

20-5673
No. _____

IN THE
SUPREME COURT OF THE UNITED STATES

ORIGINAL

Supreme Court, U.S.
FILED

AUG 21 2020

OFFICE OF THE CLERK

In the Ricardo Watters
(Your Name) - PETITIONER

vs.

United States of America - RESPONDENT(S)

MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

The petitioner asks leave to file the attached petition for a writ of prohibition without prepayment of costs and to proceed in forma pauperis.

Petitioner has previously been granted leave to proceed in forma pauperis in the following court(s):

NAK

NLK

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.


(Signature)

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OFFICE OF THE CLERK
SUPREME COURT

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

I, Ricardo Watt, 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 therefore; 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	\$ 5.25	\$ N/A	\$ 5.25	\$ N/A
Self-employment	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Income from real property (such as rental income)	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Interest and dividends	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Gifts	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Alimony	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Child Support	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Retirement (such as social security, pensions, annuities, insurance)	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Disability (such as social security, insurance payments)	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Unemployment payments	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Public assistance (such as welfare)	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Other (specify):	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Total monthly income	\$ 5.25	\$ N/A	\$ N/A	\$ 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
FCI, LATUNA	P.O. BOX 3000 NM 87332	JAN 2020	\$ 5.25
			\$
			\$

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 your and your spouse have? \$ N/A
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
N/A	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.

<input type="checkbox"/> Home Value <u>N/A</u>	<input type="checkbox"/> Other real estate Value <u>N/A</u>
<input type="checkbox"/> Motor Vehicle #1 Year, make & model <u>N/A</u> Value <u>N/A</u>	<input type="checkbox"/> Motor Vehicle #2 Year, make & model <u>N/A</u> Value <u>N/A</u>
<input type="checkbox"/> Other assets Description <u>N/A</u> Value <u>N/A</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
N/A	N/A	\$ N/A
		\$
		\$

	You	Your Spouse
Transportation (not including motor vehicle payments)	\$ <u>NIA</u>	\$ <u>NIA</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>NIA</u>	\$ <u>NIA</u>

Insurance (not deducted from wages or included in mortgage payments)

Homeowner's or renter's	\$ <u>NIA</u>	\$ <u>NIA</u>
Life	\$ <u>NIA</u>	\$ <u>NIA</u>
Health	\$ <u>NIA</u>	\$ <u>NIA</u>
Motor Vehicle	\$ <u>NIA</u>	\$ <u>NIA</u>
Other: <u>NIA</u>	\$ <u>NIA</u>	\$ <u>NIA</u>

Taxes (not deducted from wages or included in mortgage payments)

(specify): <u>NIA</u>	\$ <u>NIA</u>	\$ <u>NIA</u>
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Installment payments

Motor Vehicle	\$ <u>NIA</u>	\$ <u>NIA</u>
Credit card(s)	\$ <u>NIA</u>	\$ <u>NIA</u>
Department store(s)	\$ <u>NIA</u>	\$ <u>NIA</u>
Other: <u>NIA</u>	\$ <u>NIA</u>	\$ <u>NIA</u>

Alimony, maintenance, and support paid to others

\$ <u>NIA</u>	\$ <u>NIA</u>
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Regular expenses for operation of business, profession, or farm (attach detailed statement)

\$ <u>NIA</u>	\$ <u>NIA</u>
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Other (specify): NIA

\$ <u>NIA</u>	\$ <u>NIA</u>
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Total monthly expenses:

\$ <u>NIA</u>	\$ <u>NIA</u>
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7. State the persons who rely on you or your spouse for support.

Name	Relationship	Age
<u>NIA</u>	<u>NIA</u>	<u>NIA</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, bi-weekly, quarterly, or annually to show the monthly rate.

Rent or home-mortgage payment
(include lot rented for mobile home)

You	Your spouse
\$ <u>NIA</u>	\$ <u>NIA</u>

Are real estate taxes included? Yes No
Is property insurance included? Yes No

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

\$ NIA \$ NIA

Home maintenance (repairs and upkeep)

\$ NIA \$ NIA

Food

\$ NIA \$ NIA

Clothing

\$ NIA \$ NIA

Laundry and dry-cleaning

\$ NIA \$ NIA

Medical and dental expenses

\$ NIA \$ NIA

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? NIA

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 compilation 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. I HAVE BEEN INCARCERATED FOR OVER TWENTY ONE MONTH. I HAVE NO OUTSIDE SOURCE OF FUNDS OR INCOME -

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

Executed on: August 24/11, 2011

Ron Day

(Signature)