

No. **20-5609**

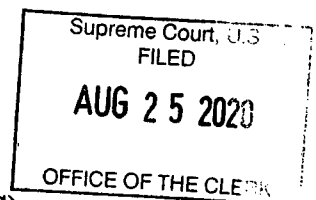
ORIGINAL

IN THE
SUPREME COURT OF THE UNITED STATES

In Re; GARY WAYNE BARNES, SR — PETITIONER
(Your Name) Pro Se

VS.

LORI DAVIS — RESPONDENT(S)



MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

The petitioner asks leave to file the attached petition for a writ of certiorari 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 TEXAS COURT OF CRIMINAL APPEALS AT AUSTIN, TEXAS

Criminal District Court Three, Dallas county Texas

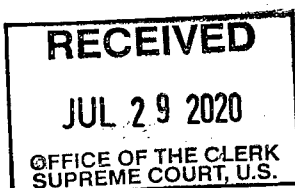
☐ Petitioner has **not** previously been granted leave to proceed *in forma pauperis* in any other court.

☒ 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: _____
Tex Rules of criminal Proceedings pursuant to 11.07, or

☐ a copy of the order of appointment is appended.



Gary Wayne Barnes Sr.
(Signature)
318814
July 31, 2020
RECEIVED
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OFFICE OF THE CLERK
SUPREME COURT, U.S.

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

I, GARY WAYNE BARNES, SR, 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>0)</u>	\$ <u>0)</u>	\$ <u>0)</u>	\$ <u>0</u>
Self-employment	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Income from real property (such as rental income)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Interest and dividends	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Gifts	\$ <u>0</u>	\$ <u>0 0</u>	\$ <u>0</u>	\$ <u>0</u>
Alimony	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Child Support	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Disability (such as social security, insurance payments)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Unemployment payments	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Public-assistance (such as welfare)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Other (specify): <u>none</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Total monthly income:	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>

Petitioner is a ward of the state indigent without funds

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 \$ n/a
			\$
			\$

petitioner is a wadr of rthe state inmaet status

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.

Type of account (e.g., checking or savings)	Amount you have	Amount your spouse has
n/a	\$ n/a	\$ 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 n/a
Value 0

☐ Other real estate n/aa
Value 0

☐ Motor Vehicle #1
Year, make & model n/a
Value 0

☐ Motor Vehicle #2
Year, make & model n/a
Value 0

☐ Other assets
Description _____ Petitioner is a wadr ofc the state
Value 0

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

\$ 0

\$ 0

0

\$ 0

\$ 0

0

\$ 0

\$ 0

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").

n/a

Name

Relationship

Age

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)

\$ 0

\$ 0

Are real estate taxes included? ☐ Yes ☒ No

Is property insurance included? ☐ Yes ☒ No

Utilities (electricity, heating fuel,
water, sewer, and telephone)

\$ 0

\$ 0

Home maintenance (repairs and upkeep)

\$ 0

\$ 0

Food

\$ 0

\$ 0

Clothing

\$ 0

\$ 0

Laundry and dry-cleaning

\$ 0

\$ 0

Medical and dental expenses

\$ 0

\$ 0

Petitioner is a ward of the state and indigent

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 0	\$ 0
Recreation, entertainment, newspapers, magazines, etc.	\$ 0	\$ 0
Insurance (not deducted from wages or included in mortgage payments) n/a		
Homeowner's or renter's	\$ 0	\$ 0
Life	\$ 0	\$ 0
o Health	\$ 0	\$ 0
Motor Vehicle	\$ 0	\$ 0
Other: n/a	\$ 0	\$ 0
Taxes (not deducted from wages or included in mortgage payments) n/a		
(specify):	\$ 0	\$ 0
Installment payments		
Motor Vehicle	\$ 0	\$ 0
Credit card(s)	\$ 0	\$ 0
Department store(s)	\$ 0	\$ 0
cc Other: n/a	\$ 0	\$ 0
Alimony, maintenance, and support paid to others	\$ 0	\$ 0
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0	\$ 0
Other (specify): n/a	\$ 0	\$ 0
Total monthly expenses:	\$ 0	\$ 0

Petitioner is a ward of the state and is indigent

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

☐ Yes ☒ No If yes, describe on an attached sheet. n/a

Petitioner is indigent ward of the State of Texas

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? Indigent

If yes, state the attorney's name, address, and telephone number:

indigent not applicable

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?

no N/a

☒ Yes ☐ No

If yes, how much? n/a

If yes, state the person's name, address, and telephone number:

indigent in pro-se

12. Provide any other information that will help explain why you cannot pay the costs of this case.
petitioner has been confined and indigent for 38 years in a Texas penal institution;

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

Executed on: July 21, 2020

Gary Wayne Barnes Sr.
(Signature)

Gary Wayne Barnes Sr.
TDCJ-ID 328814

Wherefore, petitioner prays that the Court grant him the relief to which he may be entitled.

Gary Wayne Barnes Sr

Pro Se Appellant Barnes

Signature of Attorney (if any)

none

I declare (or certify, verify, or state) under penalty of perjury that the foregoing is true and correct and that this Petition for a Writ of Habeas Corpus was placed in the prison mailing system on

July 21, 2020 (month, day, year).

Executed (signed) on July 21, 2020 (date).

Gary Wayne Barnes Sr
Signature of Petitioner (required)

Petitioner's current address: Gary Wayne Barnes Sr.
#318814 TDCJ-ID
1100 FM 4655 Ramsey
Rossharon, Texas 77583

UNSWORN DECLARATION

STATE OF TEXAS

COUNTY OF BROZORIA:

I Gary Wayne Barnes Sr, TDCJ -ID #318814 date of Brith is 11-23-54 presently incarcerated in the Texas department of Criminal Justice, Institutional Division assigned at the Ramsey Unit 1100 FM 655 Rossharon, Texas 77583. I Declare under penalty of perjury that the above and forgoing is true and correct;

Executed on this the 21th day of July 2020;

21 day of July 2020
Gary Wayne Barnes Sr.

Delclarant;

ss, Gary Wayne Barnes Sr
July 21, 2020

IN THE SUPREME COURT OF THE

UNITED STATES

AO 240 (Rev. 06/09) Application to Proceed in District Court Without Prepaying Fees or Costs (Short Form)

UNITED STATES DISTRICT COURT

for the

IN RE:

Gary Wayne Barnes Sr.,

Plaintiff

v.

Lori Davis, Director TDCJ-ID

Defendant

Civil Action No.

APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS
(Short Form)

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested.

In support of this application, I answer the following questions under penalty of perjury:

1. *If incarcerated.* I am being held at: Texas Department of criminal justice,
If employed there, or have an account in the institution, I have attached to this document a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months for any institutional account in my name. I am also submitting a similar statement from any other institution where I was incarcerated during the last six months.

2. *If not incarcerated.* If I am employed, my employer's name and address are:

not applicable to a ward of the state

My gross pay or wages are: \$ 0, and my take-home pay or wages are: \$ 0 per
(specify pay period) n/a.

3. *Other Income.* In the past 12 months, I have received income from the following sources (check all that apply):

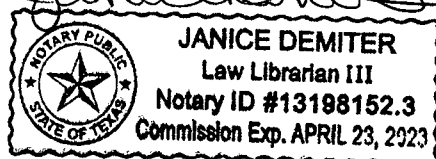
(a) Business, profession, or other self-employment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(b) Rent payments, interest, or dividends	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(c) Pension, annuity, or life insurance payments	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(d) Disability, or worker's compensation payments	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(e) Gifts, or inheritances	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(f) Any other sources	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.

Indigent offender in a penal institution

CSINIB02/CINIB02 TEXAS DEPARTMENT OF CRIMINAL JUSTICE 07/17/20
Z391/DJ00150 IN-FORMA-PAUPERIS DATA 06:56:04
TDCJ#: 00318814 SID#: 02270491 LOCATION: RAMSEY INDIGENT DTE: 12/11/13
NAME: BARNES, GARY WAYNE SR BEGINNING PERIOD: 01/01/20
PREVIOUS TDCJ NUMBERS:
CURRENT BAL: 0.00 TOT HOLD AMT: 0.00 3MTH TOT DEP: 0.42
6MTH DEP: 0.42 6MTH AVG BAL: 0.00 6MTH AVG DEP: 0.07
MONTH HIGHEST BALANCE TOTAL DEPOSITS MONTH HIGHEST BALANCE TOTAL DEPOSITS
06/20 0.42 0.42 03/20 0.00 0.00
05/20 0.00 0.00 02/20 0.00 0.00
04/20 0.00 0.00 01/20 0.00 0.00

STATE OF TEXAS COUNTY OF *Brazoria*
ON THIS THE *17* 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:
PF1-HELP PF3-END ENTER NEXT TDCJ NUMBER: _____ OR SID NUMBER: _____



4. Amount of money that I have in cash or in a checking or savings account: \$ Ø

5. Any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value that I own, including any item of value held in someone else's name (*describe the property and its approximate value*):

indigent having nothing of value

6. Any housing, transportation, utilities, or loan payments, or other regular monthly expenses (*describe and provide the amount of the monthly expense*):

n/a indigent

7. Names (or, if under 18, initials only) of all persons who are dependent on me for support, my relationship with each person, and how much I contribute to their support:

**ward of the state for 40
years, Dec 2, 1980 until
this date ;**

8. Any debts or financial obligations (*describe the amounts owed and to whom they are payable*):

None N/a

Declaration: I declare under penalty of perjury that the above information is true and understand that a false statement may result in a dismissal of my claims.

Date: august 10, 2020

Gary Wayne Barnes Sr
Applicant's signature

GARY WAYNE BARNES SR
Printed name

8/10/20