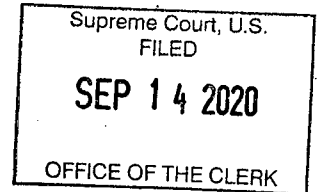


No. 20-5777

**ORIGINAL**

IN THE  
SUPREME COURT OF THE UNITED STATES

Leroy Banks IV — PETITIONER  
(Your Name)



VS.  
The Bibb County Sheriff  
Deputies Anthony Terry, et al — 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):

In The United States Middle District Court of  
Georgia (Macon Division) Rec Doc #

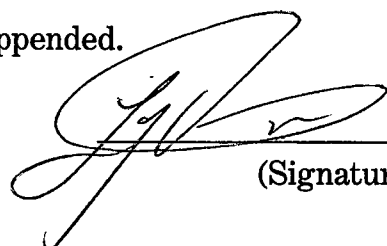
☐ Petitioner has **not** previously been granted leave to proceed *in forma pauperis* in any other court.

☐ 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.

  
(Signature)

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

I, Leroy Banks III, 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	\$ 0	\$	\$ 0	\$
Self-employment	\$ 0	\$	\$ 0	\$
Income from real property (such as rental income)	\$ 0	\$	\$ 0	\$
Interest and dividends	\$ 0	\$	\$ 0	\$
Gifts	\$ 0	\$	\$ 0	\$
Alimony	\$ 0	\$	\$ 0	\$
Child Support	\$ 0	\$	\$ 0	\$
Retirement (such as social security, pensions, annuities, insurance)	\$ 0	\$	\$ 0	\$
Disability (such as social security, insurance payments)	\$ 0	\$	\$ 0	\$
Unemployment payments	\$ 0	\$	\$ 0	\$
Public-assistance (such as welfare)	\$ 0	\$	\$ 0	\$
Other (specify): <u>Food Stamps</u>	\$ <del>200</del> 200	\$	\$ 0	\$
<b>Total monthly income:</b>	\$ <del>200</del> 200 <u>Food Stamps</u>	\$	\$ <del>200</del> 200 <u>Food Stamps</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
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			\$
			\$
			\$

4. How much cash do you and your spouse have? \$ N/A  
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	\$	\$
	\$	\$
	\$	\$

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

☐ Home  
Value 0

☐ Other real estate  
Value 0

☐ Motor Vehicle #1  
Year, make & model 0  
Value \_\_\_\_\_

☐ Motor Vehicle #2  
Year, make & model 0  
Value \_\_\_\_\_

☐ Other assets  
Description 0  
Value \_\_\_\_\_

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

Person owing you or your spouse money

N/A

Amount owed to you

\$ 0  
\$ 0  
\$ 0

Amount owed to your spouse

\$ 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").

Name	Relationship	Age
<del>XXXXXXXXXX</del> Leroy Banks	My Self	50

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	\$
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)	\$ 0	\$
Home maintenance (repairs and upkeep)	\$ 0	\$
Food	\$200 <del>Food Group</del>	\$
Clothing	\$ 0	\$
Laundry and dry-cleaning	\$ 0	\$
Medical and dental expenses	\$ 0	\$

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>0</u>	\$ <u>0</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>0</u>	\$ <u>0</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>0</u>	\$ <u>0</u>
Life	\$ <u>0</u>	\$ <u>0</u>
Health	\$ <u>0</u>	\$ <u>0</u>
Motor Vehicle	\$ <u>0</u>	\$ <u>0</u>
Other: _____	\$ <u>0</u>	\$ <u>0</u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ <u>0</u>	\$ <u>0</u>
Installment payments		
Motor Vehicle	\$ <u>0</u>	\$ <u>0</u>
Credit card(s)	\$ <u>0</u>	\$ <u>0</u>
Department store(s)	\$ <u>0</u>	\$ <u>0</u>
Other: _____	\$ <u>0</u>	\$ <u>0</u>
Alimony, maintenance, and support paid to others	\$ <u>0</u>	\$ <u>0</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>0</u>	\$ <u>0</u>
Other (specify): _____	\$ <u>0</u>	\$ <u>0</u>
<b>Total monthly expenses:</b>	<b>\$200</b>	<b>\$0</b>

*Food stamps*

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? \_\_\_\_\_

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?

☐ Yes

☒ No

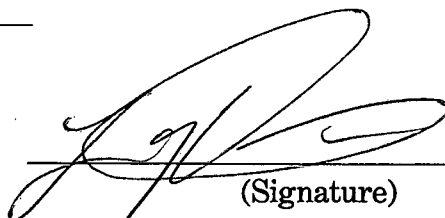
If yes, how much? \_\_\_\_\_

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

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

  
(Signature)

See Attached Foodstamp  
account statement

DFCS - BIBB CNTY  
456 OGLETHORPE STREET  
MACON GA 31201  
1-877-423-4746



DEPARTMENT OF HUMAN SERVICES  
DEPARTMENT OF COMMUNITY HEALTH  
DEPARTMENT OF PUBLIC HEALTH  
DEPARTMENT OF EARLY CARE AND LEARNING

## NOTICE OF DECISION

003078

Worker Name: L.Cunningham  
Worker Phone Number: (256) 298-9603  
Case Number: 118250036  
Client ID: 792044471

LEROY BANKS  
2029 LOWE ST  
MACON GA 31204 -6115

DATE: 08/30/2020

Report Medicaid Fraud: 1-800-533-0686

Dear LEROY BANKS,

**Special Notes:** Your Food Stamp benefits have changed due to the USDA, Food and Nutrition Service (COLA) Cost of Living Adjustments.  
POLICY REFERENCE: 3400

There has been a change in your benefits.

## FOOD STAMPS

You are still eligible for **Food Stamp** benefits. You will receive this amount from October, 2020 through October, 2020 unless there is a change in your household circumstances. For the month of October, 2020 through October, 2020, you will receive \$204.00.



Your **Food Stamps** will change from \$194.00 to \$204.00 effective 10/01/2020 for the reason(s) listed below.

Month	Change Reason	Policy
October, 2020	Change in income limits	3715

Here are the eligibility decisions for each person included in your benefits:

**Client Name:** LEROY BANKS

**Client ID:** 792044471

**Program** Food Stamps

**Benefit Month(s)**

October, 2020 --- October, 2020

**Decision**

Eligible

0001244760030780104



NOTICE OF DECISION

002562

Worker Name: L.Cunningham  
Worker Phone Number: (478) 752-1112  
Case Number: 118250036  
Client ID: 792044471

LEROY BANKS  
2029 LOWE ST  
MACON GA 31204 -6115

DATE: 05/08/2020

Report Medicaid Fraud: 1-800-533-0686

Dear LEROY BANKS,

**FOOD STAMPS**



You are still eligible for **Food Stamp** benefits. You will continue to receive benefits in the amount of **\$194.00** per month. You will receive this amount from May, 2020 through October, 2020 unless there is a change in your household circumstances.

For the months May, 2020 through October, 2020, you will receive \$194.00.

Here are the eligibility decisions for each person included in your benefits:

**Client Name: LEROY BANKS**

**Client ID: 792044471**

Program Food Stamps

**Benefit Month(s)**

**Decision**

May, 2020

Eligible

June, 2020 --- October, 2020

Eligible



**How do I file a fair hearing?**

If you disagree with our decision, please see the last two (2) pages of this form for information on your **right** to request a fair hearing.



You will not receive a new EBT card. Your current card will still be valid for use. If you have lost or misplaced your card, please call Conduent Customer Service at 1-888-421-3281 or go to <https://www.connectebt.com/gaebtclient/> to request a replacement card.

**REPORTING CHANGES:**

You must report changes in the following situations:



During your **Food Stamps/Senior SNAP** certification period, you must report if your household's monthly **gross income goes over \$2,082.00**. You must report this change within 10 calendar days following the end of the month the change happens.

**If you fail to report the required changes, you may have to repay any benefits you receive for which you were not eligible and you may also be prosecuted for fraud.**







## NOTICE OF Extension of Certification Periods

Case Number: 118250036

Client ID: 792044471

000983

LEROY BANKS  
2029 LOWE ST  
MACON GA 31204-6115

DATE: 06/26/2020

Report Medicaid Fraud: 1-800-533-0686

Many people throughout the State have been impacted by the COVID-19 Coronavirus Pandemic. Because of this pandemic, SNAP, Medical Assistance, and TANF households with a certification period ending in March, April, May, or June 2020 had or will have their certification periods extended for six (6) additional months. These case(s) will not close for failure to renew your benefits. **Do not go to the Gateway website or complete a paper renewal form to complete your renewal. It has already been completed.**

- If your certification ended on March 31, 2020, your certification period was extended through September 30, 2020.
- If your certification ended on April 30, 2020, your certification period was extended through October 31, 2020.
- If your certification ended on May 31, 2020, your certification period was extended through November 30, 2020.
- If your certification ends on June 30, 2020, your certification period has been extended through December 31, 2020

When your next renewal is due, we will send you a notice to let you know it is time to renew your benefits.

If you have questions about this notice, please contact us by phone at 1-877-423-4746.

Policy Manual Reference for this action is: These are temporary policies and procedures that have been implemented due to a pandemic or disaster policy will not reflect the temporary policy/procedural changes.

0001184140009830103

