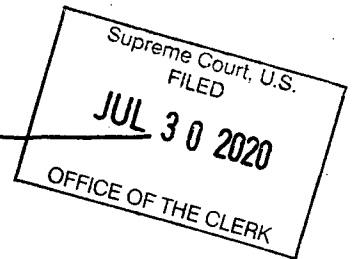


20-5529

CASE NO.

ORIGINAL

IN THE  
SUPREME COURT  
OF THE  
UNITED STATES



HERMAN BENARD  
APPELLANT, PRO SE

VS.

LORIE DAVIS  
DIRECTOR.  
APPELLEE, TDCJ-CID.

MOTION FOR LEAVE TO  
PROCEED IN FORMA PAUPERIS

HERMAN BENARD  
TDCJ-ID, #1712727  
LEBLANC UNIT  
3695 FM 3514  
BEAUMONT, TEXAS  
77705

HERMAN BERNARD  
Appellant, Prose

VS.

LORIE DAVIS  
DIRECTOR, TDCJ-ED.  
Appellee.

CAUSE NO. \_\_\_\_\_

IN THE  
SUPREME COURT  
OF THE  
UNITED STATES

MOTION FOR LEAVE TO PROCEED  
IN FORMA PAUPERIS

TO THE HONORABLE JUDGES OF SAID  
COURT:

Comes now, HERMAN BERNARD, Appellant Prose  
and respectfully moves this court for  
leave to proceed in forma pauperis under  
Supreme Court Rule 39. Motion filed  
pursuant to Supreme Court Rule 21.

and --- would show the court the  
following:

Appellant sought permission to proceed  
in forma pauperis in the United States  
District Court for the Eastern District  
of Texas Beaumont Division.

THE MOTION TO PROCEED IN FORMA PAUPERIS  
WAS GRANTED.

Herman Bernard, ID# 1712727 DECLARES  
THAT I AM UNABLE TO PAY THE COURT COST OR  
FEES IN THIS ACTION AND REQUESTS LEAVE  
OF THE COURT TO PROCEED IN FORMA  
PAUPERIS IN THIS ACCOMPANYING  
ACTION. APPELLANT MEETS THE INDIGENCY  
REQUIREMENTS OF 28 U.S.C. § 1915.

PRAYER

WHEREFORE, PREMISES CONSIDERED,  
APPELLANT PRAYS THAT THE COURT GRANT  
THIS MOTION TO PROCEED IN FORMA  
PAUPERIS IN THIS CAUSE.

RESPECTFULLY SUBMITTED.

Herman Bernard July 23, 2020  
Herman Bernard, ID# 1712727, PROSE

DECLARATION

I, HERMAN BENARD, TDCJ-ID. NO. 1712727,  
PRESENTLY INCARCERATED AT THE  
LEBLANC UNIT OF TDCJ-CSD. DO HEREBY  
DECLARE UNDER PENALTY OF PERJURY  
AND IN COMPLIANCE WITH 28 U.S.C. § 1746,  
THAT THE FOREGOING MOTION FOR  
LEAVE TO PROCEED IN FORMA PAUPERIS  
IS TRUE AND CORRECT.

EXECUTED ON THIS 23<sup>TH</sup> DAY OF  
JULY, 2020.

Herman Benard  
HERMAN BENARD, TDCJ-ID. NO. 1712727, PROSE

CERTIFICATE OF SERVICE

A TRUE AND CORRECT COPY OF THE ABOVE  
AND FOREGOING HAS BEEN SERVED BY  
PLACING IT IN THE UNITED STATES  
MAIL, POSTAGE PREPAID. ON,

July 23, 2020.

Addressed To:

KATE E. WALKER

ASSISTANT ATTORNEY GENERAL

P.O. Box 12548, CAPITAL STATION

AUSTIN, TEXAS 78711

Herman Bernard July 23, 2020

HERMAN BERNARD, DCJ, NO. 1712727, PRO SE

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

I, HERMAN BERNARD, 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>n/a</u>	\$ <u>n/a</u>	\$ <u>n/a</u>	\$ <u>n/a</u>
Self-employment	\$ <u>n/a</u>	\$ <u>n/a</u>	\$ <u>n/a</u>	\$ <u>n/a</u>
Income from real property (such as rental income)	\$ <u>n/a</u>	\$ <u>n/a</u>	\$ <u>n/a</u>	\$ <u>n/a</u>
Interest and dividends	\$ <u>n/a</u>	\$ <u>n/a</u>	\$ <u>n/a</u>	\$ <u>n/a</u>
Gifts	\$ <u>n/a</u>	\$ <u>n/a</u>	\$ <u>n/a</u>	\$ <u>n/a</u>
Alimony	\$ <u>n/a</u>	\$ <u>n/a</u>	\$ <u>n/a</u>	\$ <u>n/a</u>
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>792.00</u>	\$ <u>n/a</u>	\$ <u>792.00</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>BROTHER</u>	\$ <u>30.00</u>	\$ <u>n/a</u>	\$ <u>not-known</u>	\$ <u>n/a</u>
Total monthly income:	\$ <u>30.00</u>	\$ <u>792.00</u>	\$ <u>60.00</u>	\$ <u>792.00</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
<u>n/a</u>	<u>n/a</u>	<u>n/a</u>	\$ <u>n/a</u>
			\$
			\$

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
<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? \$ none  
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>n/a</u>	\$ <u>n/a</u>
		\$	\$
		\$	\$

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 2006 Impala Chevy

Value 500.00

☐ Motor Vehicle #2

Year, make & model n/a

Value \_\_\_\_\_

☐ Other assets

Description n/a

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
<u>n/a</u>	\$ <u>n/a</u>	\$ <u>n/a</u>
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

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

Name	Relationship	Age
<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>n/a</u>	\$ <u>400.00</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>n/a</u>	\$ <u>200.00</u>
Home maintenance (repairs and upkeep)	\$ <u>n/a</u>	\$ <u>RENT</u>
Food	\$ <u>n/a</u>	\$ <u>ASSISTANCE</u>
Clothing	\$ <u>n/a</u>	\$ <u>n/a</u>
Laundry and dry-cleaning	\$ <u>n/a</u>	\$ <u>50.00</u>
Medical and dental expenses	\$ <u>n/a</u>	\$ <u>ASSISTANCE</u>



	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>n/a</u>	\$ <u>100.00</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>n/a</u>	\$ <u>n/a</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>n/a</u>	\$ <u>n/a</u>
Life	\$ <u>n/a</u>	\$ <u>30.00</u>
Health	\$ <u>n/a</u>	\$ <u>assistance</u>
Motor Vehicle	\$ <u>n/a</u>	\$ <u>150.00</u>
Other: _____	\$ <u>n/a</u>	\$ <u>n/a</u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ <u>n/a</u>	\$ <u>n/a</u>
Installment payments		
Motor Vehicle	\$ <u>n/a</u>	\$ <u>n/a</u>
Credit card(s)	\$ <u>n/a</u>	\$ <u>n/a</u>
Department store(s)	\$ <u>n/a</u>	\$ <u>n/a</u>
Other: _____	\$ <u>n/a</u>	\$ <u>n/a</u>
Alimony, maintenance, and support paid to others	\$ <u>n/a</u>	\$ <u>n/a</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>n/a</u>	\$ <u>n/a</u>
Other (specify): _____	\$ <u>n/a</u>	\$ _____
<b>Total monthly expenses:</b>	\$ <u>n/a</u>	\$ <u>780.00</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.

my wife is unable to work and I just never know when I might receive anything from other family. There is never any persistence to receiving money.

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

Executed on: August 14<sup>TH</sup>, 2020

Harmon Benson  
(Signature)

CSINIB02/CINIB02 TEXAS DEPARTMENT OF CRIMINAL JUSTICE 07/23/20 (2)  
370P/JT00088 IN-FORMA-PAUPERIS DATA 09:04:10  
TDCJ#: 01712727 SID#: 02762736 LOCATION: LEBLANC INDIGENT DTE:  
NAME: BENARD, HERMAN BEGINNING PERIOD: 01/01/20  
PREVIOUS TDCJ NUMBERS:  
CURRENT BAL: 30.93 TOT HOLD AMT: 0.00 3MTH TOT DEP: 185.00  
6MTH DEP: 295.00 6MTH AVG BAL: 25.55 6MTH AVG DEP: 49.17  
MONTH HIGHEST BALANCE TOTAL DEPOSITS MONTH HIGHEST BALANCE TOTAL DEPOSITS  
06/20 88.95 30.00 03/20 50.05 50.00  
05/20 114.30 120.00 02/20 10.20 10.00  
04/20 35.05 35.00 01/20 50.00 50.00

STATE OF TEXAS COUNTY OF *Jefferson*  
ON THIS THE *23* DAY OF *July* *2020* I CERTIFY THAT THIS DOCUMENT IS A TRUE,  
COMPLETE, AND UNALTERED COPY MADE BY ME OF INFORMATION CONTAINED IN THE  
COMPUTER DATABASE REGARDING THE OFFENDER'S ACCOUNT. NP SIG: *Joseph*  
PF1-HELP PF3-END ENTER NEXT TDCJ NUMBER: \_\_\_\_\_ OR SID NUMBER: \_\_\_\_\_

