

6/20/13

UNITED STATES SUPREME COURT  
MIDDLE DISTRICT OF LOUISIANA

LAYNE AUCOIN

\*

\*

\*

\*

LT. ANDREW CUPIL and  
SGT. REGINALD ROBINSON

\*

\*

\*\*\*\*\*  
**MOTION FOR PERMISSION TO PROCEED ON APPEAL IN FORMA PAUPERIS**

NOW INTO COURT comes the Plaintiff, LAYNE AUCOIN, who respectfully requests this Honorable Court grant permission to proceed on appeal in forma pauperis for the following good cause shown:

1.

LAYNE AUCOIN is an indigent inmate and he has been allowed to proceed in forma pauperis in both the district court and in the court of appeal.

2.

Pursuant to 28 USC § 1915, any Court of the United States may authorize the commencement, prosecution or defense of any suit, action or proceeding, civil or criminal, or appeal without prepayment of fees by a person who submits an affidavit that includes a statement of all assets that such person possesses that prove that person is unable to pay such fees or give security therefore.

3.

Here, LAYNE AUCOIN was originally granted pauper status and has proceeded pauper since that time. LAYNE AUCOIN is an inmate housed with the Louisiana Department of Corrections and is currently housed at the David Wade Correctional Center. The Statement of Account is attached hereto.

WHEREFORE, LAYNE AUCOIN prays this Court allow him to proceed in forma pauperis in this legal proceeding.

Respectfully submitted:

s/ Donna U. Grodner  
Donna U. Grodner (20840)

GRODNER & ASSOCIATES  
2223 Quail Run, B-1  
Baton Rouge, Louisiana 70808  
(225) 769-1919 FAX (225) 769-1997  
Dgrodner@grodnerlaw.com

CERTIFICATE

I hereby certify that on August 4, 2020, a copy of the foregoing was filed and served electronically with the Clerk of Court using the CM/ECF system and by fax and email to the counsel listed below.

  
s/Donna Grodner  
Donna J. Grodner (20840)

Christopher N. Walters 35579 [waltersc@ag.louisiana.gov](mailto:waltersc@ag.louisiana.gov)  
Assistant Attorney General  
Louisiana Department of Justice  
Litigation Division  
1885 N. 3<sup>rd</sup> Street-Third Floor  
P.O. Box 94005  
Baton Rouge, LA 70804-9005  
225.326.6300 Fax: 225.326.6495

UNITED STATES DISTRICT COURT  
for the  
MIDDLE DISTRICT OF LOUISIANA

Layne Aucoin, )  
Plaintiff )  
v. )  
Lt. Andrew Cupil and SGT. Reginald Robinson )  
Defendants )  
Case No. 16-00373-BAJ-RLB

**AFFIDAVIT ACCOMPANYING MOTION  
FOR PERMISSION TO APPEAL IN FORMA PAUPERIS**

## **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: 

## 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: 8/4/20

My issues on appeal are: stated in my questions presented

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	\$
Self-employment	\$ 0	\$	\$ 0	\$
Income from real property (such as rental income)	\$ 0	\$	\$ 0	\$
Interest and dividends	\$ 0	\$	\$ 0	\$
Gifts	\$ 0	\$	\$ 0	\$
Alimony	\$ 0	\$	\$ 0	\$
Child support	\$ 0	\$	\$ 0	\$
Retirement (such as social security, pensions, annuities, insurance)	\$ 0	\$	\$ 0	\$
Disability (such as social security, insurance payments)	\$ 0	\$	\$ 0	\$
Unemployment payments	\$ 0	\$	\$ 0	\$
Public-assistance (such as welfare)	\$ 0	\$	\$ 0	\$
Other (specify):	\$ 0	\$	\$ 0	\$
<b>Total monthly income:</b>	<b>\$ 0</b>	<b>\$</b>	<b>\$ 0</b>	<b>\$</b>

2. List your 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
Inmate at	David Wade Correctional		\$ 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
			\$
			\$
			\$

4. How much cash do you and your spouse have? \$ .58

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
Inmate Banking	Inmate	\$ .58	\$
		\$	\$
		\$	\$

If you are a prisoner seeking to appeal a judgment in a civil action or proceeding, 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.

Home	Other real estate	Motor vehicle #1
(Value) \$ <u>0</u>	(Value) \$ <u>0</u>	(Value) \$ <u>0</u>
		Make and year:
		Model:
		Registration #:

Motor vehicle #2	Other assets	Other assets
(Value) \$	(Value) \$	(Value) \$
Make and year:		
Model:		
Registration #:		

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
	\$	\$
	\$	\$
	\$	\$

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

Name [or, if under 18, initials only]	Relationship	Age
None		

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)	\$	\$
Are real estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	
Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <input type="checkbox"/>	\$

Home maintenance (repairs and upkeep)	\$ <input type="text" value="0"/>	\$
Food	\$ <input type="text" value="0"/>	\$
Clothing	\$ <input type="text" value="0"/>	\$
Laundry and dry-cleaning	\$ <input type="text" value="0"/>	\$
Medical and dental expenses	\$ <input type="text" value="0"/>	\$
Transportation (not including motor vehicle payments)	\$ <input type="text" value="0"/>	\$
Recreation, entertainment, newspapers, magazines, etc.	\$ <input type="text" value="0"/>	\$
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's:	\$ <input type="text" value="0"/>	\$
Life:	\$ <input type="text" value="0"/>	\$
Health:	\$ <input type="text" value="0"/>	\$
Motor vehicle:	\$ <input type="text" value="0"/>	\$
Other:	\$ <input type="text" value="0"/>	\$
Taxes (not deducted from wages or included in mortgage payments) (specify):	\$ <input type="text" value="0"/>	\$
Installment payments		
Motor Vehicle:	\$ <input type="text" value="0"/>	\$
Credit card (name):	\$ <input type="text" value="0"/>	\$
Department store (name):	\$ <input type="text" value="0"/>	\$
Other:	\$ <input type="text" value="0"/>	\$
Alimony, maintenance, and support paid to others	\$ <input type="text" value="0"/>	\$
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <input type="text" value="0"/>	\$
Other (specify):	\$ <input type="text" value="0"/>	\$
<b>Total monthly expenses:</b>	\$ <input type="text" value="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 spent — or will you be spending — any money for expenses or attorney fees in connection with this lawsuit? [ ] Yes  No

If yes, how much? \$ \_\_\_\_\_

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

I am an inmate

12. State the city and state of your legal residence.

Homer, Louisiana

Your daytime phone number: (318) 927-0400

Your age: 27 Your years of schooling: 11<sup>th</sup> grade  
5126193

Last four digits of your social-security number: 4511

STATEMENT OF ACCOUNT  
(Certified Institutional Equivalent)

SCANNED  
RECEIVED  
JUN 19 2020  
BY (616998)

I hereby certify that Layne Aucoin, inmate number 616998, the plaintiff herein has the following sums of money on account to his credit at David Wade Correctional Center, the institution where he is confined:

Prison Drawing Account: \$ 58

Prison Savings Account: \$ 00

A. Cash 00

B. Bonds 00

I further certify that the average monthly deposits for the preceding six months is \$ 80.00.

(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 \$ 163.44.

(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.)

06-16-2020

Date Certified

Judy Lofton

Signature of Authorized Officer of Institution

DEPARTMENT OF CORRECTIONS  
INMATE MASTER RECORD INFORMATION

DATE : 06/16/20  
TIME : 11:57:34

=====

DOC NUMBER....: 616998 STATUS.....: ACTIVE  
LAST NAME : AUCOIN FIRST NAME : LAYNE M.I.: M  
SENT LENGTH : 007 YRS. 00 MONS. 00 DAYS  
RACE : WHITE DOC SYSTEM ENTRY DATE : 09/10/18  
SEX : MALE DISCHARGE DATE : 99/99/99  
LAST UPDATE : 04/06/20 SAVINGS BONDS : N

=====

LIVING QTRS : N4D LIVING QTRS # : 7607  
CBLK N-4 LOCKDOWN  
WORK ASSIGNMENT : AWAITING ASSIGNMENT - WCC WORK ASSIGNMENT # : 006K  
NO DUTY PAY RATE : .999  
INC.PAY XFER FLAG: INC.PAY XFER DATE.: 20141212

=====

DRAWING BALANCE : \$ 0.58 ->LAST 6 MONTH AVERAGE....: \$ 163.44  
SAVINGS BALANCE : \$ 0.00 ->LAST 6 MONTH AVERAGE....: \$ 0.00  
RESERVE BALANCE : \$ 0.00  
TOTAL DEBT OWED : \$ 0.00 LAST 6 MTH AVG EARNINGS.: \$ 80.00  
ACCRUED SALES : \$ 9.52 INSTITUTION LIMIT : \$ 10.00  
PERSONAL PROP. ACCRUED:\$ 0.00 PERSONAL PROPERRTY LIMIT: \$ 250.00

=====

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