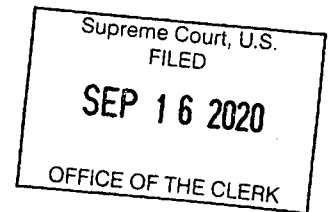


No. 20-6033

ORIGINAL

IN THE  
SUPREME COURT OF THE UNITED STATES



ARRELO BARNES — PETITIONER  
(Your Name)

VS.

LOUIS FEDELE, 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):

WESTERN DISTRICT OF NEW YORK, SECOND CIRCUIT,  
COURT OF APPEALS

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

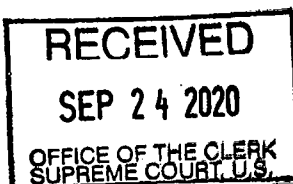
☒ Petitioner's affidavit or declaration in support of this motion is attached hereto.

☒ 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.

Arrelo Barnes  
(Signature)



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

I, Arrello Barnes, 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>N/A</u>	\$ <u>-</u>	\$ <u>N/A</u>	\$ <u>-</u>
Self-employment	\$ <u>1</u>	\$ <u>1</u>	\$ <u>1</u>	\$ <u>1</u>
Income from real property (such as rental income)	\$ <u></u>	\$ <u></u>	\$ <u></u>	\$ <u></u>
Interest and dividends	\$ <u>1</u>	\$ <u>1</u>	\$ <u>1</u>	\$ <u>1</u>
Gifts	\$ <u>1</u>	\$ <u>1</u>	\$ <u>1</u>	\$ <u>1</u>
Alimony	\$ <u>1</u>	\$ <u>1</u>	\$ <u>1</u>	\$ <u>1</u>
Child Support	\$ <u>1</u>	\$ <u>1</u>	\$ <u>1</u>	\$ <u>1</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>1</u>	\$ <u>1</u>	\$ <u>1</u>	\$ <u>1</u>
Disability (such as social security, insurance payments)	\$ <u>1</u>	\$ <u>1</u>	\$ <u>1</u>	\$ <u>1</u>
Unemployment payments	\$ <u>1</u>	\$ <u>1</u>	\$ <u>1</u>	\$ <u>1</u>
Public-assistance (such as welfare)	\$ <u>1</u>	\$ <u>1</u>	\$ <u>1</u>	\$ <u>1</u>
Other (specify): <u></u>	\$ <u>1</u>	\$ <u>1</u>	\$ <u>1</u>	\$ <u>1</u>
<b>Total monthly income:</b>	\$ <u>N/A</u>	\$ <u></u>	\$ <u></u>	\$ <u></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
incarcerated			\$ Zero
			\$
			\$

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
not marry			\$ Zero
			\$
			\$

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

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

☐ Home  
Value Zero

☐ Other real estate  
Value

☐ Motor Vehicle #1  
Year, make & model Zero  
Value

☐ Motor Vehicle #2  
Year, make & model  
Value

☐ Other assets  
Description Zero  
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**

Zero

**Amount owed to you**

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

**Amount owed to your spouse**

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

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**  
NONE

**Relationship**

**Age**

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.

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

Are real estate taxes included? ☐ Yes ☒ No

Is property insurance included? ☐ Yes ☒ No

**You**

**Your spouse**

\$ Zero

\$ \_\_\_\_\_

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

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Home maintenance (repairs and upkeep)

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Food

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Clothing

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Laundry and dry-cleaning

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Medical and dental expenses

\$ \_\_\_\_\_

\$ \_\_\_\_\_

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

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 currently owe approx. \$2,052.95*

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

Executed on: September 14, 2020

*Aswell*

(Signature)

STATE OF NEW YORK DEPARTMENT OF CORRECTIONAL SERVICES  
 WENDE CORRECTIONAL FACILITY  
 INMATE STATEMENT FOR THE PERIOD 05/30/20 THRU 06/30/20

\*\*\*\*\*  
 \* NAME: BARNES ARRELLO DEPT ID: 00A0597 CELL LOC: MH-0B-003 NYSID: 08030473J \*  
 \*  
 \*\*\*\*\*

HS-2-181

FACILITY	DATE	TRANSACTION (COMMENTS)	TR-NUM	RECEIPT(+)	DISBURS(-)	COLLECTED AMT	STATEWIDE SPENDABLE	STATEWIDE ACCT BAL
		STARTING BALANCE AT WENDE				261.72	14.02	275.74
		BALANCE FORWARD						275.74
WENDE	06/01/20	MEDIA PUR			8.47	.00	5.55	267.27
WENDE	06/04/20	PAYROLL RCPT	280302	4.80		.96	9.39	272.07
WENDE	06/11/20	PAYROLL RCPT	280302	6.00		2.40	12.99	278.07
WENDE	06/18/20	BEG ENC-DP-T3( \$5.00)				.00	12.99	278.07
WENDE	06/18/20	PAYROLL RCPT	280302	6.00		2.40	16.59	284.07
WENDE	06/22/20	MISC RECEIPT	6306587	184.92		184.92	16.59	468.99
WENDE	06/22/20	POSTAGE			.55	.00	16.04	468.44
WENDE	06/22/20	POSTAGE			.15	.00	15.89	468.29
WENDE	06/25/20	PAYROLL RCPT	280302	6.00		2.40	19.49	474.29
		MONTHLY ENDING TOTALS		267.72	9.17	454.80	19.49	474.29
		ENDING BALANCE AT WENDE						474.29
		20% OF AVERAGE 6 MO SPENDABLE BALANCE		2.47	20% OF AVERAGE 6 MO DEPOSIT AMT			15.01

LAGGED PAYROLL, DAYS LAGGED - 15 AMOUNT LAGGED - 6.48  
 THIS AMOUNT WILL BE ADDED TO YOUR ACCOUNT UPON RELEASE ONLY

ENCUMBRANCE BREAKDOWN							
REASON	DATE IMPOSED	NOTES	TOTAL CWED	COL MTDATE	COL TO-DATE	BALANCE DUE	CNTY/ORI CASE
GATE MONEY	05/25/17	AUTO GATE MONEY	33.52	.00	33.52	.00	
FED FILE FEE USDCNDNY	11/07/07	04 CV 391	455.00	41.54	116.23	338.77	
FED FILE FEE USDCSDNY	06/25/12	12CIV1916PKC	350.00	40.58	107.94	242.06	
FED FILE FEE USDCSDNY	04/22/13	13 1077	455.00	36.98	54.83	400.17	
FED FILE FEE USDCSDNY	08/04/14	14 1614	505.00	36.98	104.06	400.94	
FED FILE FEE USDCNDNY	11/03/15	9:15 CV 777	350.00	36.98	38.20	311.80	
FED FILE FEE USDCNDNY	05/30/19	15CV777	505.00	.02	.02	504.98	
DISCIPLINARY TIER III	06/18/20	6/15/20	5.00	.00	.00	5.00	

\* ENCUMBRANCES ESTABLISHED AND PAID IN THE CURRENT MONTH.