

No. _____

In The Supreme Court of the United States

Keith Henderson, Petitioner

v.

State of Minnesota, Respondent.

Motion for Leave to Proceed *In Forma Pauperis*

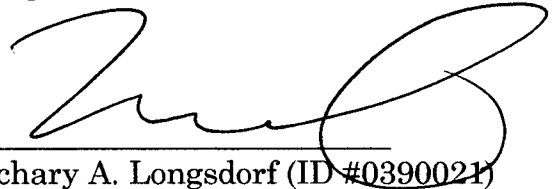
The petitioner asks leave to file the attached petition for a writ of certiorari without prepayment of costs and to proceed *in forma pauperis*.

Please check the appropriate boxes:

☒ Petitioner's affidavit or declaration of this motion is attached hereto.

Dated: 2/13/2020

Longsdorf Law Firm, P.L.C.



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Motion and Affidavit for Permission to Appeal In Forma Pauperis

Keith Henderson, Petitioner

v.

Eddie Miles, Warden, MCF-Stillwater, Respondent

Appeal No. _____
District Court or Agency No. 18-2828 (MJD/BRT)

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: _____

K. Henderson

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 in 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.

Date: _____

9.3.19

My issues on appeal are: Whether the district court erred in denying Mr. Henderson's habeas petition.

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	\$ <i>N/A</i>	\$ <i>N/A</i>	\$ <i>N/A</i>	\$ <i>N/A</i>
Self-employment	\$ <i>N/A</i>	\$ <i>N/A</i>	\$ <i>N/A</i>	\$ <i>N/A</i>
Income from real property (such as rental income)	\$ <i>N/A</i>	\$ <i>N/A</i>	\$ <i>N/A</i>	\$ <i>N/A</i>
Interest and dividends	\$ <i>N/A</i>	\$ <i>N/A</i>	\$ <i>N/A</i>	\$ <i>N/A</i>
Gifts	\$ <i>N/A</i>	\$ <i>N/A</i>	\$ <i>N/A</i>	\$ <i>N/A</i>
Alimony	\$ <i>N/A</i>	\$ <i>N/A</i>	\$ <i>N/A</i>	\$ <i>N/A</i>

Child support	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Disability (such as social security, insurance payments)	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Unemployment payments	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Public-assistance (such as welfare)	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Other (specify): <u>0</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, 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>
<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>

3. List your spouse's employment history, 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>
<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>

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

If you are a prisoner, 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.

N/A

Home (Value)
 N/A
 N/A
 N/A

Other real estate (Value)
 N/A
 N/A
 N/A

Motor vehicle #1 (Value)
 Make & year: N/A
 Model: N/A
 Registration #: N/A

Motor vehicle #2 (Value)
 Make & year: N/A
 Model: N/A
 Registration #: N/A

Other assets (Value)
 N/A
 N/A
 N/A

Other assets (Value)
 N/A
 N/A
 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
N/A	N/A	N/A
N/A	N/A	N/A
N/A	N/A	N/A

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

Name	Relationship	Age
N/A	—	—
N/A	—	—
N/A	—	—

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 (include 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)	\$ 0	\$ 0
Home maintenance (repairs and upkeep)	\$ 0	\$ 0
Food	\$ 0	\$ 0
Clothing	\$ 0	\$ 0

Laundry and dry-cleaning	\$ 0	\$ 0
Medical and dental expenses	\$ 0	\$ 0
Transportation (not including motor vehicle payments)	\$ 0	\$ 0
Recreation, entertainment, newspapers, magazines, etc.	\$ 0	\$ 0
Insurance (not deducted from wages or included in Mortgage payments)	\$ 0	\$ 0
Homeowner's or renter's	\$ 0	\$ 0
Life	\$ 0	\$ 0
Health	\$ 0	\$ 0
Motor Vehicle	\$ 0	\$ 0
Other: —	\$ 0	\$ 0
Taxes (not deducted from wages or included in Mortgage payments) (specify): <u>N/A</u>	\$ 0	\$ 0
Installment payments		
Motor Vehicle	\$ 0	\$ 0
Credit card (name): <u>N/A</u>	\$ 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 detailed statement)	\$ 0	\$ 0
Other (specify): <u>N/A</u>	\$ 0	\$ 0
Total monthly expenses:	\$ 0	\$ 0

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? \$ 0

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? \$ 0

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 docket fees for your appeal.

I WORK A PRISON JOB

13. State the address of your legal residence.

MCF STILLWATER, 970 PICKETT ST N
BOYDPORT, MN 55003

Your daytime phone number: () N/A

Your age: 46 Your years of schooling: 12

The following Certificate of Authorized Prison Official must be completed and filed with a prisoner's Application to Proceed without Prepayment of Fees and Affidavit for all incarcerated applicants. See 28 U.S.C. § 1915(a)(2) (a prisoner who applies to proceed without prepayment of fees must provide a certified copy of the trust fund account statement "obtained from the appropriate official of each prison at which the prisoner is or was confined"). The information provided below will be used by the Court in determining the proper initial partial filing fee as defined under 28 U.S.C. § 1915(b).

CERTIFICATE of AUTHORIZED PRISON OFFICIAL

I, David Hinrichsen, certify that the incarcerated applicant Keith Hederson
_____(name of applicant) has the sum of \$ 37.50 on account to his/her credit at MCF-SW (name of
institution). I further certify that the Applicant named herein has the following securities to his/her credit:



I further certify that in the 6-month period immediately preceding the filing of the complaint/petition/motion or
notice of appeal, the average monthly deposits to the applicant's trust fund prison account was
\$ 390.40, and the average monthly balance in the prisoner's account was
\$ 65.28.

9-4-13
DATE


SIGNATURE OF AUTHORIZED OFFICIAL