

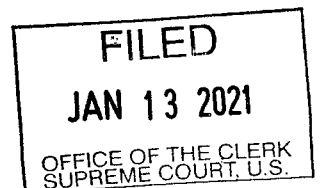
No. 20-7133

IN THE  
SUPREME COURT OF THE UNITED STATES

Anthony REED — PETITIONER  
(Your Name)

VS.

Dexter PAYNE, DIRECTOR — RESPONDENT(S)  
ARKANSAS DEPARTMENT OF CORRECTIONS



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):

Jackson County Circuit Court, and the Supreme Court of  
Arkansas.

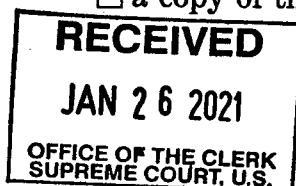
☐ Petitioner has **not** previously been granted leave to proceed *in forma pauperis* in any other court.

☒ 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: \_\_\_\_\_

☐ a copy of the order of appointment is appended.



Anthony Reed  
(Signature)

A. REED # 91194  
BKS 3-378  
CP 378

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

I, Anthony REED, 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 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 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
Spouse Employment	\$ / \$	\$ / \$
Self-employment	\$ / \$	\$ / \$
Income from real property (such as rental income)	\$ / \$	\$ / \$
Interest and dividends	\$ / \$	\$ / \$
Gifts	\$ / \$	\$ / \$
Alimony	\$ / \$	\$ / \$
Child Support	\$ / \$	\$ / \$
Retirement (such as social security, pensions, annuities, insurance)	\$ / \$	\$ / \$
Disability (such as social security, insurance payments)	\$ / \$	\$ / \$
Unemployment payments	\$ / \$	\$ / \$
Public-assistance (such as welfare)	\$ / \$	\$ / \$
Other (specify):	\$ / \$	\$ / \$
<b>Total monthly income:</b>	<b>\$ / \$</b>	<b>\$ / \$</b>

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

Employer N/A  
Address N/A  
Dates of Employment N/A  
Gross monthly pay \$ 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 N/A  
Address N/A  
Dates of Employment N/A  
Gross monthly pay \$ N/A

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.

Employer N/A  
Address N/A  
Dates of Employment N/A  
Gross monthly pay \$ N/A

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

Home  
Value /

Other real estate  
Value /

Motor Vehicle #1  
Year, make & model /

Motor Vehicle #2  
Year, make & model /

Value /

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 N/A  
Amount owed to you N/A  
Amount owed to your spouse \$ N/A

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

Name N/A

Relationship N/A

Age N/A

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)

\$           /          

\$           /          

Are real estate taxes included? Yes    No  
Is property insurance included? Yes    No

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

\$           /          

\$           /          

Home maintenance (repairs or upkeep)

\$           /          

\$           /          

Food

\$           /          

\$           /          

Clothing

\$           /          

\$           /          

Laundry and dry-cleaning

\$           /          

\$           /          

Medical and dental expenses

\$           /          

\$           /          

Transportation (not including motor vehicle payments)

\$           /          

\$           /          

Recreation, entertainment, newspapers, magazines, etc.

\$           /          

\$           /          

Insurance (not deducted from wages or included in mortgage payments)

Homeowner's or renter's

\$           /          

\$           /          

Life

\$           /          

\$           /          

Health

\$           /          

\$           /

Motor Vehicle

\$       /      

\$       /      

Other: \_\_\_\_\_

\$       /      

\$       /      

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): \_\_\_\_\_

\$       /      

\$       /      

**Total monthly expenses:**

\$       /      

\$       /      

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 ☒

1  
If yes, how much? \_\_\_\_\_

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. I HAVE BEEN IN PRISON FOR 20 YRS, THE FAMILY I HAD THAT WOULD HELP ME HAS PASSED.

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing is true and accurate to the best of my knowledge.

Executed on: JANUARY 11, 2021

Anthony REED  
(Signature)

"CERTIFICATE OF SERVICE"

I, Anthony Reed, do hereby state and certify that a copy of the foregoing:  
Motion For Leave To Prolong, was placed in the Varner Unit Inmate Mailbox and  
sent postage pre-paid by the United States Postal Services to:

United States Supreme Court 1<sup>st</sup> flr Washington D.C 20543  
Attorney General of Arkansas 323 Center Street, Little Rock, AR 72201  
US 8<sup>th</sup> Circuit Clerk 111 South 10<sup>th</sup> St. Louis MO 63102  
DESTER PRYNE A.D. PO Box 8707 Pine Bluff AR 71611

This 13 Day of Jan, 2021.

Anthony Reed

PLAINTIFF,

Pro Se

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

I certify that the applicant named herein has the sum of \$ 58.16 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: None to my knowledge

I further certify that during the past six months the applicant's average balance was  
\$ 15.46.

1-7-2021  
Date

[Signature]  
Signature of Authorized Officer of Institution