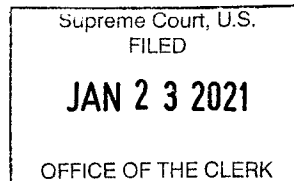


No. 20-7057



IN THE  
SUPREME COURT OF THE UNITED STATES

ROMARIO VERMOND WALLER

- PETITIONER

(Your Name)

VS.

STATE OF ARKANSAS

- RESPONDENT(S)

MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

The Petitioner asks leave to file the attached petition for writ of certiorari without prepayment of costs and to proceed *in forma pauperis*.

☒ Petitioner has previously been granted leave to proceed *in forma pauperis* in the following court(s):

ARKANSAS SUPREME COURT / LINCOLN COUNTY (ARKANSAS) CIRCUIT COURT

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

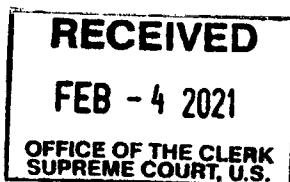
☐ Petitioner's affidavit or declaration in support of this motion is attached hereto.

☐ 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]  
(Signature)

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

I, ROMARIO V. WALLER, 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 cost of this case or to give security therefore 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 source 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>
Interests and dividends	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Gifts	\$ <u>0</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>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Retirement (such as social security, insurance payments)	\$ <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>
<b>Total Monthly Income:</b>	\$ <u>0</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
—	—	—	\$ —
—	—	—	\$ —
—	—	—	\$ —

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
—	—	—	\$ —
—	—	—	\$ —
—	—	—	\$ —

4. How much cash do you and your spouse have? \$ 0.00

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
\$ 0.00	—	\$ 0.00	\$ 0.00
\$ 0.00	—	\$ 0.00	\$ 0.00
\$ 0.00	—	\$ 0.00	\$ 0.00

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

☐ Home

Value N/A

☐ Other real estate

Value N/A

☐ Motor Vehicle #1

Year, make & model N/A

Value N/A

☐ Motor Vehicle #2

Year, make & model N/A

Value N/A

☐ Other assets

Description N/A

Value N/A

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
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

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

Name	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.

	You	Your spouse
Rent or home-mortgage payment (include lot rented for mobile home)	\$ 0.00	\$ _____
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)	\$ 0.00	\$ _____
Home maintenance (repairs and upkeep)	\$ 0.00	\$ _____
Food	\$ 0.00	\$ _____
Clothing	\$ 0.00	\$ _____
Laundry and dry-cleaning	\$ 0.00	\$ _____
Medical and dental expenses	\$ 0.00	\$ _____

	You	Your spouse
Transportation (not including motor vehicle payments)	\$0.00	\$
Recreation, entertainment, newspapers, magazines, etc.	\$0.00	\$
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$0.00	\$
Life	\$0.00	\$
Health	\$0.00	\$
Motor Vehicle	\$0.00	\$
Other: _____	\$0.00	\$
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): _____	\$	\$
<b>Total monthly expenses:</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>

9. Do you expect any major change 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 your 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.**

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

Executed on: DECEMBER 8, 2020

  
(Signature)

**CERTIFICATE**  
(Prisoner Accounts Only)  
(To be Completed by the Institution of Incarceration)

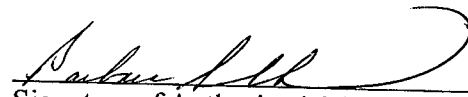
I certify that the applicant named herein has the sum of \$ 0.00 on account to his/her credit at the Vassar institution where he is confined.

I further certify that the applicant likewise has the following securities to his/her credit according to the records of said institution: Vassar

None to my knowledge

I further certify that during the past six months the applicant's average balance was \$ 0.00.

12-8-2020  
Date

  
Signature of Authorized Officer of Institution

AR DOC  
REPORT NO. IBSR146 - 35

CALCULATION OF INITIAL PAYMENT OF  
FILING FEE  
FROM: 6/9/2020 TO: 12/08/2020

PAGE: 1 of 1  
PROCESSED: 12/08/2020 02:11 PM  
REQUESTOR: Barbara Smallwood

(To be Completed by the Institution of Incarceration)

PLAINTIFF: Romario Vermond Waller

ADC NUMBER: 108263

FEDERAL COURT CASE NUMBER (IF KNOWN): \_\_\_\_\_

TOTAL DEPOSITS FOR LAST (6) MONTHS: \$0.00

AVERAGE MONTHLY DEPOSIT: (TOTAL DEPOSITS DIVIDED BY 6) \$0.00

TOTAL BALANCES FOR LAST SIX (6) MONTHS: \$0.00

AVERAGE MONTHLY BALANCE (TOTAL BALANCES DIVIDED BY 6): \$0.00

CURRENT ACCOUNT BALANCE: \$0.00

INITIAL PAYMENT OF FILING FEE AS OF: 12/08/2020 \$0.00

(THE GREATER OF THE AVERAGE MONTHLY DEPOSIT OR THE AVERAGE  
MONTHLY BALANCE x .20)

DATE: 12-8-2020

AUTHORIZED OFFICIAL: 

(NO FILING FEE SHALL BE IN EXCESS OF \$400  
FOR A CIVIL LAWSUIT OR \$505 FOR AN APPEAL)