
IN THE
SUPREME COURT OF THE UNITED STATES

ORIGINAL

Supreme Court, U.S.
FILED

SEP 28 2020

OFFICE OF THE CLERK

JASPER LEE VICK,

Petitioner,

vs.

R. Smith, et al.,

Respondent(s).

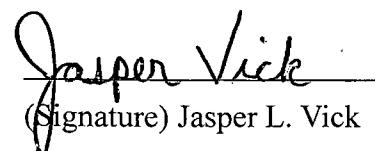
MOTION FOR LEAVE TO PROCEED IN FORMA PAPURIS

The petitioner asks leave to file the attached petition for a writ of certiorari without payment of cost and to proceed *in forma pauperis*.

Petitioner has previously been granted leave to proceed *in forma pauperis* in the following court(s): United States Court of Appeals For the Sixth Circuit.

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. Also attached is "PRISON TRUST FUND AFFIDAVIT" with attached Trust Fund Printout for the past six months.


(Signature) Jasper L. Vick

RECEIVED
OCT 13 2020
OFFICE OF THE CLERK
SUPREME COURT, U.S.

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

I, Jasper Lee Vick, 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. [No Spouse].

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ <u>N/A</u>	\$ _____	\$ _____	\$ _____
Self-employment	\$ <u>N/A</u>	\$ _____	\$ _____	\$ _____
Income from real Property (such as Rental income)	\$ _____	\$ _____	\$ _____	\$ _____
Interest and Dividends	\$ <u>N/A</u>	\$ _____	\$ _____	\$ _____
Gifts	\$ <u>N/A</u>	\$ _____	\$ _____	\$ _____
Alimony	\$ <u>N/A</u>	\$ _____	\$ _____	\$ _____
Child Support	\$ <u>N/A</u>	\$ _____	\$ _____	\$ _____
Retirement (such As social security, pensions, annuities, insurance)	\$ <u>N/A</u>	\$ _____	\$ _____	\$ _____
Disability (such as social security, insur- ance payments)	\$ <u>N/A</u>	\$ _____	\$ _____	\$ _____
Unemployment payments	\$ <u>N/A</u>	\$ _____	\$ _____	\$ _____

Public-assistance (such as welfare)	\$ <u>N/A</u>	\$ _____	\$ _____	\$ _____
Other (specify)	\$ <u>N/A</u>	\$ _____	\$ _____	\$ _____
Total monthly income	\$ <u>N/A</u>	\$ _____	\$ _____	\$ _____

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

Employer	Address	Dates of Employment	Gross monthly pay
<u>N/A</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>	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

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.

Financial institution	Type of account	Amount you have	Amount your Spouse has
<u>N/A</u>	<u>N/A</u>	\$ _____	\$ <u>N/A</u> _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

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

N/A Home _____ Other real estate

Value of home: \$ N/A Value of other real estate: \$ N/A

N/A Motor Vehicle #1 N/A Motor Vehicle #2

Year, make & model N/A Year, make & model N/A

Value: \$ N/A Value: \$ N/A

Other assets: N/A

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	Amount owed to you	Amount owed to your spouse
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. State the persons who rely on you or your spouse for support. N/A

Name	Relationship	Age
<u>N/A</u>	<u>N/A</u>	<u>N/A</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. N/A

YOU

YOUR SPOUSE

Rent or home-mortgage payment
(include lot rented for mobile home) \$ N/A \$ N/A

Are real estate taxes included? N/A

Yes No

Is property insurance included? N/A
Yes No

Utilities (electricity, heating fuel,
water, sewer, and telephone) \$ N/A \$

Home maintenance (repairs and
upkeep) \$ N/A \$

Food \$ N/A \$

Clothing \$ N/A \$

Laundry and dry-cleaning \$ N/A \$

Medical and dental expenses \$ N/A \$

Transportation (not including motor
vehicle payments) \$ N/A \$

Recreation, entertainment, newspapers,
magazines, etc. \$ N/A \$

YOU **YOUR SPOUSE**

Insurance (not deducted from wages
or included in mortgage payments) \$ N/A \$

Homeowner's or renter's \$ N/A \$

Life \$ N/A \$

Health \$ N/A \$

Motor Vehicle \$ N/A \$

Other: N/A \$

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

Specify: N/A \$ _____ \$ _____

Installment payments

Motor Vehicle \$ N/A \$ _____

Credit card(s) \$ N/A \$ _____

Department Store(s) \$ N/A \$ _____

Other: _____ \$ N/A \$ _____

Alimony, maintenance, and support
paid to others \$ N/A \$ _____

Regular expenses for operation of
business, profession, or farm
(attach detailed statement) \$ N/A \$ _____

Other (specify): N/A \$ _____ \$ _____

Total monthly expenses: \$ N/A \$ _____

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 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 X

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 X _____

If yes, how much? _____

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. Petitioner is incarcerated, and receive little or none of my prison monthly pay for the work I perform, and I owe an undetermined amount of court cost, fees, and or for fines, and have been Incarcerated since 2002.

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

Executed on September 19, 2020.

Jasper L. Vick
(Signature)

X.C.: Fl. # 20-082

CORE CIVIC
HARDEMAN COUNTY CORRECTIONAL FACILITY
2520 UNION SPRINGS ROAD
(POST OFFICE BOX 549)
WHITEVILLE, TENNESSEE 38075

PRISON TRUST FUND AFFIDAVIT

INMATE NAME: JASPER LEE VICK

TDOC NUMBER: 139471

NOTICE TO PRISONER: A prisoner seeking to proceed IFP (In forma Pauperis) shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts.

If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

CERTIFICATE
(Incarcerated applicants only)
(To be completed by the institution of incarceration)

I certify that the applicant named herein has the sum of \$ 2,42 on account to his/her credit at HARDEMAN COUNTY CORRECTION FACILITY.

I further certify that the applicant has the securities to his/her credit 0. I further certify that during the past six months, the applicant's deposited average balance was \$ 1,71.

I, Leahnie Smith, am a CoreCivic employee, who serves as the Inmate Trust Fund Custodian for prisoners at the Hardeman County Correction Facility. By my signature below, I certify that the attached computer printout of the named prisoner is true and correct in designating his trust account activity for the past six (6) months with the Department of Correction.

09-17-2020

DATE

Leahnie Smith
SIGNATURE OF AUTHORIZED OFFICER; TRUST FUND CUSTODIAN

THE TRUST FUND TRANSACTION PRINTOUTS MUST BE SENT WITH YOUR TRUST FUND AFFIDAVIT TO THE COURTS.

LTFE
BI21A46

TRUST FUND TRANSACTIONS
SELECT

DATE: 09/17/20
TIME: 10:10

Account: 00139471 VICK, WESPER L. Actual Site: HCCF
Status: ACTV Sex: M Race: B Age: 66 Assigned Site: HCCF

Current Balance:			2.42	Pending	Balance:		
S	Trans	Date	Seq No	Transaction Type/Code/Amount	Trans Site	Current Amount	Pend Amount
05/14/2020	1	C	PAD	21.42	HCCF	21.42	
04/29/2020	1	D	POS	1.00	HCCF		
04/14/2020	5	D	POS	4.98	HCCF		1.00
04/14/2020	4	D	POS	4.70	HCCF		5.98
04/14/2020	3	D	POS	1.90	HCCF		10.68
04/14/2020	2	D	POS	6.80	HCCF		12.58
04/14/2020	1	C	PAD	19.38	HCCF		19.38
03/12/2020	5	D	APP	2.69	HCCF		
03/12/2020	4	D	POS	12.40	HCCF		2.69
03/12/2020	3	D	NOT	1.00	HCCF		15.09

Search:

NEXT FUNCTION: DATA:

F1-HELP F4-FIRST F7-PAGE UP F8-PAGEDOWN F9-QUIT F11-SUSPEND

LTFE
BI21A46

TRUST FUND TRANSACTIONS
SELECT

DATE: 09/17/20
TIME: 10:10

Account: 00139471 VICK, SPER L.

Actual Site: HCCF

Status: ACTV Sex: M Race: B Age:

Assigned Site: HCCF

Current Balance: 2.42 Pending Balance:

Seq No	Transaction Type/Code/Amount	Trans Site	Current Amount	Pend Amount
3	D POS 4.80	HCCF	10.06	
2	D APP 3.68	HCCF	14.86	
1	C PAD 18.36	HCCF	18.54	
1	D POS 0.50	HCCF	0.18	
7	D POS 2.75	HCCF	0.68	
6	D POS 0.50	HCCF	3.43	
5	D POS 0.80	HCCF	3.93	
4	D POS 10.00	HCCF	4.73	
3	D POS 2.40	HCCF	14.73	
2	D APP 4.29	HCCE	17.13	

Search:

NEXT FUNCTION: DATA:

F1-HELP **F4-FIRST** **F7-PAGE UP** **F8-PAGEDOWN** **F9-QUIT** **F11-SUSPEND**

LTFE
BI21A46

TRUST FUND TRANSACTIONS
SELECT

DATE: 09/17/20
TIME: 10:10

Account: 00139471 VICK, SPER L. Actual Site: HCCF
Status: ACTV Sex: M Race: B Age: 66 Assigned Site: HCCF
Current Bal: 0.00 Date: 10-10-2011

Current Balance:			2.42 Pending Balance:				
S	Trans Date	Seq No	Transaction Type/Code/Amount	Trans Site	Current Amount	Pend Amount	
	07/14/2020	5	D POS 8.25	HCCF	5.46		
	07/14/2020	4	D POS 2.15	HCCF	13.71		
	07/14/2020	3	D POS 2.10	HCCF	15.86		
	07/14/2020	2	D APP 4.49	HCCF	17.96		
	07/14/2020	1	C PAD 22.44	HCCF	22.45		
	06/11/2020	8	D POS 2.50	HCCF	0.01		
	06/11/2020	7	D POS 0.50	HCCF	2.51		
	06/11/2020	6	D POS 4.10	HCCF	3.01		
	06/11/2020	5	D POS 1.30	HCCF	7.11		
	06/11/2020	4	D POS 1.65	HCCF	8.41		

Search:

NEXT FUNCTION: DATA:

F1-HELP F4-FIRST F7-PAGE UP F8-PAGEDOWN F9-QUIT F11-SUSPEND

LTFE
BI21A46

TRUST FUND TRANSACTIONS
SELECT

DATE: 09/17/20
TIME: 10:10

Account: 00139471 VICK, SPER L.

Actual Site: HCCF
Assigned Site: HCCF

Status: ACTV Sex: M Race: B Age:

Current Balance: 2.42 Pending Balance:

		Transaction		Trans		
S	Trans Date	Seq No	Type/Code/Amount	Site	Current Amount	Pend Amount
	08/13/2020	5	D POS 1.00	HCCF	4.01	
	08/13/2020	4	D POS 10.05	HCCF	5.01	
	08/13/2020	3	D POS 1.50	HCCF	15.06	
	08/13/2020	2	D APP 3.88	HCCF	16.56	
	08/13/2020	1	C PAD 19.38	HCCF	20.44	
	07/20/2020	1	D COM 0.40	HCCF	1.06	
	07/14/2020	9	D NOT 1.00	HCCF	1.46	
	07/14/2020	8	D NOT 1.00	HCCF	2.46	
	07/14/2020	7	D NOT 1.00	HCCF	3.46	
	07/14/2020	6	D NOT 1.00	HCCF	4.46	

Search:

NEXT FUNCTION: DATA:

F1-HELP F4-FIRST F7-PAGE UP F8-PAGEDOWN F9-QUIT F11-SUSPEND

LTFE
BI21A46

TRUST FUND TRANSACTIONS
SELECT

DATE: 09/17/20
TIME: 10:10

Account: 00139471 VICK, SPER L. Actual Site: HCCF
Status: ACTV Sex: M Race: B Age: 66 Assigned Site: HCCF
Current Balance: 2.42 Pending Balance:

Current Balance:			2.42	Pending Balance:		
S	Trans Date	Seq No	Transaction Type/Code/Amount	Trans Site	Current Amount	Pend Amount
	09/10/2020	6	D POS	HCCF	1.00	2.42
	09/10/2020	5	D IDC	HCCF	6.20	3.42
	09/10/2020	4	D FFF	HCCF	3.47	9.62
	09/10/2020	3	D POS	HCCF	0.80	13.09
	09/10/2020	2	D APP	HCCF	3.47	13.89
	09/10/2020	1	C PAD	HCCF	17.34	17.36
	08/17/2020	1	D COM	HCCF	2.49	0.02
	08/14/2020	2	D NOT	HCCF	1.00	2.51
	08/14/2020	1	C ADJ	HCCF	1.00	3.51
	08/13/2020	6	D COP	HCCF	1.50	2.51

Search:

NEXT FUNCTION: DATA:

E1-HELP E8-PAGEDOWN E9-QUIT E11-SUSPEND

TOP OF LIST