

No. 20-5306

Supreme Court, U.S.

FILED

JUL 31 2020

OFFICE OF THE CLERK

In the  
Supreme Court of the United States

Phillip L. Horrell — Petitioner

vs.

David Gomez — 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.

Petitioner has previously been granted leave to proceed in forma pauperis in the following Courts: Central District of Illinois (at Urbana) — year 2007.

Petitioner's affidavit or declaration in support of this (i.e., "form 4") motion, is attached hereto.

ORIGINAL

Respectfully Submitted,

s/ Phillip L. Horrell

**FORM 4.**  
**AFFIDAVIT ACCOMPANYING MOTION FOR**  
**PERMISSION TO APPEAL IN FORMA PAUPERIS**

United States District Court for the

Cent District of FL

A.B., Plaintiff

v.

C.D., Defendant

Case No. \_\_\_\_\_

Mar. Case No. 20-1417

**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: Phillip L. Howell

My issues on appeal are:

See "questions presented" in 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	\$ 0	\$ 0	\$ 0	\$ 0
Self-employment	\$ 0	\$ 0	\$ 0	\$ 0
Income from real property (such as rental income)	\$ 0	\$ 0	\$ 0	\$ 0
Interest and dividends	\$ 0	\$ 0	\$ 0	\$ 0
Gifts	\$ 150	\$ 0	\$ 10	\$ 0
Alimony	\$ 0	\$ 0	\$ 0	\$ 0
Child support	\$ 0	\$ 0	\$ 0	\$ 0
Retirement (such as social security, pensions, annuities, insurance)	\$ 0	\$ 0	\$ 0	\$ 0
Disability (such as social security, insurance payments)	\$ 0	\$ 0	\$ 0	\$ 0

Unemployment payments	\$ 0	\$ 0	\$ 0	\$ 0
Public-assistance (such as welfare)	\$ 0	\$ 0	\$ 0	\$ 0
Other (specify): _____	\$ 0	\$ 0	\$ 0	\$ 0
<b>Total monthly income:</b>	<b>\$ 12.50</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>

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
S + G Packaging	Plainfield, IL	10/2000 - 2/2001	\$2,000/mo (approx)
B + G Stamping	University Park, IL	1/1998 - 6/1998	\$1,600/mo (approx)
Albridge Electric	Libertyville, IL	4/1999 - 8/1999	\$2,800/mo (approx)

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

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.

N/A

Financial Institution	Type of Account	Amount you have	Amount your spouse has

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.

(\* See attached below)

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)	Other real estate	(Value)	Motor Vehicle #1 (Value)
				Make & year: _____
				Model: _____
				Registration #: _____

<b>Motor Vehicle #2</b>	(Value) <b>Other assets</b>	(Value) <b>Other assets</b>	(Value)
Make & year:	<u>N/A</u>		
Model:	<u>N/A</u>		
Registration #	<u>N/A</u>		

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

N/A

<b>Person owing you or your spouse money</b>	<b>Amount owed to you</b>	<b>Amount owed to your spouse</b>

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

N/A

<b>Name [or if under 18, initials only]</b>	<b>Relationship</b>	<b>Age</b>

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.

	<b>Yo u</b>	<b>Your spouse</b>
Rent or home-mortgage payment (including lot rented for mobile home)	\$ <u>0</u>	\$ <u>0</u>
Are real estate taxes included? [ ] Yes [ ] No		
Is property insurance included? [ ] Yes [ ] 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>
Transportation (not including motor vehicle expenses)	\$ <u>0</u>	\$ <u>0</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>0</u>	\$ <u>0</u>

Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>0</u>	\$ <u>0</u>
Life	\$ <u>0</u>	\$ <u>0</u>
Health	\$ <u>0</u>	\$ <u>0</u>
Motor vehicle	\$ <u>0</u>	\$ <u>0</u>
Other: _____	\$ <u>0</u>	\$ <u>0</u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ <u>0</u>	\$ <u>0</u>
Installment payments	\$ <u>0</u>	\$ <u>0</u>
Motor Vehicle	\$ <u>0</u>	\$ <u>0</u>
Credit card (name): _____	\$ <u>0</u>	\$ <u>0</u>
Department store (name): _____	\$ <u>0</u>	\$ <u>0</u>
Other: _____	\$ <u>0</u>	\$ <u>0</u>
Alimony, maintenance, and support paid to others	\$ <u>0</u>	\$ <u>0</u>
Regular expenses for operation of business, profession, or farm (attach detail)	\$ <u>0</u>	\$ <u>0</u>
Other (specify): _____	\$ <u>0</u>	\$ <u>0</u>
Total monthly 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:

N/A \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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:

N/A

12. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.

I am indigent, and have been unable to earn any money since October 13th, 2012, when arrested in Kankakee

13. City and state of your legal residence. County Case No 12CF541 (current case).

Kankakee, Illinois

Your daytime phone number: (X) N/A

Your age: 42 Your years of schooling: GED-Some College

Last four digits of your social-security number 1599