IN THE SUPREME COURT OF THE UNITED STATES

OCTOBER TERM 2020

JACOB TOWNLEY HERNANDEZ,

Petitioner,

vs.

SUZANNE M. PEERY, Warden,

Respondent.

MOTION TO PROCEED IN FORMA PAUPERIS

Marc J. Zilversmit (Cal. Bar. No. 132057) Attorney At Law 28 Boardman Place San Francisco, CA 94102 (415) 431-3474 marc @ zdefender.com

Counsel of Record for Petitioner Jacob Townley Hernandez Pursuant to Title 18, United States Code § 3006A(d)(7) and Rule 39 of this Court, Petitioner Jacob Townley Hernandez asks leave to file the attached Petition for Writ of Certiorari to the United States Court of Appeals for the Ninth Circuit without prepayment of fees and costs and to proceed *in forma pauperis*.

Petitioner is indigent and was represented by appointed counsel in his state court appeals. On August 4, 2014, the District Court granted his motion to proceed *in forma pauperis* in this federal habeas proceeding.

Dated: October 27, 2020

Respectfully submitted,

MARC J. ZILVERSMIT

Counsel of Record for Petitioner Jacob Townley Hernandez

No.
IN THE
SUPREME COURT OF THE UNITED STATES
Jacob Townley Hernandez ————————————————————————————————————
(Your Name)
VS. Suzanne Peery, Warden ————————————————————————————————————
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 <i>in forma pauperis</i> .
Please check the appropriate boxes:
🖾 Petitioner has previously been granted leave to proceed in forma pauperis in the following court(s):
U.S. District Court, Northern Dist. CA
Santa Cruz Superior Court, California Court of Appeal, California Supreme Court
\square 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
\square a copy of the order of appointment is appended.
Signature)
(Signature)

AND MINISTER OF THE WORK OF THE

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

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I. Jacob Townley Hernandez	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 red	iress.

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.

	e monthly amou t 12 months	ınt during	Amount exped next month	eted
,	You	Spouse	You	Spouse
Employment	\$	\$ O	\$0	\$0
Self-employment	\$	0 \$	\$0	\$0
Income from real property	\$ 0	\$0	\$0	\$0
(such as rental income)	. 0	0	0	0
Interest and dividends	\$	\$	\$	\$
Gifts	0 \$	0 \$	0 \$	0 \$
Alimony	\$0	\$0	\$	\$0
Child Support	\$0	\$0	\$	\$0
Retirement (such as social security, pensions, annuities, insurance)	\$	\$0	\$0	\$0
Disability (such as social	\$0	\$	\$0	\$
security, insurance payments) Unemployment payments	o \$	0	\$	\$0
Public-assistance (such as welfare)	\$0	\$0	\$0	\$
Other (specify):	\$	\$	\$	\$
Total monthly income:	\$	O \$	° 0	\$0

3. List your spouse's employment history for the past two years, most recent employer to (Gross monthly pay is before taxes or other deductions.)	Employer None	Address	Dates of Employment	Gross monthly pay
\$ 3. List your spouse's employment history for the past two years, most recent employer (Gross monthly pay is before taxes or other deductions.) Employer				C
Employer Address Dates of Gross monthly pay Not applicable \$ 4. How much cash do you and your spouse have? \$ Below, state any money you or your spouse have in bank accounts or in any other fina institution. Type of account (e.g., checking or savings) Amount you have Amount your spouse have in savings \$ \$ 5. List the assets, and their values, which you own or your spouse owns. Do not list clot and ordinary household furnishings. Home Other real estate Value Walue Motor Vehicle #1 Year, make & model Value Other assets				\$
Not applicable Employment	3. List your spou (Gross monthly	se's employment histo pay is before taxes or	ory for the past two years	s, most recent employer f
Not applicable S	Employer	Address		Gross monthly pay
4. How much cash do you and your spouse have? \$	Not applicable		• •	\$
4. How much cash do you and your spouse have? \$ Below, state any money you or your spouse have in bank accounts or in any other fina institution. Type of account (e.g., checking or savings) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$				\$
Below, state any money you or your spouse have in bank accounts or in any other lina institution. Type of account (e.g., checking or savings)				<u> </u>
\$\$\$\$\$\$\$\$		e.a checking or saving		
and ordinary household furnishings. Home	Type of account (ys) Amount you have	Amount your spouse h
Value Value □ Motor Vehicle #1 □ Motor Vehicle #2 Year, make & model Year, make & model Value Value	Type of account (ys) Amount you have	Amount your spouse h
☐ Motor Vehicle #1 Year, make & model Value Other assets	Type of account (o	s, and their values, wh	s) Amount you have \$ \$ \$ \$ \$	Amount your spouse h \$ \$ \$
Year, make & model	Type of account (of account (o	s, and their values, wh	Amount you have \$ \$ \$ \$ ich you own or your spou	Amount your spouse h \$ \$ \$ se owns. Do not list clot
Value Ualue □ Other assets	Type of account (continue) 5. List the assets and ordinary h	s, and their values, wh lousehold furnishings.	s) Amount you have \$\$ \$ s ich you own or your spou	Amount your spouse h \$ \$ \$ se owns. Do not list clot ate
☐ Other assets	5. List the assets and ordinary h	s, and their values, wh lousehold furnishings.	Amount you have \$ \$ \$ \$ ich you own or your spou Other real est Value	Amount your spouse h \$ \$ \$ se owns. Do not list clot ate
	5. List the assets and ordinary h Home Value	s, and their values, whousehold furnishings.	Amount you have \$s \$ s ich you own or your spou Other real est Value Motor Vehicle Year, make &	Amount your spouse h \$ \$ \$ se owns. Do not list clot ate #2 model
	5. List the assets and ordinary h Home Value Motor Vehicle Year, make & 1	s, and their values, whousehold furnishings. #1 model	Amount you have \$s \$ s ich you own or your spou Other real est Value Motor Vehicle Year, make &	Amount your spouse h \$ \$ \$ se owns. Do not list clot ate #2 model
	5. List the assets and ordinary h Home Value Motor Vehicle Year, make & r	s, and their values, whousehold furnishings. #1 model	Amount you have \$s \$ s ich you own or your spou Other real est Value Motor Vehicle Year, make &	Amount your spouse h \$ \$ \$ se owns. Do not list clot ate #2 model

6. State every person, bus amount owed.	siness, or organization	owing you	or your	spouse m	oney, and the
Person owing you or your spouse money Not Applicable	Amount owed to	you	Amount	owed to	your spouse
Not Applicable	\$		\$		
	\$	_	\$		entermal monte.
:	\$		\$		
7. State the persons who re instead of names (e.g. "J.			For mi	nor childr	en, list initials
Name Not Applicable	Relationsh	ip		Age	
8. Estimate the average me paid by your spouse. A annually to show the me	Adjust any payments t	and your famil	y. Show weekly,	separate biweekly	ly the amounts, quarterly, or
		You		Your	spouse
Rent or home-mortgage pa (include lot rented for mob Are real estate taxes included in the property insurance included)	ile home) ₁ded? □ Yes □ No	\$		\$	0
Utilities (electricity, heating water, sewer, and telephone		\$	0	\$	0
Home maintenance (repairs	and upkeep)	\$	0	\$	0
Food		\$	0	\$. 0
Clothing		\$	0	\$	0
Laundry and dry-cleaning		\$	0	\$	0
Medical and dental expense	es	\$	0	\$	0

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

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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? \square Yes \boxtimes 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 y	ves, 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 have been in state custody since 2006.
I de	eclare under penalty of perjury that the foregoing is true and correct.
Exe	ecuted on: OCTOBER 21, 20 Zo
	niun Xim M
	(Signature)