

Supreme Court, U.S.  
FILED  
OCT 08 2021  
OFFICE OF THE CLERK

No. 21-6037

IN THE  
SUPREME COURT OF THE UNITED STATES

Brian David Hill — PETITIONER  
(Your Name)

VS.

United States of America — 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):

United States District Court - Middle District of North Carolina case no.

1:13-cr-435-1

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.

Brian D. Hill  
*Signed*

Brian D. Hill

(Signature)

**ORIGINAL**

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

I, Brian David Hill, 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>0.00 N\A</u>                               | \$ <u>N\A</u> | \$ <u>0.00 N\A</u>         | \$ <u>N\A</u> |
| Self-employment  | \$ <u>0.00 N\A</u>                               | \$ <u>N\A</u> | \$ <u>0.00 N\A</u>         | \$ <u>N\A</u> |
| Income from real property (such as rental income)                    | \$ <u>N\A</u>                                    | \$ <u>N\A</u> | \$ <u>N\A</u>              | \$ <u>N\A</u> |
| Interest and dividends   | \$ <u>N\A</u>                                    | \$ <u>N\A</u> | \$ <u>N\A</u>              | \$ <u>N\A</u> |
| Gifts  | \$ <u>0.00</u>                                   | \$ <u>N\A</u> | \$ <u>0.00</u>             | \$ <u>N\A</u> |
| Alimony  | \$ <u>N\A</u>                                    | \$ <u>N\A</u> | \$ <u>N\A</u>              | \$ <u>N\A</u> |
| Child Support  | \$ <u>N\A</u>                                    | \$ <u>N\A</u> | \$ <u>N\A</u>              | \$ <u>N\A</u> |
| Retirement (such as social security, pensions, annuities, insurance) | \$ <u>N\A</u>                                    | \$ <u>N\A</u> | \$ <u>N\A</u>              | \$ <u>N\A</u> |
| Disability (such as social security, insurance payments)             | \$ <u>794</u>                                    | \$ <u>N\A</u> | \$ <u>794</u>              | \$ <u>N\A</u> |
| Unemployment payments  | \$ <u>N\A</u>                                    | \$ <u>N\A</u> | \$ <u>N\A</u>              | \$ <u>N\A</u> |
| Public-assistance (such as welfare)                                  | \$ <u>N\A</u>                                    | \$ <u>N\A</u> | \$ <u>N\A</u>              | \$ <u>N\A</u> |
| Other (specify): _____   | \$ _____   | \$ _____      | \$ _____                   | \$ _____      |
| <b>Total monthly income:</b>   | \$ <u>794.00</u>                                 | \$ <u>N\A</u> | \$ <u>794.00</u>           | \$ <u>N\A</u> |

SNAP-EBT may not be garnishable and that money is limited to food purchases. So that was not included as it is a program and not simply just income.

2. List your employment history for the past two years, most recent first. (Gross monthly pay is before taxes or other deductions.) Not Applicable N\A

| Employer   | Address | Dates of Employment | Gross monthly pay |
|--|---------|---------------------|-------------------|
| Never worked. Permanently disabled,                                |         |                     | \$ _____          |
| Benefits assigned under 42 U.S. Code § 407 - Assignment of benefit |         |                     | \$ _____          |
|  |         |                     | \$ _____          |

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 - Have no spouse |         |                     | \$ _____          |
|                      |         |                     | \$ _____          |
|                      |         |                     | \$ _____          |

4. How much cash do you and your spouse have? \$ 50.96 in First Horizon Bank account  
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 |
|---|-----------------|------------------------|
| Checking - Social Security SSI deposit      | \$ 50.96        | \$ N\A                 |
|   | \$ _____        | \$ N\A                 |
|   | \$ _____        | \$ N\A                 |

\$50 is the minimum balance for the First Horizon Bank Account.

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

- |   |  |
|---|--|
| <input type="checkbox"/> Home<br>Value <u>RENTAL \$500 monthly</u><br>N\A                               | <input type="checkbox"/> Other real estate<br>Value _____                            |
| <input type="checkbox"/> Motor Vehicle #1<br>Year, make & model <u>No car in my name</u><br>Value _____ | <input type="checkbox"/> Motor Vehicle #2<br>Year, make & model _____<br>Value _____ |
| <input type="checkbox"/> Other assets<br>Description _____<br>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 |
|---------------------------------------|--------------------|----------------------------|
| N\A                                   | \$ N\A             | \$ N\A                     |
| N\A                                   | \$ N\A             | \$ N\A                     |
| N\A                                   | \$ N\A             | \$ N\A                     |

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  | 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)                                  | \$ 500     | \$ N\A      |
| Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |            |             |
| Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No            | N\A        |             |
| Utilities (electricity, heating fuel, water, sewer, and telephone) Included with Rent               | \$ 0.00    | \$ N\A      |
| Home maintenance (repairs and upkeep)   | \$ 0.00    | \$ N\A      |
| Food EBT SNAP between \$100-\$200   | \$ 100-250 | \$ N\A      |
| Clothing Up to \$100  | \$ 100     | \$ N\A      |
| Laundry and dry-cleaning  | \$ _____   | \$ N\A      |
| Medical and dental expenses   | \$ _____   | \$ N\A      |

Note: Food expenses increased due to the monthly allotments from the Covid-19 relief benefits. Food expenses will decrease when monthly allotments ever cease. Monthly allotments only for food and beverage purchases at qualified grocery stores. Monthly allotments vary from \$149 in September to \$133 in August and \$133 in July. Monthly allotments are not cash and cannot be used as cash but only as food and beverage credit purposes where the Social Services pays the cost of the food and groceries.

|  | <b>You</b>    | <b>Your spouse</b> |
|--|---------------|--------------------|
| Transportation (not including motor vehicle payments)  | \$ 0.00       | \$ N\A             |
| Recreation, entertainment, newspapers, magazines, etc.   | \$ 100        | \$ N\A             |
| Note: Things to prevent stress and provide coping skills                                       |               |                    |
| Insurance (not deducted from wages or included in mortgage payments)                           |               |                    |
| Homeowner's or renter's  | \$ 0.00       | \$ N\A             |
| Life   | \$ 0.00       | \$ N\A             |
| Health   | \$ 0.00       | \$ N\A             |
| Motor Vehicle  | \$ 0.00       | \$ N\A             |
| Other: _____   | \$ N\A        | \$ N\A             |
| Taxes (not deducted from wages or included in mortgage payments)                               |               |                    |
| (specify): _____   | \$ 0.00       | \$ N\A             |
| Installment payments   |               |                    |
| Motor Vehicle  | \$ 0.00       | \$ N\A             |
| Credit card(s)   | \$ 0.00       | \$ N\A             |
| Department store(s)  | \$ 0.00       | \$ N\A             |
| Other: _____   | \$ 0.00       | \$ N\A             |
| Alimony, maintenance, and support paid to others   | \$ 0.00       | \$ N\A             |
| Regular expenses for operation of business, profession,<br>or farm (attach detailed statement) | \$ N\A        | \$ N\A             |
| Other (specify): <u>Legal expenses, misc. expenses</u>   | \$ 92         | \$ N\A             |
| <b>Note: misc expenses like things to destress, provide coping skills</b>                      |               |                    |
| <b>Total monthly expenses:</b>   | <b>\$ 792</b> | <b>\$ N\A</b>      |

SNAP/EBT benefits not included in monthly expenses as it is provided to only qualified individuals such as those on Medicaid Government health insurance and SSI benefits. Food purchases through SNAP/EBT covered by Social Services of Virginia. Is not garnishible income as it cannot be spent as regular money and is limited only to food and beverages at qualified grocery stores which accept EBT cards.

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.

Brian David Hill is only on SSI disability disbursement money as his source of income.  
Brian David Hill does not work a job and has no employment.

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

Executed on: \_\_\_\_\_ October 12, 2021

Brian D. Hill  
*Signature*

Brian D. Hill

(Signature)

Brian David Hill - Petitioner  
310 Forest Street, Apartment 2  
Martinsville, Virginia 24112