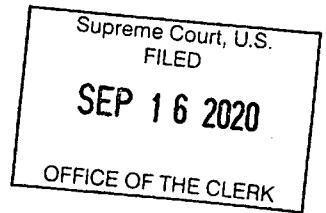


No. 20-6033

ORIGINAL

IN THE
SUPREME COURT OF THE UNITED STATES

ARRELLA BARNES — PETITIONER
(Your Name)



VS.

LOUIS FEDDE, 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.



(Signature)

RECEIVED

SEP 24 2020

OFFICE OF THE CLERK
SUPREME COURT U.S.

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

I, Arvello 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>None</u>	\$ <u>—</u>	\$ <u>None</u>	\$ <u>—</u>
Self-employment	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>
Income from real property (such as rental income)	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>
Interest and dividends	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>
Gifts	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>
Alimony	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>
Child Support	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>
Disability (such as social security, insurance payments)	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>
Unemployment payments	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>
Public-assistance (such as welfare)	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>
Other (specify): _____	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>
Total monthly income:	\$ <u>None</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
<u>INCARCERATED</u>			\$ <u>Zero</u>
			\$ <u> </u>
			\$ <u> </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>Not Marry</u>			\$ <u>Zero</u>
			\$ <u> </u>
			\$ <u> </u>

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
<u> </u>	\$ <u> </u>	\$ <u> </u>
<u> </u>	\$ <u> </u>	\$ <u> </u>
<u> </u>	\$ <u> </u>	\$ <u> </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 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	Amount owed to you	Amount owed to your spouse
<i>Zero</i>	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____

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
<i>None</i>		

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

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

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? _____

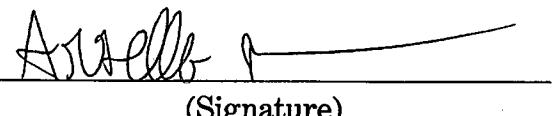
If yes, state the person's name, address, and telephone number:

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

I currently ave approx. \$2,052.95

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

Executed on: September 14, 2020


(Signature)

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

Rm 0
S. 2-181

FACILITY	DATE	TRANSACTION (COMMENTS)		TR-NUM	RECEIPT(+) DISBURS(-)	COLLECTED AMT	STATEWIDE SPENDABLE	STATEWIDE ACCT BAL	
		STARTING BALANCE AT WENDE							
		BALANCE FORWARD				261.72	14.02	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		G306587	184.92		184.92	468.99	
WENDE	06/22/20	POSTAGE				.55	.00	468.44	
WENDE	06/22/20	POSTAGE				.15	.00	468.29	
WENDE	06/25/20	PAYROLL RCPT		280302	6.00	2.40	19.49	474.29	
		MONTHLY ENDING TOTALS			207.72	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 CHED	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.