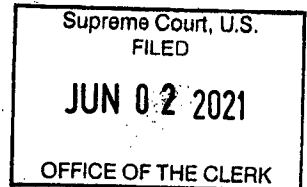


21-5058

ORIGINAL

No. _____

IN THE
SUPREME COURT OF THE UNITED STATES



JOSEPH ANDREW PHIPPS, — PETITIONER
(Your Name)

VS.

NEIL MCDOWELL, Warden, — 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):

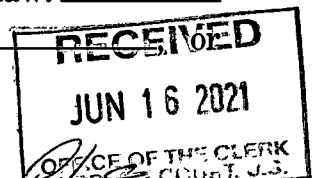
☒ Petitioner has **not** previously been granted leave to proceed *in forma pauperis* in any other court.

☒ 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.



(Signature)

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

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

4. How much cash do you and your spouse have? \$ 200.00

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)	Amount you have	Amount your spouse has
Inmate Trust	\$ 200.00	\$ 0
N/A	\$ 0	\$ 0
N/A	\$ 0	\$ 0

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 N/A
Value 0

☐ Motor Vehicle #2
Year, make & model N/A
Value 0

☐ Other assets
Description N/A
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
N/A	\$ 0	\$ 0
N/A	\$ 0	\$ 0
N/A	\$ 0	\$ 0

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
N/A		
N/A		
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)	\$ 0	\$ 0
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)	\$ 0	\$ 0
Home maintenance (repairs and upkeep)	\$ 0	\$ 0
Food	\$ 220.00	\$ 0
Clothing	\$ 0	\$ 0
Laundry and dry-cleaning	\$ 0	\$ 0
Medical and dental expenses	\$ 0	\$ 0

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 0	\$ 0
Recreation, entertainment, newspapers, magazines, etc.	\$ 0	\$ 0
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ 0	\$ 0
Life	\$ 0	\$ 0
Health	\$ 0	\$ 0
Motor Vehicle	\$ 0	\$ 0
Other: N/A	\$ 0	\$ 0
Taxes (not deducted from wages or included in mortgage payments)		
(specify): N/A	\$ 0	\$ 0
Installment payments		
Motor Vehicle	\$ 0	\$ 0
Credit card(s)	\$ 0	\$ 0
Department store(s)	\$ 0	\$ 0
Other: N/A	\$ 0	\$ 0
Alimony, maintenance, and support paid to others	\$ 0	\$ 0
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0	\$ 0
Other (specify): N/A	\$ 0	\$ 0
Total monthly expenses:	\$ 220.00	\$ 0

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? Over \$200,000.00

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

Lynn Patterson (714) 848-3606
14121 Beach Blvd.
Westminster, CA. 92683-4451

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? 0

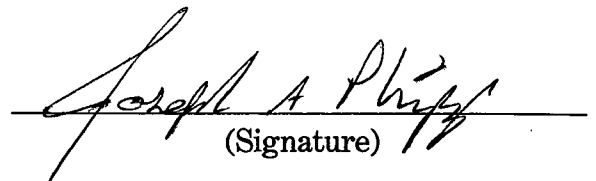
If yes, state the person's name, address, and telephone number:

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

My family has spent more than can afford already trying to help me.
I cannot afford to pay anymore money on legal costs.

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

Executed on: 5/27/, 2021


(Signature)

Institution: CVSP

Inmate Statement Report

CDCR#	Inmate/Group Name	Institution	Unit	Cell/Bed
AY1198	PHIPPS, JOSEPH	CVSP	B 003 1	001004

Current Available Balance: \$185.24

Transaction List

Transaction Date	Institution	Transaction Type	Source Doc#	Receipt#/Check#	Amount	Account Balance
12/04/2020	CVSP	BEGINNING BALANCE				\$642.04
12/17/2020	CVSP	SALES	169		(\$220.00)	\$422.04
01/21/2021	CVSP	SALES	27		(\$159.45)	\$262.59
02/17/2021	CVSP	SALES	26		(\$211.55)	\$51.04
03/16/2021	CVSP	JPAY	0000000128767070		\$300.00	\$351.04
03/16/2021	CVSP	SALES	11		(\$219.65)	\$131.39
03/21/2021	CVSP	JPAY	0000000129030538		\$200.00	\$331.39
03/26/2021	CVSP	GROUP TRANSFER OUT	NAFS3/18		(\$198.25)	\$133.14
04/15/2021	CVSP	JPAY	0000000130042694		\$300.00	\$433.14
04/20/2021	CVSP	SALES	50		(\$172.70)	\$260.44
04/22/2021	CVSP	SALES	52		(\$3.60)	\$256.84
05/11/2021	CVSP	JPAY	0000000130926995		\$300.00	\$556.84
05/14/2021	CVSP	SALES	22		(\$43.70)	\$513.14
05/18/2021	CVSP	SALES	35		(\$202.60)	\$310.54
05/24/2021	CVSP	GROUP TRANSFER OUT	POPFF422		(\$79.50)	\$231.04
06/03/2021	CVSP	LEGAL COPY	LEGAL COPY 6/2/21		(\$45.80)	\$185.24

Encumbrance List

Encumbrance Type	Transaction Date	Amount
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No information was found for the given criteria.

Obligation List

Obligation Type	Court Case#	Original Owed Balance	Sum of Tx for Date Range for Oblg	Current Balance
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No information was found for the given criteria.

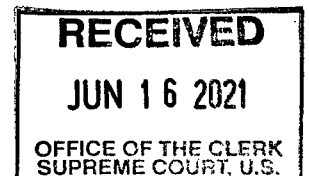
Restitution List

Restitution	Court Case#	Status	Original Owed Balance	Interest Accrued	Sum of Tx for Date Range for Oblg	Current Balance
RESTITUTION FINE	FMB1300048	Fulfilled	\$1,000.00	\$0.00	\$0.00	\$0.00
DIRECT ORDER	FMB1300048	Fulfilled	\$1,034.00	\$0.00	\$0.00	\$0.00



THE WITHIN INSTRUMENT IS A CORRECT
COPY OF THE TRUST ACCOUNT MAINTAINED
BY THIS OFFICE.
ATTEST:

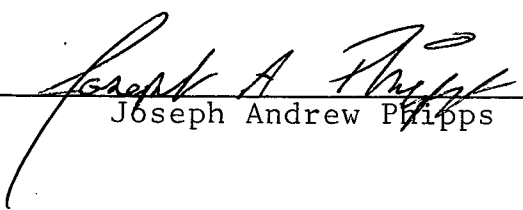
CALIFORNIA DEPARTMENT OF CORRECTIONS
BY *[Signature]*
TRUST OFFICE



DECLARATION IN SUPPORT OF MOTION FOR LEAVE
TO PROCEED In Forma Pauperis

I Joseph Andrew Phipps swear under penalty of perjury that I do not have the funds to pay for filing fees, and or representation by counsel in the above titled case. My family has already spent over two hundred thousand dollars on attorneys in this case and cannot afford to pay any more money to help me. I respectfully request this Court grant this motion to proceed In Forma Pauperis in the interest of justice.

I Joseph Andrew Phipps swear under penalty of perjury that all of the above stated facts are true and accurate under the laws of California, executed on this day May 27, 2021 in Blythe California.



Joseph Andrew Phipps

5/27/21

Date

Institution: CVSP

Inmate Statement Report

CDCR#	Inmate/Group Name	Institution	Unit	Cell/Bed
AY1198	PHIPPS, JOSEPH	CVSP	B 003 1	001004

Current Available Balance: \$185.24

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06/03/2021	CVSP	LEGAL COPY	LEGAL COPY 6/2/21		(\$45.80)	\$185.24

Encumbrance List

Encumbrance Type	Transaction Date	Amount
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Obligation List

Obligation Type	Court Case#	Original Owed Balance	Sum of Tx for Date Range for Oblg	Current Balance
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Restitution List

Restitution	Court Case#	Status	Original Owed Balance	Interest Accrued	Sum of Tx for Date Range for Oblg	Current Balance
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DIRECT ORDER	FMB1300048	Fulfilled	\$1,034.00	\$0.00	\$0.00	\$0.00

Inmate Statement Report

INMATE COPY

Start Date:	12/4/2020	Revalidation Cycle:	All
End Date:	6/4/2021	Housing Unit:	All
Inmate/Group#:	AY1198		