

No.21-\_\_\_\_\_

IN THE  
SUPREME COURT OF THE UNITED STATES

DENVER LEE,

*Petitioner,*

v.

UNITED STATES OF AMERICA,

*Respondent.*

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**MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS**

Petitioner Denver Lee respectfully asks leave to file his petition for writ of certiorari without prepayment of costs and to proceed in forma pauperis. Although Petitioner has personally retained the undersigned counsel, he reports having little to no money remaining. His financial affidavit in support of this request follows.

Dated: 20 April 2021

/s/ Jeffrey M. Brandt  
Jeffrey M. Brandt, Esq.  
ROBINSON & BRANDT, P.S.C.  
629 Main Street  
Suite B  
Covington, KY 41011  
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Counsel of Record for Petitioner

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

I, Denice Lee, 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.

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	\$ 0	\$ N/A	\$ 0	\$ 0
Self-employment	\$ N/A	\$ N/A	\$ N/A	\$ 0
Income from real property (such as rental income)	\$ 0	\$ N/A	\$ 0	\$ 0
Interest and dividends	\$ 0	\$ N/A	\$ 0	\$ 0
Gifts	\$ 0	\$ N/A	\$ 0	\$ 0
Alimony	\$ 0	\$ N/A	\$ 0	\$ 0
Child Support	\$ 0	\$ N/A	\$ 0	\$ 0
Retirement (such as social security, pensions, annuities, insurance)	\$ 0	\$ N/A	\$ 0	\$ 0
Disability (such as social security, insurance payments)	\$ 0	\$ N/A	\$ 0	\$ 0
Unemployment payments	\$ 0	\$ N/A	\$ 0	\$ 0
Public-assistance (such as welfare)	\$ 0	\$ N/A	\$ 0	\$ 0
Other (specify): _____	\$ 0	\$ N/A	\$ 0	\$ 0
<b>Total monthly income:</b>	<u>\$ N/A</u>	<u>\$ N/A</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
00	00	00	\$ 0
00	00	00	\$ 0
00	00	00	\$ 0

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	00	\$ 0
N/A & N/A	N/A	00	\$ 0
N/A	N/A	00	\$ 0

4. How much cash do you and your spouse have? \$ 0/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
Chase	Business	\$ 100	\$ N/A
Chase	Personal	\$ 100	\$ N/A
Chase	Savings	\$ 100	\$ 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 0

Other real estate  
Value 0

Motor Vehicle #1  
Year, make & model 0  
Value 0

Motor Vehicle #2  
Year, make & model 0  
Value 0

Other assets  
Description 0  
Value 0

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
Lena Sefadi	\$ 55,000	\$ N/A
S.M.S.	\$ ?	\$ N/A
Yours X Pharmacy	\$ ?	\$ N/A

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

Name	Relationship	Age
N/A		
N/A		
My 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)	\$ N/A	\$ N/A
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)	\$ N/A	\$ N/A
Home maintenance (repairs and upkeep)	\$ N/A	\$ N/A
Food	\$ N/A	\$ N/A
Clothing	\$ N/A	\$ N/A
Laundry and dry-cleaning	\$ N/A	\$ N/A
Medical and dental expenses	\$ N/A	\$ N/A

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

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? 5,560

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

Robinson & Blandf f. S. C 639 581-7777  
629 Main St Suite  
Covington KY 41011

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:

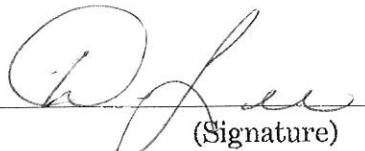
N/A

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

I have 180 mos sentence with only 26 mos served and the money I have on my account may be the only money I have for the next 10 yrs or to go home to.

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

Executed on: March 15, 2021

  
(Signature)