

No. 20-7077

ORIGINAL

IN THE
SUPREME COURT OF THE UNITED STATES

DERRICK LAKEITH BROWN — PETITIONER
(Your Name)

Supreme Court, U.S.
FILED

JAN 21 2021

OFFICE OF THE CLERK

VS.

UNITED STATES OF AMERICA — 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):

IN THE U.S. COURT OF APPEALS FOR THE SIXTH CIRCUIT; THE U.S. DISTRICT COURT OF
TENN; AND THE SHELBY COUNTY CHANCERY COURT OF MEMPHIS, TN, # CT-20-186-1

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.

RECEIVED

FEB - 3 2021

OFFICE OF THE CLERK
SUPREME COURT, U.S.

lrb #209B6-076

(Signature)

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

I, DERRICK LAKEITH BROWN, 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. (PLEASE SEE ATTACHED AFFIDAVIT OF DERRICK BROWN #20986-076)

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 • SEE 1-PAGE AFFIDAVIT!	\$ 1-TO-1.30+	\$ N/A	\$ 12-TO-15	\$ N/A
Self-employment	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Income from real property (such as rental income)	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Interest and dividends	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Gifts	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Alimony	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Child Support	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Retirement (such as social security, pensions, annuities, insurance)	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Disability (such as social security, insurance payments)	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Unemployment payments • \$1,200.00 STIMULUS CHECK	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Public-assistance • SEE 1-PAGE AFFIDAVIT! (such as welfare)	\$ 100.00	\$ N/A	\$ 600.00? (STIMULUS CHECK)	\$ N/A
Other (specify): N/A	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Total monthly income:	\$ 1-TO-1.30+ + 100.00 STIMULUS CHECK!	\$ 0	\$ 12-TO-15+ 600.00 STI- MULUS CHECK?	\$ 0

2. List your employment history for the past two years, most recent first. (Gross monthly pay is before taxes or other deductions.) SEE 1-PAGE AFFIDAVIT!

Employer	Address	Dates of Employment	Gross monthly pay
<u>PRISON JOB</u>	<u>INSTITUTION</u>	<u>OCT-TO-MAY</u>	<u>\$ 12-TO-15</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>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>\$ N/A</u>
			<u>\$</u>
			<u>\$</u>

4. How much cash do you and your spouse have? \$ N/A
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
<u>N/A</u>	<u>N/A</u>	<u>\$ N/A</u>	<u>\$ N/A</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 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
<u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

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

Name	Relationship	Age
<u>N/A</u>	<u>N/A</u>	<u>N/A</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>N/A</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>N/A</u>	\$ <u>N/A</u>
Home maintenance (repairs and upkeep)	\$ <u>N/A</u>	\$ <u>N/A</u>
Food	\$ <u>12-10-15</u>	\$ <u>N/A</u>
Clothing	\$ <u>N/A</u>	\$ <u>N/A</u>
Laundry and dry-cleaning	\$ <u>N/A</u>	\$ <u>N/A</u>
Medical and dental expenses	\$ <u>N/A</u>	\$ <u>N/A</u>

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ N/A	\$ N/A
Recreation, entertainment, newspapers, magazines, etc.	\$ N/A	\$ N/A
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ N/A	\$ N/A
Life	\$ N/A	\$ N/A
Health	\$ N/A	\$ N/A
Motor Vehicle	\$ N/A	\$ N/A
Other: N/A	\$ N/A	\$ N/A
Taxes (not deducted from wages or included in mortgage payments)		
(specify): N/A	\$ N/A	\$ N/A
Installment payments		
Motor Vehicle	\$ N/A	\$ N/A
Credit card(s)	\$ N/A	\$ N/A
Department store(s)	\$ N/A	\$ N/A
Other: N/A	\$ N/A	\$ N/A
Alimony, maintenance, and support paid to others	\$ N/A	\$ N/A
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ N/A	\$ N/A
Other (specify): DEBTS SEE 1-PAGE AFFIDAVIT!	\$ N/A	\$ N/A
Total monthly expenses:	\$ 12-10-15	\$ Ø

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months? (SEE 1-PAGE AFFIDAVIT ATTACHED!)

Yes No If yes, describe on an attached sheet.

A POSSIBLY \$600.00-STIMULUS CHECK FROM THE I.R.S.

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? N/A

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

N/A

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? N/A

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

N/A

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

SEE ATTACHED 1-PAGE AFFIDAVIT!

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

Executed on: JANUARY 19TH, 2021

D.R.B. #20986-026

(Signature)

TO: U.S. SUPREME COURT (c.c)
FROM: DERRICK BROWN #20986-076
RE: AFFIDAVIT OF DERRICK BROWN #20986-076 FOR CERTIORARI!
DATE: JANUARY 19TH 2021
AFFIDAVIT OF DERRICK BROWN #20986-076"

I DECLARE UNDER THE PENALTY OF PERJURY THAT THE HEREIN STATEMENTS AND FACTS ARE TRUE AND CORRECT.

- 1) YOUR PETITIONER HAS BEEN INDIGENT SINCE ARRIVAL TO THE ADX-MAX IN JUNE OF 2015.
- 2) YOUR PETITIONER HAS A DEBT OF OVER \$7,000+ DOLLARS, WHICH HE IS ON A CONTRACT "50/50-PROGRAM" WITH THE INSTITUTION'S TRUST FUND DEPARTMENT. RATHER HE RECEIVES FUNDS BY PRISON JOBS, GIFTS, OR STIMULUS CHECKS, HALF IS PAID ON ALL P.L.R.I.A'S, FINES, DEBTS AND ENCUMBERANCES, AND HE KEEPS HALF.
- 3) YOUR PETITIONER WAS RECENTLY GIVEN A PRISON ORDERLY JOB PAYING #12-TO-\$15-DOLLARS PER MONTH, WHICH IS ONLY A 90TH-DAY JOB THAT PAYS AFTER THE FIRST 30TH-DAYS ON THE 10TH OF EACH MONTH. HE STARTED IN OCTOBER OF 2020 AND WAS JUST EXTENDED TO 90TH MORE DAYS, DUE TO COVID-19!
- 4) DUE TO COVID-19, UNDER THE CARE ECONOMIC RELIEF PLAN ACT, YOUR PETITIONER JUST RECEIVED ON HIS TRUST FUND ACCOUNT A \$1,200.00-DOLLARS STIMULUS CHECK IN JANUARY OF 2021, WHICH WILL GO TO PAY ALL DEBTS AND HALF FOR HIM FOR COVID-19 TREATMENT AND CARE PRODUCTS AS WELL!
- 5) IF THE PRISON JOB IS NOT EXTENDED OR IF ANOTHER STIMULUS CHECK COMES OR NOT, YOUR PETITIONER DOESN'T EXPECT ANY CHANGES TO HIS FINANCIAL STATUS AT ALL, SO, WITH THESE CURRENT CHANGES AND UNEXPECTED FUTURE CHANGES, OR UNKNOWN, I COULD NOT PROPERLY AVERAGE OUT CERTAIN ASPECTS OF YOUR AFFIDAVIT: EMPLOYMENT, PUBLIC-ASSISTANCE AND OTHER UNDER AVERAGE MENTHLY EXPENSES. HOPEFULLY YOU GUYS CAN HELP ME OUT.
- 6) WHENEVER FUNDS ARE PLACED ON YOUR PETITIONER'S ACCOUNT, THE TRUST FUND DEPARTMENT FREEZES THOSE FUNDS UNTIL THE 1ST OF THE FOLLOWING MONTH, THEN, UNDER THE "50/50-PROGRAM", THEY'LL TAKE HALF OF FUNDS FOR ALL DEBTS, FINES, P.L.R.I.A AND ENCUMBERANCES, THEN, THE OTHER HALF IS CLEARED AND RELEASED TO HIS IN-MATE TRUST FUND ACCOUNT AVAILABLE FOR SPENDING.

EXECUTED: JANUARY 19TH 2021

SIGNATURE: D.R.B. #20986-076