

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

In re, David

\*  
\* Case #

martin et al pro-se \*

In re, D.M

(A child)

- \* \*\* only the original is thus
- \* Required to be filed, Rule
- \* 12.2 And 35.1.
- \*
- \*

"Motion for leave to proceed"

In forma pauperis

Comes now, David martin, proceeding pro-se

At this time, seeks leave of court under

Rule 35 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)

FILED  
JUL 07 2021  
OFFICE OF THE CLERK  
SUPREME COURT, U.S.

"Leave information"

①

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

Leave was "Granted" in both districts  
In <sup>①</sup>Martin vs Baldwin State Prison #5:20-

(M.D.) CV-00123-TES-MSH (2020) And

(N.D.) <sup>②</sup>In re: Martin And Martin Family et al.

# 1:21-CV-00581-WMR-JLF (2021)

②

"No Counsel" LCS Granted in either  
counts, so no Affidavit or ICA is so  
provided here. To Grant Any other relief.

③

That this information is true and  
correct under Rule 36 And 28 U.S.C

<sup>3</sup> 1746. Executed: this 25<sup>th</sup> day of March 2021

②

El 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

David Lincin et al

A. B., Plaintiff

v.

Rule 20, 2, 12.2

Case No. N/A

C. D., Defendant

NSU

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

"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	NA	NA	NA

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

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

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
Jpsl prison	prison account	\$ 0.00	\$
Jpsl prison	prison account	\$ 0.00	\$
Jpsl prison	prison account	\$ 0.00	\$ NA

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

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

Name

Relationship

Age

humehumeNA

## 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)	\$ 15.00	\$ 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: <u>hume</u>	\$ 0.00	\$ NA
Taxes (not deducted from wages or included in mortgage payments) (specify): <u>hume</u>	\$ 0.00	\$ NA
Installment payments	\$ 0.00	\$ NA
Motor Vehicle	\$ 0.00	\$ NA
Credit card (name): <u>hume</u>	\$ 0.00	\$ NA
Department store (name): <u>hume</u>	\$ 0.00	\$ NA
Other: <u>hume</u>	\$ 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): <u>hume</u>	\$ 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) 790-0872 (mother)

Your age: 27 Your years of schooling: 11<sup>th</sup> 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. 3174b

Rev. 12-98

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ISI David L  
Signature

(7)