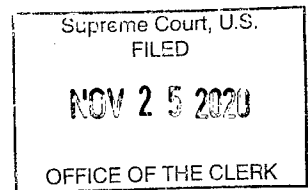


No. 20-6839

ORIGINAL



IN THE
SUPREME COURT OF THE UNITED STATES

HENRY ALEXANDER TOWNSEND — PETITIONER
(Your Name)

VS.

JERI TAYLOR, 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): THE UNITED STATES DISTRICT COURT OF OREGON, AND THE UNITED STATES COURT OF APPEALS 9TH CIR.
TOWNSEND V. TAYLOR, ET AL., CASE # 20-35303

☐ 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: THE CRIMINAL JUSTICE Act; 18 U.S.C. § 3006A (d) (6), or

☒ a copy of the order of appointment is appended.

Henry Townsend
(Signature)

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

I, Henry Alexander Townsend, 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.

- 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>0</u>	\$ <u>0</u>	\$ <u>0</u>
Self-employment	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Income from real property (such as rental income)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Interest and dividends	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Gifts	\$ <u>50.00 DOLLARS</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Alimony	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Child Support	\$ <u>100,000 +</u>	\$ <u>100,000 +</u>	\$ <u>?</u>	\$ <u>?</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Disability (such as social security, insurance payments)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Unemployment payments	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Public-assistance (such as welfare)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Other (specify): <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Total monthly income:	\$ <u>50.00 DOLLARS</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</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
N/A	N/A	N/A	\$ N/A

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	N/A	N/A	\$ N/A

4. How much cash do you and your spouse have? \$ 0
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
PERSONAL TRUST ACCOUNT	PERSONAL TRUST ACCOUNT	\$ 142.00 DOLLARS	\$ 0
0	0	\$ 0	\$ 0
0	0	\$ 0	\$ 0

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

<input checked="" type="checkbox"/> Home Value <u>0</u>	<input checked="" type="checkbox"/> Other real estate Value <u>0</u>
<input checked="" type="checkbox"/> Motor Vehicle #1 Year, make & model <u>0</u> Value <u>0</u>	<input checked="" type="checkbox"/> Motor Vehicle #2 Year, make & model <u>0</u> Value <u>0</u>
<input checked="" type="checkbox"/> Other assets Description <u>0</u> Value <u>0</u>	

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money

Ø
Ø
Ø

Amount owed to you

\$ Ø
\$ Ø
\$ Ø

Amount owed to your spouse

\$ Ø
\$ Ø
\$ Ø

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

Name	Relationship	Age
AT	SON	9
HD	SON	11
EB	SON	20

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

\$ Ø

\$ Ø

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

\$ Ø

\$ Ø

Home maintenance (repairs and upkeep)

\$ Ø

\$ Ø

Food

\$ Ø

\$ Ø

Clothing

\$ Ø

\$ Ø

Laundry and dry-cleaning

\$ Ø

\$ Ø

Medical and dental expenses

\$ Ø

\$ Ø

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

I'm INDIGENT

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? _____

I'm INDIGENT

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

I'm INDIGENT

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'm CURRENTLY A PRISONER UNEMPLOYED WITH NO WAY TO AFFORD THE COST OF THIS CASE OR TO RETAIN COUNSEL; I'm AN INDIGENT LITIGANT.

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

Executed on: DECEMBER 22ND, 2020


(Signature)

T R U S T A C C O U N T S T A T E M E N T

12.1.1.0.1.4 ODOC

SID# 0014258900 Name: TOWNSEND, HENRY ALEXANDER

BKG# 2000195

LOCATION: SRCI-DSU_A-DSA04

Account Balance Today (19-OCT-20) Current : 142.22
 Hold : 0.00
 Total : 142.22

Account Balance as of 18-OCT-20 142.22

09/19/2020

10/18/2020

SUB ACCOUNT	START BALANCE	END BALANCE
RESERVED COUNTY COURT FEES	0.00	0.00
AIC SPENDING ACCOUNT	0.11	0.00
TRANSITIONAL SAVINGS	142.21	142.22

DEBTS AND OBLIGATIONS

TYPE	PAYABLE	INFO NUMBER	AMOUNT OWING	AMOUNT PAID	WRITE-OFF AMOUNT
COPA	COPY ADVANCE	03302012	0.00	54.20	0.00
OSPA	OSP POSTAGE ADVANCE	04102012	0.00	30.78	0.00
COUA	COUNTY COURT FEES ADVANCE	01272015	0.00	252.00	0.00
FDISA	DISCIPLINARY FINES ADVANCE	02072005	99.78	370.22	0.00
* USA	US COURT FILING FEE ADVANCE	03192015	0.00	282.12	417.88
LCPRRA	LEGAL COPY PUB REQUEST ADVANCE	10142019	0.00	2.50	0.00
ORUSFF	OREGON US FILING FEE	2:19CV01674C	336.75	13.25	0.00
OCICA	OCIC POSTAGE ADVANCE	03112004	0.00	14.75	0.00
PROA	PROPERTY DAMAGE ADVANCE	06282004	0.00	617.02	0.00
ORUSFF	OREGON US FILING FEE	2:15CV01726K	309.89	40.11	0.00
ORUSFF	OREGON US FILING FEE	2:15CV00135A	0.00	67.88	0.00
MEDA	MEDICAL ADVANCE	09262006	0.00	2.50	0.00
JMAA	JUDGEMENT & MONEY AWARDS ADVANCE	05072015	0.00	100.00	0.00
REST	OJD - RESTITUTION, FINES & FEES	03102020	11440.09	0.00	0.00
LPSRCA	LEGAL POSTAGE SRCI ADVANCE	06302020	0.94	0.50	0.00

T R U S T A C C O U N T S T A T E M E N T

12.1.1.0.1.4 ODOC

SID# 0014258900 Name: TOWNSEND, HENRY ALEXANDER

BKG# 2000195

LOCATION: SRCI-DSU_A-DSA04

TRANSACTION DESCRIPTION			COURT ORDERD OBLIGATIONS
DATE	TYPE	TRANSACTION DESCRIPTION	TRANSACTION AMT
03/01/2020	REST	New Debt Received	0.00
08/01/2020	REST	New Debt Received	11,440.09

TRANSACTION DESCRIPTIONS --			RESERVED COUNTY COURT FEES	SUB-ACCOUNT
DATE	TRANSACTION DESCRIPTION	RECEIPT#	TRANSACTION AMT	BALANCE
TRANSACTION DESCRIPTIONS --			AIC SPENDING ACCOUNT	SUB-ACCOUNT
DATE	TRANSACTION DESCRIPTION	RECEIPT#	TRANSACTION AMT	BALANCE
09/30/2020	Deduction-FDISA-02072005 D D		(0.11)	0.00
10/02/2020	Interest Distribution		0.12	0.12
10/02/2020	Deduction-TRSA-29-JUN-18 D D		(0.01)	0.11
10/02/2020	Deduction-FDISA-02072005 D D		(0.11)	0.00
10/08/2020	Legal Postage SRCI Advance		0.94	0.94
10/08/2020	Legal Postage SRCI Debt		(0.94)	0.00

TRANSACTION DESCRIPTIONS --			TRANSITIONAL SAVINGS	SUB-ACCOUNT
DATE	TRANSACTION DESCRIPTION	RECEIPT#	TRANSACTION AMT	BALANCE
10/02/2020	Deduction-TRSA-29-JUN-18 D D		0.01	142.22

IF THE DEPARTMENT HAS COLLECTED MONEY FROM YUR ACCOUNT FOR
DEBT, YOU MAY OBTAIN AN ADMIN REVIEW PER OAR 291-0158-065