No. 20-5415 ORIGINAL

Supreme Court of the United States

FILED
JUL 20 2020
OFFICE OF THE CLERK
SUPREME COURT, U.S.

Gillman Roddy Long
Petitioner

v.

United State of America
Respondant

on petition for writ of Certiorari
to the united states Court of appeals
for the eighth Circuit

Motion for Leave to Proceed
in forma Pauperis

Comes now Petitioner Gillman Roddy Long and Respectfully moves this Honorable Court for Leave to proceed in forma pauperis, in accordance with the provisions of title 28 United States Code, Section 1915, and rule 39 of the rules of this Court.

Mr. Long Sought leave to proceed in forma Pauperis and Was Granted by the united States District Court. The Statute Mr. Long was appointed Counsel was the Criminal Justice Act of 1964, 18 USC § 3006 A.(See Attachments.)

Supreme Court rule 39.1 provides: .... if the united States District Court or the united States Court of appeals has appointed Counsel under the Criminal Justice Act of 1964 18 USC § 3006 A, or under any other applicable federal Statute, no affidavit or declaration is required, but the motion shall cite the Statute under which counsel was appointed. Id

18 USC § 3006 A (d)(7) Provides:

(7). ... if the person for whom Counsel is appointed under this Section appeals to an appellate court, or petitions for writ of Certiorari, he may do so without prepayment of fees and Costs or Security therefore and without filing the affidavit required by Section 1915(a) of title 28. Id.

Presented herewith is Mr. Long's Petition for writ of Certiorari to the Court of appeals for the eighth Circuit.

Respectfully, Pro-Se

date: 7-20-2020

Billmon Roddy Long,
Petitioner
Po Box 24550
Tucson Az 85734

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

I, Gillman Roddy Long, 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	$ -0-	$ N/A	$ -0-	$ N/A
Self-employment	$ -0-	$ N/A	$ -0-	$ N/A
Income from real property (such as rental income)	$ -0-	$ N/A	$ -0-	$ N/A
Interest and dividends	$ -0-	$ N/A	$ -0-	$ N/A
Gifts	$ 200.00	$ N/A	$ 200.00	$ N/A
Alimony	$ -0-	$ N/A	$ -0-	$ N/A
Child Support	$ -0-	$ N/A	$ -0-	$ N/A
Retirement (such as social security, pensions, annuities, insurance)	$ -0-	$ N/A	$ -0-	$ N/A
Disability (such as social security, insurance payments)	$ -0-	$ N/A	$ -0-	$ N/A
Unemployment payments	$ -0-	$ N/A	$ -0-	$ N/A
Public-assistance (such as welfare)	$ -0-	$ N/A	$ -0-	$ N/A
Other (specify): ____	$ -0-	$ N/A	$ -0-	$ N/A
Total monthly income:	$ 200.00	$ N/A	$ 200.00	$ N/A

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	$ N/A
			$
			$

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	$ N/A
			$
			$

4. How much cash do you and your spouse have? $ 282.00 (Single)
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
BOP LOCK BOX	$ 282.00	$ N/A
	$	$
	$	$

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
Value

☐ Motor Vehicle #2
Year, make & model N/A
Value

☐ Other assets
Description none
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	Amount owed to you	Amount owed to your spouse
None	$ none	$ N/A
none	$ none	$ N/A
none	$ None	$ N/A

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
N/A	N/A	N/A
N/A	N/A	N/A
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, 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? ☐ Yes ☐ No Is property insurance included? ☐ Yes ☐ No	$ none	$ N/A
Utilities (electricity, heating fuel, water, sewer, and telephone)	$ none	$ N/A
Home maintenance (repairs and upkeep)	$ None	$ N/A
Food	$ None	$ N/A
Clothing	$ none	$ N/A
Laundry and dry-cleaning	$ none	$ N/A
Medical and dental expenses	$ none	$ N/A

	You	Your spouse
Transportation (not including motor vehicle payments)	$ none	$ N/A
Recreation, entertainment, newspapers, magazines, etc.	$ none	$ N/A
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	$ none	$ N/A
Life	$ none	$ N/A
Health	$ none	$ N/A
Motor Vehicle	$ none	$ N/A
Other: ______________________	$ none	$ N/A
Taxes (not deducted from wages or included in mortgage payments)		
(specify): ______________________	$ none	$ N/A
Installment payments		
Motor Vehicle	$ none	$ N/A
Credit card(s)	$ none	$ N/A
Department store(s)	$ none	$ N/A
Other: ______________________	$ none	$ N/A
Alimony, maintenance, and support paid to others	$ none	$ N/A
Regular expenses for operation of business, profession, or farm (attach detailed statement)	$ none	$ N/A
Other (specify): ______________________	$ none	$ N/A
Total monthly expenses:	$ none	$ N/A

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.

the Gift amount is only available by family member and may Change due to the pandemic that America is expiерencing.

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

Executed on: 11th day of Aug, 2020 I declare and Certify

Pursuant to 28 usc§.1746.

[signature]
(Signature)