

IN THE SUPREME COURT OF THE UNITED STATES

"In re Billie J. Allen", Petitioner

## "CAPITAL CASE"

MOTION TO SEEK LEAVE TO PROCEED IN FORMA PAUPERIS

I, Petitioner Billie Allen seek leave to proceed in OFFICE of a pauperis, because of my poverty, and to file the attached extraordinary writ, without payment of costs.

I have been granted leave to proceed in forma pauperis in all of my proceedings, because of my poverty, in:

- Eastern District of Missouri; Eastern Division, pursuant 18
   U.S.C. 3006A(a)(2)(B). See (E.D. Mo. Case# 4:07-cv-00027-ERW
   Doc. 10).
- 2. Southern District of Indiana; Terr haute, Division, pursuant 18 U.S.C. 3006A(a)(2)(B). See (S.D. IN. case# 2:13-cv-00271-JMS-MJD Doc# 7).

I declare under the penalty of perjury that the foregoing is true and correct. Executed on:  $\frac{g/20}{}$ , 2020.

BILLIE Allen 26901-044 P.O. BOX 33 Terre Haute, IN. 47808

Authorized by the Act July 7, 1955 to Administer Oaths (18 U.S.Q. 4004) Case Manager withess/date signed

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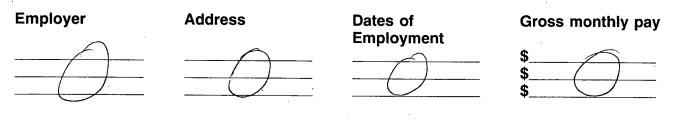
## AFFIDAVIT OR DECLARATION IN SUPPORT OF MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

I, <u>Billie Allen</u>, 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.

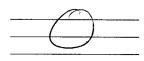
	e monthly amou t 12 months	monthly amount during 12 months		Amount expected next month	
	You	Spouse	You	Spouse	
Employment	\$́	\$ <u> </u>	\$	\$	
Self-employment	\$	\$	\$	\$	
Income from real property (such as rental income)	\$ <u> </u>	\$	\$	\$	
Interest and dividends	\$	\$	\$	\$	
Gifts	\$	\$	\$	\$	
Alimony	\$	\$ <i>Ô</i>	\$	\$	
Child Support	\$	\$	\$	\$	
Retirement (such as social security, pensions, annuities, insurance)	\$	\$	\$	\$	
Disability (such as social security, insurance payments)	\$	\$	\$	\$	
Unemployment payments	\$	\$	\$	\$	
Public-assistance (such as welfare)	\$	\$	\$	\$	
Other (specify):	\$	\$	\$	\$	
Total monthly income:	\$	\$	\$	\$	

2. List your employment history for the past two years, most recent first. (Gross monthly pay is before taxes or other deductions.)



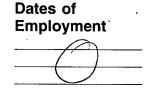
3. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

## Employer





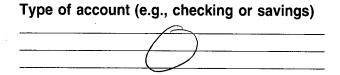
Address

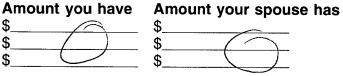




Gross monthly pay

4. How much cash do you and your spouse have? \$ Below, state any money you or your spouse have in bank accounts or in any other financial institution.

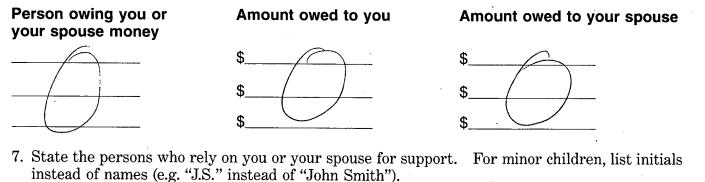




5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

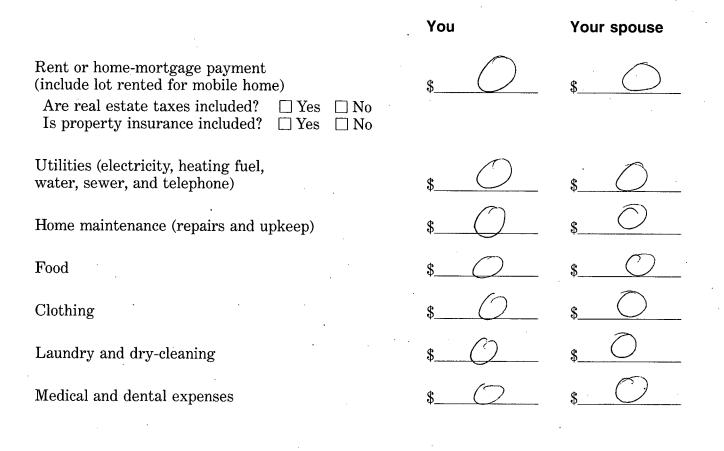
□ Home Value	□ Other real estate Value
□ Motor Vehicle #1 Year, make & model Value	□ Motor Vehicle #2 Year, make & model Value
Other assets Description Value	

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



- Name
   Relationship
   Age

   Image: Construction of the second s
- 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 spou
Transportation (not including motor vehicle payments)	\$	\$
Recreation, entertainment, newspapers, magazines, etc.	\$	\$
Insurance (not deducted from wages or included in mortg	gage payments)	
Homeowner's or renter's	\$	\$
Life	\$	\$
Health	\$	\$
Motor Vehicle	\$	\$
Other:	\$	\$
Taxes (not deducted from wages or included in mortgage	payments)	
(specify):	\$	\$
Installment payments		
Motor Vehicle	\$	\$
Credit card(s)	\$	\$
Department store(s)	\$	\$
Other:	\$	\$
Alimony, maintenance, and support paid to others	\$	\$
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$	\$
Other (specify):	\$	\$
Total monthly expenses:	\$	\$

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9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

If yes, describe on an attached sheet. □ Yes

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?  $\Box$  Yes  $\Box$  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?

 $\Box$  Yes  $\Box$  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.

I am a prisoner on Federal Dearth row, where I've been for the last 23 years, and unable to obtain a job because of my health issues. I have been granted leave to proceed In Forma Pauperis in an of my proceedings because of my poverty.

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

Executed on: \_\_\_\_\_\_\_, 20\_20

Authorized by the Act July 7, 1955 to Administer Oaths (18 U.S.C. 4004)

Case Manager 4

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(Signature)