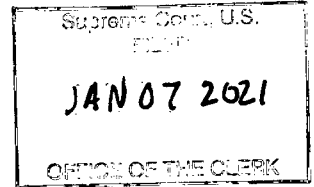


20-6801
No. _____

ORIGINAL

IN THE
SUPREME COURT OF THE UNITED STATES



Mauro C. Palau — PETITIONER
(Your Name)

VS.

B. Sullivan — 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):

U.S. Court of Appeals for the Fourth Circuit

U.S. Dist Ct, for the Eastern District of North Carolina

☐ 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.

Mauro C. Palau
(Signature)

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

I, Mauro C. Palácio, 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>0</u>	\$ <u>n/a</u>	\$ <u>0</u>	\$ <u>n/a</u>
Self-employment	\$ <u>0</u>	\$ <u> </u>	\$ <u>0</u>	\$ <u> </u>
Income from real property (such as rental income)	\$ <u>0</u>	\$ <u> </u>	\$ <u>0</u>	\$ <u> </u>
Interest and dividends	\$ <u>0</u>	\$ <u> </u>	\$ <u>0</u>	\$ <u> </u>
Gifts	\$ <u>0</u>	\$ <u> </u>	\$ <u>0</u>	\$ <u> </u>
Alimony	\$ <u>0</u>	\$ <u> </u>	\$ <u>0</u>	\$ <u> </u>
Child Support	\$ <u>0</u>	\$ <u> </u>	\$ <u>0</u>	\$ <u> </u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0</u>	\$ <u> </u>	\$ <u>0</u>	\$ <u> </u>
Disability (such as social security, insurance payments)	\$ <u>88.29</u>	\$ <u> </u>	\$ <u>0</u>	\$ <u> </u>
Unemployment payments	\$ <u>0</u>	\$ <u> </u>	\$ <u>0</u>	\$ <u> </u>
Public-assistance (such as welfare)	\$ <u>0</u>	\$ <u> </u>	\$ <u>0</u>	\$ <u> </u>
Other (specify): <u>CARES Act</u> <u>one time payment</u> <u>Check</u>	\$ <u>1,200.00</u>	\$ <u> </u>	\$ <u>0</u>	\$ <u> </u>
Total monthly income:	\$ <u>1,288.29</u>	\$ <u>n/a</u>	\$ <u>0</u>	\$ <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.)

Employer	Address	Dates of Employment	Gross monthly pay
none			\$
			\$
			\$

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? \$ * see \$367¹⁰ inmate trust fund
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
Inmate Trust Fund	\$ see statement	\$ n/a
	\$ 367 ¹⁰	\$
	\$	\$

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings. none

☐ Home
Value _____

☐ Other real estate
Value _____

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

☐ Motor Vehicle #2
Year, make & model _____
Value _____

☐ Other assets
Description _____
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

<u>none</u>	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

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
<u>none</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.

	You	Your spouse
Rent or home-mortgage payment (include lot rented for mobile home)	\$ <u>0</u>	\$ <u>n/a</u>
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)	\$ <u>0</u>	\$ _____
Home maintenance (repairs and upkeep)	\$ <u>0</u>	\$ _____
Food	\$ <u>108.40</u>	\$ _____
Clothing	\$ <u>0</u>	\$ _____
Laundry and dry-cleaning	\$ <u>0</u>	\$ _____
Medical and dental expenses	\$ <u>0</u>	\$ _____

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>0</u>	\$ <u>n/a</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>0</u>	\$
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>0</u>	\$
Life	\$ <u>0</u>	\$
Health	\$ <u>0</u>	\$
Motor Vehicle	\$ <u>0</u>	\$
Other: <u>n/a</u>	\$ <u>0</u>	\$
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>n/a</u>	\$ <u>0</u>	\$
Installment payments		
Motor Vehicle	\$ <u>0</u>	\$
Credit card(s)	\$ <u>0</u>	\$
Department store(s)	\$ <u>0</u>	\$
Other: <u>Federal Court Fees owed</u>	\$ <u>720.00</u>	\$
<u>and collected by prison</u>		
Alimony, maintenance, and support paid to others	\$ <u>0</u>	\$
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>0</u>	\$
Other (specify): <u>Mailing supplies and postage</u>	\$ <u>4.50</u>	\$
Total monthly expenses:	\$ <u>882.90</u>	\$ <u>n/a</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.

Incarcerated since July 17, 2017 and unable to work and earn wages.

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

Executed on: December 30, 2020

Munir C. Palacios

(Signature)

SINIB02/CINIB02 TEXAS DEPARTMENT OF CRIMINAL JUSTICE 12/29/20
-2391/DJ00150 IN-FORMA-PAUPERIS DATA 07:42:04
TDCJ#: 02271249 SID#: 07072113 LOCATION: RAMSEY INDIGENT DTE:
NAME: PALACIO, MAURO CASTANEDA BEGINNING PERIOD: 06/01/20
PREVIOUS TDCJ NUMBERS: 01321256
CURRENT BAL: 328.85 TOT HOLD AMT: 0.00 3MTH TOT DEP: 265.31
5MTH DEP: 530.18 6MTH AVG BAL: 29.13 6MTH AVG DEP: 88.36
MONTH HIGHEST BALANCE TOTAL DEPOSITS MONTH HIGHEST BALANCE TOTAL DEPOSITS
11/20 88.13 88.29 08/20 86.29 176.58
10/20 86.29 88.29 07/20 52.63 0.00
09/20 173.33 88.73 06/20 93.98 88.29

STATE OF TEXAS COUNTY OF *Brazoria*
ON THIS THE *29* DAY OF *December 2020* I CERTIFY THAT THIS DOCUMENT IS A TRUE,
COMPLETE, AND UNALTERED COPY MADE BY ME OF INFORMATION CONTAINED IN THE
COMPUTER DATABASE REGARDING THE OFFENDER'S ACCOUNT. NP SIG:
PF1-HELP PF3-END ENTER NEXT TDCJ NUMBER: _____ OR SID NUMBER: _____

