

NO.
20-5605

IN THE
SUPREME COURT OF THE UNITED STATES

ORIGINAL

ERIC WALLACE KOEHL - PETITIONER

VS.

LORIE DAVIS, DIRECTOR - T.D.C.J.-ID - RESPONDENT(S)
MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

(HABEAS CORPUS, RELIEF)

The Petitioner Asks leave to file the ATTACHED PETITION FOR EXTRAORDINARY WRIT WITHOUT PREPAYMENT OF COSTS AND TO PROCEED IN FORMA PAUPERIS
Please check the APPROPRIATE Boxes:

Petitioner has previously been GRANTED LEAVE TO PROCEED IN FORMA PAUPERIS IN THE FOLLOWING COURT(S):

The STATE COURT 185TH HARRIS COUNTY TEXAS, The UNITED STATES DISTRICT COURT - FOR THE SOUTHERN DISTRICT OF TEXAS - HOUSTON DIVISION - The COURT OF APPEALS FOR THE UNITED STATES 5TH CIR. ON (1-5-19) AND ON (1-7-20).

Petitioner has NOT previously been GRANTED LEAVE TO PROCEED IN FORMA PAUPERIS IN ANY OTHER COURT.

Petitioner's AFFIDAVIT OR DECLARATION IN SUPPORT OF THIS MOTION IS ATTACHED HERETO.

Petitioner's AFFIDAVIT OR DECLARATION IS NOT ATTACHED BECAUSE THE COURT below APPOINTED COUNSEL IN THE CURRENT PROCEEDING, AND:

The APPOINTMENT WAS MADE UNDER THE FOLLOWING PROVISION OF LAW NONE, OR

A copy of the ORDER OF APPOINTMENT IS APPENDED.

Eric Wallace Koehl #661873

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

I, ERIC WALLACE KOEHL #661873, 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>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>
Self-employment	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>
Income from real property (such as rental income)	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>
Interest and dividends	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>
Gifts	\$ <u>N/A</u>	\$ <u>NONE</u>	\$ <u>N/A</u>	\$ <u>NONE</u>
Alimony	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>
Child Support	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>
Disability (such as social security, insurance payments)	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>
Unemployment payments	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>
Public-assistance (such as welfare)	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>
Other (specify): <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>
Total monthly income:	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>

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>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>
<u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>
<u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>

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
<u>NONE</u>	<u>NONE</u>	<u>NONE</u>
<u>NONE</u>	<u>NONE</u>	<u>NONE</u>
<u>NONE</u>	<u>NONE</u>	<u>NONE</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	None	Your spouse	None
Rent or home-mortgage payment (include lot rented for mobile home)	\$ <u>NONE</u>		\$ <u>NONE</u>	
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)	\$ <u>NONE</u>		\$ <u>NONE</u>	
Home maintenance (repairs and upkeep)	\$ <u>NONE</u>		\$ <u>NONE</u>	
Food	\$ <u>NONE</u>		\$ <u>NONE</u>	
Clothing	\$ <u>NONE</u>		\$ <u>NONE</u>	
Laundry and dry-cleaning	\$ <u>NONE</u>		\$ <u>NONE</u>	
Medical and dental expenses	\$ <u>NONE</u>		\$ <u>NONE</u>	

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

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? NONE

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, STATE the PERSON'S NAME, ADDRESS AND TELEPHONE NUMBER:
NONE

12. PROVIDE ANY OTHER INFORMATION THAT WILL HELP EXPLAIN WHY YOU CANNOT PAY THE COST OF THIS CASE,

I AM IN PRISON AND DON'T HAVE ANY MONEY, MY DAD IS (88) YRS OLD HE IS POOR AND MY (2) CHRISTIAN FRIENDS ARE POOR THEY HELPED ME LAST MONTH -- I SENT THE RECEIPT TO SHOW YOU.

I DECLARE UNDER PENALTY THAT THE FOREGOING IS TRUE AND CORRECT.

EXECUTED 8-3-2020

Eric Walker Koell #661873