

From Pg

20-7127

No. \_\_\_\_\_

Supreme Court, U.S.  
FILED

JAN 22 2021

OFFICE OF THE CLERK

IN THE

SUPREME COURT OF THE UNITED STATES

Clyde Pontefract — PETITIONER  
(Your Name)

United States vs.  
of America, et, 3 — 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*.

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

U.S. District Court for the Northern District of Ohio (part)

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.

Clyde Pontefract  
(Signature)

RECEIVED  
FEB 9 2021  
PONTEFRACt, CLYDE 10930  
OFFICE OF THE CLERK  
SUPREME COURT, U.S.

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

I, Clyde Pontefract, 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. This is because the FBOP's are unable to process finances from my account on time.

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>NA</u>	\$ <u>NA</u>	\$ <u>NA</u>	\$ <u>NA</u>
Self-employment	\$ <u>NA</u>	\$ <u>NA</u>	\$ <u>NA</u>	\$ <u>NA</u>
Income from real property (such as rental income)	\$ <u>NA</u>	\$ <u>NA</u>	\$ <u>NA</u>	\$ <u>NA</u>
Interest and dividends	\$ <u>NA</u>	\$ <u>NA</u>	\$ <u>NA</u>	\$ <u>NA</u>
Gifts	\$ <u>NA</u>	\$ <u>NA</u>	\$ <u>NA</u>	\$ <u>NA</u>
Alimony	\$ <u>NA</u>	\$ <u>NA</u>	\$ <u>NA</u>	\$ <u>NA</u>
Child Support	\$ <u>NA</u>	\$ <u>NA</u>	\$ <u>NA</u>	\$ <u>NA</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>2,467.35</u>	\$ <u>NA</u>	\$ <u>463.25</u>	\$ <u>NA</u>
Disability (such as social security, insurance payments)	\$ <u>NA</u>	\$ <u>NA</u>	\$ <u>NA</u>	\$ <u>NA</u>
Unemployment payments	\$ <u>NA</u>	\$ <u>NA</u>	\$ <u>NA</u>	\$ <u>NA</u>
Public-assistance (such as welfare)	\$ <u>NA</u>	\$ <u>NA</u>	\$ <u>NA</u>	\$ <u>NA</u>
Other (specify): _____	\$ <u>NA</u>	\$ <u>NA</u>	\$ <u>NA</u>	\$ <u>NA</u>
Total monthly income:	\$ <u>2,467.35</u>	\$ <u>NA</u>	\$ <u>463.25</u>	\$ <u>NA</u>

PONTEFRACT, CLYDE 13955035

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
<u>NA</u>			\$ <u>NA</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>NA</u>			\$ <u>NA</u>
			\$ <u>  </u>
			\$ <u>  </u>

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
<u>FBOP's Trust Fund</u>	<u>7</u>	\$ <u>2,582.84</u>	\$ <u>NA</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 NA

Other real estate  
 Value NA

Motor Vehicle #1  
 Year, make & model NA  
 Value \_\_\_\_\_

Motor Vehicle #2  
 Year, make & model NA  
 Value \_\_\_\_\_

Other assets  
 Description NA  
 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
United States	\$ apply 800+	\$ NA
District Court for the Western District of Louisiana	\$ _____	\$ _____
	\$ _____	\$ _____

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

Name	Relationship	Age
NA	NA	NA
_____	_____	_____
_____	_____	_____

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)	\$ NA	\$ NA
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)	\$ NA	\$ NA
Home maintenance (repairs and upkeep)	\$ NA	\$ NA
Food	\$ NA	\$ NA
Clothing	\$ NA	\$ NA
Laundry and dry-cleaning	\$ NA	\$ NA
Medical and dental expenses	\$ NA	\$ NA

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

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? Unknown because I use him for info.

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

Elite Paralegal, WIS.

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

The FBOP is having a hard time getting finances out through their BP-199 process, Forms getting lost, staff inability, ect.

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

Executed on: \_\_\_\_\_, 20\_\_\_\_

Clyde Pontefract  
(Signature)

PONTEFRAC, CLYDE 13955035

## Inmate Inquiry



**Inmate Reg #:** 13955035      **Current Institution:** Fort Dix FCI  
**Inmate Name:** PONTEFRACT, CLYDE      **Housing Unit:** FTD-C-C  
**Report Date:** 01/07/2021      **Living Quarters:** C03-162L  
**Report Time:** 3:32:00 PM

[General Information](#) | [Account Balances](#) | [Commissary History](#) | [Commissary Restrictions](#) | [Comments](#)

### General Information

**Administrative Hold Indicator:** No

**No Power of Attorney:** No

**Never Waive NSF Fee:** No

**Max Allowed Deduction %:** 100

**PIN:** [REDACTED]

**PAC #:** [REDACTED]

**Revalidation Date:** 16th

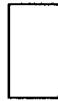
**FRP Participation Status:** No Obligation

**Arrived From:** ELK

**Transferred To:**

**Account Creation Date:** 2/17/2012

**Local Account Activation Date:** 10/7/2020 3:16:39 AM



**Sort Codes:**

**Last Account Update:** 1/7/2021 1:14:14 PM

**Account Status:** Active

**Phone Balance:** \$25.00

### Pre-Release Plan Information

**Target Pre-Release Account Balance:** \$3,000.00

**Pre-Release Deduction %:** 25%

**Income Categories to Deduct From:**  Payroll  Outside Source Funds

### FRP Plan Information

**FRP Plan Type**      **Expected Amount**      **Expected Rate**

### Account Balances

**Account Balance:** \$2,582.84  
**Pre-Release Balance:** \$1,400.98  
**Debt Encumbrance:** \$0.00  
**SPO Encumbrance:** \$0.00  
**Other Encumbrances:** \$0.00  
**Outstanding Negotiable Instruments:** \$0.00

Administrative Hold Balance: \$0.00  
 Available Balance: \$1,181.86  
 National 6 Months Deposits: \$2,467.35  
 National 6 Months Withdrawals: \$2,614.65  
 Available Funds to be considered for IFRP Payments: \$2,017.35  
 National 6 Months Avg Daily Balance: \$2,729.66  
 Local Max. Balance - Prev. 30 Days: \$2,777.99  
 Average Balance - Prev. 30 Days: \$2,503.58

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## Commissary History

### Purchases

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Validation Period Purchases: \$144.70  
 YTD Purchases: \$608.80  
 Last Sales Date: 1/6/2021 3:14:08 PM

### SPO Information

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SPO's this Month: 0  
 SPO \$ this Quarter: \$0.00

### Spending Limit Info

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Spending Limit Override: No  
 Weekly Revalidation: No  
 Bi-Weekly Revalidation: Yes  
 Spending Limit: \$205.00  
 Expended Spending Limit: \$44.15  
 Remaining Spending Limit: \$160.85

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## Commissary Restrictions

### Spending Limit Restrictions

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Restricted Spending Limit: \$0.00  
 Restricted Expended Amount: \$0.00  
 Restricted Remaining Spending Limit: \$0.00  
 Restriction Start Date: N/A  
 Restriction End Date: N/A

### Item Restrictions

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List Name	List Type	Start Date	End Date	Active
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