

No. _____

IN THE SUPREME COURT OF THE UNITED STATES

HOWARD ALLEN GROFFEL, Petitioner

v.

COMMONWEALTH OF VIRGINIA, Respondent

On Petition for a Writ of Certiorari to the
Supreme Court of Virginia

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

Pursuant to Rule 39.1 of the Rules of this Court, Groffel asks leave to file the attached Petition for writ of certiorari unprinted and without prepayment of cost, and to proceed *in forma pauperis*. Counsel was court appointed in the state courts under Va. Code 19.2-159. Undersigned counsel is pro bono. Groffel has been incarcerated and his declaration of poverty in support of this motion is attached.

/s/ Jonathan P. Sheldon
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Counsel for Howard Groffel

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

#1887649

I, Howard Allen Goffel, 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	\$ 0.00	\$	\$ 0.00	\$
Self-employment	\$ 0.00	\$	\$ 0.00	\$
Income from real property (such as rental income)	\$ 0.00	\$	\$ 0.00	\$
Interest and dividends	\$ 0.00	\$	\$ 0.00	\$
Gifts	\$ 0.00	\$	\$ 0.00	\$
Alimony	\$ 0.00	\$	\$ 0.00	\$
Child Support	\$ 0.00	\$	\$ 0.00	\$
Retirement (such as social security, pensions, annuities, insurance)	\$ 0.00	\$	\$ 0.00	\$
Disability (such as social security, insurance payments)	\$ 0.00	\$	\$ 0.00	\$
Unemployment payments	\$ 0.00	\$	\$ 0.00	\$
Public-assistance (such as welfare)	\$ 0.00	\$	\$ 0.00	\$
Other (specify): _____	\$ 0.00	\$	\$ 0.00	\$
Total monthly income:	\$ 0.00	\$	\$ 0.00	\$

*Spouse is estranged (2015)
Last known address Fluellen Road*

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>NLA Incorporated since 2017</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 <u>N/A</u>	Address 	Dates of Employment 	Gross monthly pay \$ _____ \$ _____ \$ _____
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4. How much cash do you and your spouse have? \$ 600.00
Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Type of account (e.g., checking or savings) <u>Checking</u>	Amount you have \$ 600.00	Amount your spouse has \$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____

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

Home
Value Rejt

Other real estate
Value None

Motor Vehicle #1
Year, make & model F-150 2000
Value Abandoned

Motor Vehicle #2
Year, make & model 2002 Mustang
Value Abandoned

Other assets
Description Motorcycle Honda 2000 2000 slatbox
Value Abwehr

Left on property, taken 7257 Old Church Road
All vehicles not property New Kent, Va.
were confiscated by
New Kent County because I was incarcerated

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>000 N/A</u>	\$ <u>000 N/A</u>	\$ <u>0.00 N/A</u>
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

7. State the persons who rely on you or your spouse for support. For minor children, list initials instead of names (e.g. "J.S." instead of "John Smith").

Name	Relationship	Age
<u>Children in Foster Care</u>	<u>3 children 2 girls 1 boy</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>N/A</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)	\$ <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>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ <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>
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>
Total monthly expenses:	\$ 0.00	\$ 0.00

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.

Incarcerated

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? will owe it, ~~for bond~~

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

Ivan Farouk, Williamsburg VA (804) 833-2235

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? New Keat defense Court, fees due

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

Court, see above

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

Incarcerated, no job, disabled by U.S. government.
Disability SSDI prior to incarceration, withheld until
sentence expires

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

Executed on: 1/25/2021, 2021

Howard A. Hoff
(Signature)