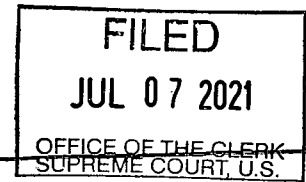


"In The" 21-5207 ORIGINAL
United States Supreme Court



In re, David *
Martin et al pro-se *
* Case #

In re, D.M.
(A child)

*
** only the original is this
*
* Required to be filed, Rule
* 12.2 And 39.1.
*
*

"Motion for leave to proceed"

In forma pauperis

comes now, David Martin, proceeding pro-se
At this time, seeks leave of court under
Rule 39 And 12.2 to proceed AS An
pauperis concerning An Extraordinary writ
of habeas and or prohibition under Rule
20, Requirements given; To-wit:
①

"Leave information"
(1.)

(i). leave was sought in: the ⁽¹⁾ middle district
And ⁽²⁾ Northern district of Georgia.

leave was "Granted" in both districts
In ⁽¹⁾ Martin vs Baldwin state prison # 5:20-

(W.D.) CU-00123-TES-MSH (2020) And

(W.D.) In re, ⁽²⁾ Martin And Martin Family et al.

1:21-CU-00581-WHR-JLF (2021)

(2)

"No Counsel" was Granted in either
courts, so no Affidavit or LCU is so
provided here. To Grant Any other relief.

(3)

That this information is true and
correct under Rule 39 And 28 U.S.C

§ 1746. Executed: This 29th day of March 2021

(2)

Bl David
Signature

"Supreme Court of United States"

(Form 4)

**Affidavit Accompanying Motion for
Permission to Appeal In Forma Pauperis**

United States District Court for the N/A District of N/A

A. B., Plaintiff

v.

C. D., Defendant.

David Martin et al

Rule 20.2, 12.2

Case No. N/A

WU

Instructions: Complete all questions in this application and then sign it. Do not leave any blanks; if the answer to a question is "0," "none," or "not applicable (N/A)," write in that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Affidavit in Support of Motion

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)

Date: March 25th 2021 Signed: David Z

My issues on appeal are:

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>0.00</u>	\$ <u>N/A</u>	\$ <u>0.00</u>	\$ <u>N/A</u>
Self-employment	\$ <u>0.00</u>	\$ <u>NA</u>	\$ <u>0.00</u>	\$ <u>NA</u>
Income from real property (such as rental income)	\$ <u>0.00</u>	\$ <u>NA</u>	\$ <u>0.00</u>	\$ <u>NA</u>
Interests and dividends	\$ <u>0.00</u>	\$ <u>NA</u>	\$ <u>0.00</u>	\$ <u>NA</u>
Gifts	\$ <u>0.00</u>	\$ <u>NA</u>	\$ <u>0.00</u>	\$ <u>NA</u>
Alimony	\$ <u>0.00</u>	\$ <u>NA</u>	\$ <u>0.00</u>	\$ <u>NA</u>
Child support	\$ <u>0.00</u>	\$ <u>NA</u>	\$ <u>0.00</u>	\$ <u>NA</u>
Retirement (such as Social Security, pensions, annuities, insurance)	\$ <u>0.00</u>	\$ <u>NA</u>	\$ <u>0.00</u>	\$ <u>NA</u>
Disability (such as Social Security, insurance payments)	\$ <u>0.00</u>	\$ <u>NA</u>	\$ <u>0.00</u>	\$ <u>NA</u>
Unemployment payments	\$ <u>0.00</u>	\$ <u>NA</u>	\$ <u>0.00</u>	\$ <u>NA</u>
Public-assistance (such as welfare)	\$ <u>0.00</u>	\$ <u>NA</u>	\$ <u>0.00</u>	\$ <u>NA</u>
Other (specify): <u>0.00</u>	\$ <u>0.00</u>	\$ <u>NA</u>	\$ <u>0.00</u>	\$ <u>NA</u>
Total monthly income:	\$ <u>0.00</u>	\$ <u>NA</u>	\$ <u>0.00</u>	\$ <u>NA</u>

"Account Attached"

2. List your employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross Monthly Pay
NA	WA	WA	WA

3. List your spouse's employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

WA	WA	WA	WA
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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.

Financial Institution	Type of Account	Amount you have	Amount your spouse has
Spacy Prison	Prison Account	\$ 0.00	\$
Spacy Prison	Prison Account	\$ 0.00	\$ WA
Spacy Prison	Prison Account	\$ 0.00	\$

If you are a prisoner seeking to appeal a judgment in a civil action or proceeding, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

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 (Value)
WA	WA	Make & Year: none
		Model: none
		Registration #: none
Other Assets (Value)	Other Assets (Value)	Motor Vehicle #2 (Value)
WA	WA	Make & Year: none
		Model: none
		Registration #: none

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
none	none	WA

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

Name	Relationship	Age
None	None	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, semiannually, or annually to show the monthly rate.

	You	Your Spouse
For home-mortgage payment (include lot rented for mobile home)	\$ 0.00	\$ NA
Are real-estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$ 0.00	\$ NA
Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$ 0.00	\$ NA
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 0.00	\$ NA
Home maintenance (repairs and upkeep)	\$ 0.00	\$ NA
Food	\$ 0.00	\$ NA
Clothing	\$ 0.00	\$ NA
Laundry and dry-cleaning	\$ 0.00	\$ NA
Medical and dental expenses	\$ 0.00	\$ NA
Transportation (not including motor vehicle payments)	\$ 0.00	\$ NA
Recreation, entertainment, newspapers, magazines, etc.	\$ 0.00	\$ NA
Insurance (not deducted from wages or included in mortgage payments)	\$ 0.00	\$ NA
Homeowner's or renter's	\$ 0.00	\$ NA
Life	\$ 0.00	\$ NA
Health	\$ 0.00	\$ NA
Motor Vehicle	\$ 0.00	\$ NA
Other: None	\$ 0.00	\$ NA
Taxes (not deducted from wages or included in mortgage payments) (specify): None	\$ 0.00	\$ NA
Installment payments	\$ 0.00	\$ NA
Motor Vehicle	\$ 0.00	\$ NA
Credit card (name): None	\$ 0.00	\$ NA
Department store (name): None	\$ 0.00	\$ NA
Other: None	\$ 0.00	\$ NA
Alimony, maintenance, and support paid to others	\$ 0.00	\$ NA
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0.00	\$ NA
Other (specify): None	\$ 0.00	\$ NA
Total monthly expenses	\$ 0.00	\$ 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: \$ N/A.

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 docket fees for your appeal.

The last Appeal lawyer Sucked everything the Family had, which is why we petition this court to issue writ to correct state-Appeal error!

13. State the address of your legal residence.

Baldwin State prison, po box 218
Hardwick, GA 31034

Your daytime phone number: (404) 750-0872 (mother)

Your age: 27 Your years of schooling: 11th grade

Your Social Security number: #416-41-1306

Executed: This 25 day of March 2021.

(As amended Apr. 24, 1998, eff. Dec. 1, 1998.)

28 U.S.C. § 1746

Rev. 12-98

142

⑦

151 David
Signature