

21-5395

No. \_\_\_\_\_

ORIGINAL

IN THE

SUPREME COURT OF THE UNITED STATES

5th Cir. Justus

Christopher Burgess — PETITIONER  
(Your Name)

Supreme Court, U.S.  
FILED

JUN 23 2021

OFFICE OF THE CLERK

VS.

5th Cir. Appeals Court — 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):

5th Cir., 5th Cir. Appeals Court

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: \_\_\_\_\_  
\_\_\_\_\_, or

a copy of the order of appointment is appended.

RECEIVED

Christopher Burgess  
(Signature)

AUG 4 2021  
OFFICE OF THE CLERK  
SUPREME COURT, U.S.

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

I, Christopher Burgess, 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	\$ NA	\$ 0	\$ NA
Self-employment	\$ 0	\$ NA	\$ 0	\$ NA
Income from real property (such as rental income)	\$ 0	\$ NA	\$ 0	\$ NA
Interest and dividends	\$ 0	\$ NA	\$ 0	\$ NA
Gifts	\$ 100	\$ NA	\$ 100	\$ NA
Alimony	\$ 0	\$ NA	\$ 0	\$ NA
Child Support	\$ 0	\$ NA	\$ 0	\$ NA
Retirement (such as social security, pensions, annuities, insurance)	\$ 0	\$ NA	\$ 0	\$ NA
Disability (such as social security, insurance payments)	\$ 0	\$ NA	\$ 0	\$ NA
Unemployment payments	\$ 0	\$ NA	\$ 0	\$ NA
Public-assistance (such as welfare)	\$ 0	\$ NA	\$ 0	\$ NA
Other (specify): _____	\$ 0	\$ NA	\$ 0	\$ NA
<b>Total monthly income:</b>	<b>\$ 100</b>	<b>\$ NA</b>	<b>\$ 100</b>	<b>\$ NA</b>

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
None	NA	NA	\$ NA
			\$
			\$

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
NA	NA	NA	\$ NA
			\$
			\$

4. How much cash do you and your spouse have? \$ 0  
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
Commissary	\$ 200ish	\$ NA
	\$	\$
	\$	\$

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

Home  
Value NA

Other real estate  
Value NA

Motor Vehicle #1  
Year, make & model NA  
Value \_\_\_\_\_

Motor Vehicle #2  
Year, make & model NA  
Value \_\_\_\_\_

Other assets  
Description NA  
Value \_\_\_\_\_

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>NA</u>	\$ <u>NA</u>	\$ <u>NA</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>Ann Stuntz</u>	<u>Mother</u>	<u>65</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>0</u>	\$ <u>NA</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>0</u>	\$ <u>NA</u>
Home maintenance (repairs and upkeep)	\$ <u>0</u>	\$ <u>NA</u>
Food	\$ _____	\$ <u>NA</u>
Clothing	\$ <u>0</u>	\$ <u>NA</u>
Laundry and dry-cleaning	\$ <u>0</u>	\$ <u>NA</u>
Medical and dental expenses	\$ <u>13.95</u>	\$ <u>NA</u>

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

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? \_\_\_\_\_

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

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? \_\_\_\_\_

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.

I am sending my V.A. benefits into a joint account for my mother to live on, that is the course of my \$100 monthly gifts.

In accordance to Rule 40 as a veteran I am intitled to exemption from the payment of fees or court costs. Thus I ask leave to proceed as a veteran. I have a verification letter attached.

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

Executed on: 8 December, 2020

Christopher Burgers  
(Signature)

## VA Benefit Details

**SERVICE-CONNECTED DISABILITY:** A condition incurred during or aggravated by military service, for which the Veteran is receiving VA benefits.

**COMBINED SERVICE-CONNECTED EVALUATION:** The Veteran's disability rating for all conditions determined to be service-connected.

**CURRENT MONTHLY AWARD AMOUNT:** The monthly monetary benefit paid to the Veteran or survivor receiving benefits under a VA program.

**NON-SERVICE-CONNECTED PENSION:** Benefit for a non-service connected Veteran who meets specific criteria, which include disability or age, wartime service, minimum length of service, and income restrictions. If a Veteran is eligible for service-connected benefits and pension benefits, VA will pay the higher benefit.

**INDIVIDUAL UNEMPLOYABILITY (IU):** The Veteran is receiving payment at the 100 percent rate, even though the combined service-connected evaluation is not 100 percent. The Veteran's service-connected conditions cause him/her to be unable to obtain or maintain substantially gainful employment because of the Veteran's service-connected conditions. The Veteran must periodically certify continued unemployability, but if there is no scheduled future reduction or medical examination required, he/she may be considered by some states to be permanently and totally disabled.

**PERMANENT AND TOTAL (P&T) DISABILITY:** The Veteran is considered by VA to be permanently and totally disabled because of his/her service-connected conditions.

**SPECIAL MONTHLY COMPENSATION:** The Veteran is receiving additional compensation for one or more of the following: a service-connected loss of or loss of use of one or more specific organs or extremities; a combination of severe disabilities; is 100 percent disabled and housebound, bedridden, or in the need of the aid and attendance of another person.

**SPECIALLY ADAPTED HOUSING and/or SPECIAL HOME ADAPTATION GRANT:** Grants provided by VA to service-connected veterans and service members to help build a new specially adapted house, to adapt a home they already own, or buy a house and modify it to meet their disability-related requirements.

## Wartime Service Periods

**Mexican Border Period:** May 9, 1916, through April 5, 1917, for veterans who served in Mexico, on its borders or in adjacent waters.

**World War I:** April 6, 1917, through Nov. 11, 1918, for veterans who served in Russia, April 6, 1917, through April 1, 1920; extended through July 1, 1921, for veterans who had at least one day of service between April 6, 1917, and Nov. 11, 1918.

**World War II:** Dec. 7, 1941, through Dec. 31, 1946.

**Korean War:** June 27, 1950, through Jan. 31, 1955.

**Vietnam War:** Aug. 5, 1964 (Feb. 28, 1961, for veterans who served "in country" before Aug. 5, 1964), through May 7, 1975.

**Gulf War:** Aug. 2, 1990, through a date to be set by law or Presidential Proclamation.



# Department of Veterans Affairs

701 CLAY AVE  
WACO TX 76799

January 20, 2017

Veteran's Name:  
Burgess, Christopher, Michael

# 000066854 I=0000  
66854 1 AV 0.370  
C M BURGESS  
3015 COUNTRY SQUARE  
DR APT 1029  
CARROLLTON TX 75006

This letter is a summary of benefits you currently receive from the Department of Veterans Affairs (VA). We are providing this letter to disabled Veterans to use in applying for benefits such as housing entitlements, free or reduced state park annual memberships, state or local property or vehicle tax relief, civil service preference, or any other program or entitlement in which verification of VA benefits is required. Please safeguard this important document. This letter replaces VA Form 20-5455, and is considered an official record of your VA entitlement.

**--America is Grateful to You for Your Service--**

Our records contain the following information:

**Personal Claim Information:**

Your VA claim number is: 451 67 1470

You are the Veteran

**Military Information:**

Your character(s) of discharge and service date(s) include:

Army, Honorable, 23-Feb-2004 - 13-Sep-2009

(You may have additional periods of service not listed above)

**VA Benefits Information:**

Service-connected disability: Yes

Your combined service-connected evaluation is: 50 PERCENT

The effective date of the last change to your current award was: 01-DEC-2016

Your current monthly award amount is: [REDACTED]

You should contact your state or local office of Veterans' affairs for information on any tax, license, or fee-related benefits for which you may be eligible. State offices of Veterans' affairs are available at <http://www.va.gov/statedva.htm>.

**Need Additional Information or Verification?**

If you have any questions about this letter or need additional verification of VA benefits, please call us at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the federal relay number is 711. Send electronic inquiries through the Internet at <https://iris.va.gov>.

Sincerely yours,

Regional Office Director