

No. 20-5731

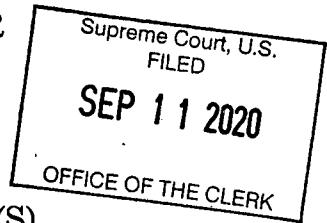
ORIGINAL

IN THE
SUPREME COURT OF THE UNITED STATES

Brent L. Alford — PETITIONER
(Your Name)

VS.

Sam Cline — RESPONDENT(S)
"et al"



MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

The petitioner asks leave to file the attached petition for a writ of *Habeas Corpus* 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):

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: _____
_____, or

a copy of the order of appointment is appended.

Brent L. Alford
(Signature)

In The Supreme Court of the United States

In re: Brent L. Alford

Case No. _____

**Motion For Leave to file Writ of Habeas
Corpus in the Supreme Court of the United States**

Comes Now, the petitioner Brent L. Alford pro se, and moves this Honorable Court for leave to file a Writ of Habeas Corpus, a copy of which is attached to this motion.

In support of this Motion, petitioner has attached accompanying points and authorities. The Motion is based on the pleadings and papers on file in this action, this Motion and Appendix and Exhibits herein.

The Motion presents issues of Constitutional law Suspension Clause implications, that are a direct result of the rulings of the lower Federal Courts. Cf. Muniz v. United States, 236 F. 3d 122, 129 (2nd Cir. 2001)(Where petition was erroneously dismissed as untimely).

Petitioner prays that the Court grants his Motion for Leave to avoid a miscarriage of justice as set fourth in the petition.

Respectfully Sumitted,

Brent L. Alford

Brent L. Alford #57845
El Dorado Correctional Facility
Southeast Medium Unit
2501 W. 7th Street
Oswego, KS 67356

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

I, Brent L. Alford, 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>N/A</u>	\$ _____	\$ <u>N/A</u>
Self-employment	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Income from real property (such as rental income)	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Interest and dividends	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Gifts	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Alimony	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Child Support	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Disability (such as social security, insurance payments)	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Unemployment payments	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Public-assistance (such as welfare)	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Other (specify): _____	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Total monthly income:	\$ <u>0</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>
<u>S</u>	<u>S</u>	<u>S</u>	\$ <u>S</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>
<u>S</u>	<u>S</u>	<u>S</u>	\$ <u>S</u>

4. How much cash do you and your spouse have? \$ 0

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
<u>N/A</u>	\$ <u>0</u>	\$ <u>0</u>
<u>S</u>	\$ <u>S</u>	\$ <u>S</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 N/A
Value N/A

Motor Vehicle #2
Year, make & model N/A
Value N/A

Other assets
Description N/A
Value N/A

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>0</u>	\$ <u>0</u>
<u>S</u>	\$ <u>S</u>	\$ <u>S</u>
	\$ <u> </u>	\$ <u> </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>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u>S</u>	<u>S</u>	<u>S</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>0</u>	\$ <u>N/A</u>
Are real estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <u>0</u>	\$ <u> </u>
Home maintenance (repairs and upkeep)	\$ <u>0</u>	\$ <u> </u>
Food	\$ <u>0</u>	\$ <u> </u>
Clothing	\$ <u>0</u>	\$ <u> </u>
Laundry and dry-cleaning	\$ <u>0</u>	\$ <u> </u>
Medical and dental expenses	\$ <u>0</u>	\$ <u> </u>

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <input type="text" value="0"/>	\$ <input type="text" value="N/A"/>
Recreation, entertainment, newspapers, magazines, etc.	\$ <input type="text" value="0"/>	\$ <input type="text" value="1"/>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <input type="text" value="0"/>	\$ <input type="text" value="1"/>
Life	\$ <input type="text" value="0"/>	\$ <input type="text" value="1"/>
Health	\$ <input type="text" value="0"/>	\$ <input type="text" value="1"/>
Motor Vehicle	\$ <input type="text" value="0"/>	\$ <input type="text" value="1"/>
Other: _____	\$ <input type="text" value="0"/>	\$ <input type="text" value="1"/>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ <input type="text" value="0"/>	\$ <input type="text" value="1"/>
Installment payments		
Motor Vehicle	\$ <input type="text" value="0"/>	\$ <input type="text" value="1"/>
Credit card(s)	\$ <input type="text" value="0"/>	\$ <input type="text" value="1"/>
Department store(s)	\$ <input type="text" value="0"/>	\$ <input type="text" value="1"/>
Other: _____	\$ <input type="text" value="0"/>	\$ <input type="text" value="1"/>
Alimony, maintenance, and support paid to others	\$ <input type="text" value="0"/>	\$ <input type="text" value="1"/>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <input type="text" value="0"/>	\$ <input type="text" value="1"/>
Other (specify): _____	\$ <input type="text" value="0"/>	\$ <input type="text" value="1"/>
Total monthly expenses:	\$ <input type="text" value="0"/>	\$ <input type="text" value="1"/>

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? N/A

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

N/A

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? N/A

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

N/A

12. Provide any other information that will help explain why you cannot pay the costs of this case.

NONE

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

Executed on: 9-10-2020, 2020

Brent L. Aceford
(Signature)



Scott Spradling

9/09/2020 08:48:43

KANSAS DEPARTMENT OF CORRECTIONS
Inmate Banking Transaction HistorySPRADLING
BKR0019A

Inmate: 0057845 ALFORD, BRENT, L

Time Frame: March 9 2020 thru September 9 2020

* Means Government Benefits Were Affected

Code Description	Date	Fac	Cash	Forced Savings	Mandatory Savings	Voucher#
612 IBF-REACHING OUT	3/09/20	EDCF-	6.00-	.00	.00	
616 OCF-IBF-FRESH FA	3/09/20	EDCF-	30.00-	.00	.00	
612 OCF-IBF-ICE CREA	3/09/20	EDCF-	12.50-	.00	.00	
600 Non-Exempt Cante	3/11/20	EDCF-	48.16-	.00	.00	
612 JACKSON BROS OF	3/12/20	EDCF-	15.00-	.00	.00	
800 Non-Exempt Cante	3/16/20	EDCF-	2.80	.00	.00	
210 DICKENS, ANTHONY	3/19/20	EDCF-	100.00	.00	.00	
301 10%SVNGS	3/19/20	EDCF-	10.00-	10.00	.00	
245 Mandatory Saving	3/24/20	EDCF-	.00	.00	10.31	
248 Forced Savings I	3/24/20	EDCF-	.00	2.20	.00	
240 Cash Interest	3/24/20	EDCF-	.30	.00	.00	
600 Non-Exempt Cante	3/25/20	EDCF-	59.62-	.00	.00	

More...

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KANSAS DEPARTMENT OF CORRECTIONS
Inmate Banking Transaction HistorySPRADLING
BKR0019A

Inmate: 0057845 ALFORD, BRENT, L

Time Frame: March 9 2020 thru September 9 2020

* Means Government Benefits Were Affected

Code	Description	Date	Fac	Cash	Forced Savings	Mandatory Savings	Voucher#
210	CARR, GLORIA	3/30/20	EDCF-	125.00	.00	.00	
301	10%SVNGS	3/30/20	EDCF-	12.50-	12.50	.00	
600	Non-Exempt Cante	4/01/20	EDCF-	47.71-	.00	.00	
920	ADMIN FEE PAYMEN	4/01/20	EDCF-	1.00-	.00	.00	0000552
608	Email Print Fee	4/02/20	EDCF-	.35-	.00	.00	
250	Incentive Pay	4/03/20	EDCF-	29.40	.00	.00	
612	OCF-IBF-ICE CREA	4/07/20	EDCF-	12.50-	.00	.00	
612	IBF-REACHING OUT	4/07/20	EDCF-	6.00-	.00	.00	
600	Non-Exempt Cante	4/08/20	EDCF-	28.62-	.00	.00	
608	Email Print Fee	4/08/20	EDCF-	.35-	.00	.00	
245	Mandatory Saving	4/16/20	EDCF-	.00	.00	3.67	
248	Forced Savings I	4/16/20	EDCF-	.00	.79	.00	

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Inmate: 0057845 ALFORD, BRENT, L
Time Frame: March 9 2020 thru September 9 2020

* Means Government Benefits Were Affected

Code	Description	Date	Fac	Cash	Forced Savings	Mandatory Savings	Voucher#
240	Cash Interest	4/16/20	EDCF-	.06	.00	.00	
600	Non-Exempt Cante	4/22/20	EDCF-	48.92-	.00	.00	
608	Email Print Fee	4/23/20	EDCF-	.35-	.00	.00	
606	Exempt PPD Telep	4/29/20	EDCF-	5.00-	.00	.00	
250	Incentive Pay	5/01/20	EDCF-	29.40	.00	.00	
920	ADMIN FEE PAYMEN	5/01/20	EDCF-	1.00-	.00	.00	0000553
616	OCF-IBF-FRESH FA	5/05/20	EDCF-	30.00-	.00	.00	
612	IBF-REACHING OUT	5/05/20	EDCF-	6.00-	.00	.00	
608	Email Print Fee	5/05/20	EDCF-	.35-	.00	.00	
600	Non-Exempt Cante	5/06/20	EDCF-	54.53-	.00	.00	
608	Email Print Fee	5/06/20	EDCF-	.35-	.00	.00	
210	RUNNELS, BRITTANY	5/11/20	EDCF-	20.00	.00	.00	

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BKR0019A

Inmate: 0057845 ALFORD, BRENT, L

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Code Description	Date	Fac	Cash	Forced Savings	Mandatory Savings	Voucher#
301 10%SVNGS	5/11/20	EDCF-	2.00-	2.00	.00	
210 CARR, GLORIA	5/11/20	EDCF-	200.00	.00	.00	
301 10%SVNGS	5/11/20	EDCF-	20.00-	20.00	.00	
600 Non-Exempt Cante	5/13/20	EDCF-	33.78-	.00	.00	
600 Non-Exempt Cante	5/20/20	EDCF-	34.35-	.00	.00	
600 Non-Exempt Cante	5/27/20	EDCF-	31.71-	.00	.00	
250 Incentive Pay	5/29/20	EDCF-	29.40	.00	.00	
612 JACKSON BROS OF	6/01/20	EDCF-	15.00-	.00	.00	
612 OCF-IBF-ICE CREA	6/01/20	EDCF-	12.50-	.00	.00	
920 ADMIN FEE PAYMEN	6/01/20	EDCF-	1.00-	.00	.00	
610 Postage (Non-Leg	6/04/20	EDCF-	1.40-	.00	.00	
612 IBF-REACHING OUT	6/09/20	EDCF-	6.00-	.00	.00	0000554

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KANSAS DEPARTMENT OF CORRECTIONS
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BKR0019A

Inmate: 0057845 ALFORD, BRENT, L

Time Frame: March 9 2020 thru September 9 2020

* Means Government Benefits Were Affected

Code Description	Date	Fac	Cash	Forced Savings	Mandatory Savings	Voucher#
600 Non-Exempt Cante	6/10/20	EDCF-	53.85-	.00	.00	
210 CARR, GLORIA	6/15/20	EDCF-	250.00	.00	.00	
301 10%SVNGS	6/15/20	EDCF-	25.00-	25.00	.00	
600 Non-Exempt Cante	6/17/20	EDCF-	9.31-	.00	.00	
612 IBF-REACHING OUT	6/18/20	EDCF-	6.00-	.00	.00	
600 Non-Exempt Cante	6/24/20	EDCF-	53.13-	.00	.00	
250 Incentive Pay	6/26/20	EDCF-	29.40	.00	.00	
612 JACKSON BROS OF	6/29/20	EDCF-	15.00-	.00	.00	
616 OCF-IBF-FRESH FA	6/29/20	EDCF-	30.00-	.00	.00	
612 OCF-IBF-ICE CREA	6/29/20	EDCF-	12.50-	.00	.00	
920 ADMIN FEE PAYMEN	7/01/20	EDCF-	1.00-	.00	.00	
210 CARR, GLORIA	7/02/20	EDCF-	200.00	.00	.00	0000555

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Inmate: 0057845 ALFORD, BRENT, L

Time Frame: July 1 2020 thru September 9 2020

* Means Government Benefits Were Affected

Code Description	Date	Fac	Cash	Forced Savings	Mandatory Savings	Voucher#
920 ADMIN FEE PAYMEN	7/01/20	EDCF-	1.00-	.00	.00	0000555
210 CARR, GLORIA	7/02/20	EDCF-	200.00	.00	.00	
301 10%SVNGS	7/02/20	EDCF-	20.00-	20.00	.00	
605 AA RECHARGEABLE	7/06/20	EDCF-	18.43-	.00	.00	
600 Non-Exempt Cante	7/08/20	EDCF-	42.52-	.00	.00	
605 GRT SPORT PERFOR	7/09/20	EDCF-	16.11-	.00	.00	
600 Non-Exempt Cante	7/15/20	EDCF-	31.70-	.00	.00	
800 Non-Exempt Cante	7/20/20	EDCF-	4.37	.00	.00	
610 Postage (Non-Leg	7/21/20	EDCF-	1.40-	.00	.00	
600 Non-Exempt Cante	7/22/20	EDCF-	40.87-	.00	.00	
250 Incentive Pay	7/24/20	EDCF-	29.40	.00	.00	
600 Non-Exempt Cante	7/29/20	EDCF-	19.01-	.00	.00	

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Inmate: 0057845 ALFORD, BRENT, L

Time Frame: July 1 2020 thru September 9 2020

* Means Government Benefits Were Affected

Code	Description	Date	Fac	Cash	Forced Savings	Mandatory Savings	Voucher#
610	Postage (Non-Leg	7/29/20	EDCF-	1.40-	.00	.00	
612	JACKSON BROS OF	7/30/20	EDCF-	15.00-	.00	.00	
920	ADMIN FEE PAYMEN	8/03/20	EDCF-	1.00-	.00	.00	0000556
600	Non-Exempt Cante	8/05/20	EDCF-	11.55-	.00	.00	
600	Non-Exempt Cante	8/12/20	EDCF-	35.71-	.00	.00	
600	Non-Exempt Cante	8/19/20	EDCF-	14.73-	.00	.00	
250	Incentive Pay	8/21/20	EDCF-	29.40	.00	.00	
612	JACKSON BROS OF	8/24/20	EDCF-	12.00-	.00	.00	
600	Non-Exempt Cante	8/26/20	EDCF-	14.33-	.00	.00	
606	Exempt PPD Telep	8/31/20	EDCF-	5.00-	.00	.00	
210	ALFORD, MONTRIA	9/01/20	EDCF-	20.00	.00	.00	
301	10%SVNGS	9/01/20	EDCF-	2.00-	2.00	.00	

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Code	Description	Date	Fac	Cash	Forced Savings	Mandatory Savings	Voucher#
920	ADMIN FEE PAYMEN	9/01/20	EDCF-	1.00-	.00	.00	0000557
600	Non-Exempt Cante	9/02/20	EDCF-	45.00-	.00	.00	
600	Non-Exempt Cante	9/09/20	EDCF-	39.80-	.00	.00	

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