS AND WITHDRAWALS THAT OCCURRED
BETWEEN 05/25/2020 AT 01:01:01 AND 06/01/2020 AT 18:10:13.

ENDING BALANCE IS THE BALANCE AS OF MONDAY, JUNE 1, 2020 AT 18:10:13.