# 21-6331

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

Supreme Court, U.S. FILED

NOV 0 4 2021

OFFICE OF THE CLERK

### IN THE

## SUPREME COURT OF THE UNITED STATES

BYRON L. White — PETITIONER (Your Name)

VS.

STATE OF OKIAHOMA - 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.

 $\square$  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, Byron white, #370938, 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.

	erage monthly amo past 12 months	e monthly amount during t 12 months		Amount expected next month	
	You	Spouse	You	Spouse	
Employment	\$ NONE	s NA	\$ NONE	\$_NA	
Self-employment	\$ NONE	s_NA_	\$ NONE	\$_NA	
income from real property (such as rental income)	\$ NONE	<u> </u>	\$ NONE	\$_NA_	
Interest and dividends	\$ NONE	\$_NA_	\$ NONE	\$ NA	
Gifts	\$ NONE	\$ <u>NA</u>	\$ NONE	A_\\$	
Alimony	\$ NONE	\$NA	\$ NONE	\$NA	
Child Support	\$ NONE	\$ <u>NA</u>	\$ MONE_	\$_NA	
Retirement (such as social security, pensions, annuities, insurance)	\$ NONE	\$ <u>NA</u>	\$ NONE	\$_NA	
Disability (such as social security, insurance payme	\$ None	\$ NA	\$ NOHE	\$ NA	
Unemployment payments	\$ NONE	s NA	s None	\$ NA	
Public-assistance (such as welfare)	\$ NONE	\$ <u>NA</u>	\$_NONE	\$NA	
Other (specify): NONE	\$ NONE	<u> </u>	\$ MONE	\$ NA	
Total monthly incor	ne: \$ None	\$ NA	\$ NONE	\$ NA	

Employer	Address	Dates of	Gross monthly pa
None	NA		
	e's employment histor pay is before taxes or	ry for the past two years other deductions.)	s, most recent employer
Employer	Address	Dates of Employment	Gross monthly pa
NONE	NA		. \$
institution.  Type of account (e.s	y money you or your  g., checking or savings	spouse have in bank according to the spouse have spouse have	\$ NA
institution.  Type of account (e.g. None	money you or your	spouse have in bank accords)  Amount you have  NONE	ounts or in any other fina
institution.  Type of account (e.g. None  List the assets,	y money you or your g., checking or savings	spouse have in bank according to the second	Amount your spouse by S
institution.  Type of account (e. None  Solution in the control of	g., checking or savings	spouse have in bank accords)  Amount you have  NONE  S  S	Amount your spouse to see owns. Do not list close
institution.  Type of account (e. None  None  List the assets, and ordinary hor	g., checking or savings and their values, which see the control of	spouse have in bank acco	Amount your spouse to see owns. Do not list clocate
institution.  Type of account (e.g. None  List the assets, and ordinary hour Home  Value None	g., checking or savings and their values, which are hold furnishings.	spouse have in bank accords)  Amount you have  S	Amount your spouse to see owns. Do not list close
institution.  Type of account (e. None  S. List the assets, and ordinary hou  Home Value None	g., checking or savings and their values, which are hold furnishings.	spouse have in bank accords)  Amount you have  SOUNE  SOURCE  SOURCE  Ch you own or your spous  Other real esta	Amount your spouse to the second seco
institution.  Type of account (e.g. No NE   List the assets, and ordinary hou  Home Value No NE  Motor Vehicle #1 Year, make & mo	g., checking or savings and their values, which are hold furnishings.	spouse have in bar  Amount you  MONE  S  Ch you own or you  Other re Value  Motor V Year, m	have r spour

6. State every person, busines amount owed.	ss, or organization	owing you or your	spouse money, and the
Person owing you or your spouse money	Amount owed to y	ou Amount	owed to your spouse
NONE	\$ NONE	\$ <u>No</u>	DNE
· .	\$	\$	
	\$	\$	
7. State the persons who rely or instead of names (e.g. "J.S." i	n you or your spouse nstead of "John Smit	for support. For mi	inor children, list initials
Name	Relationship	)	Age
MONE	None		MONE
Rent or home mortgage naumer		You	Your spouse
Rent or home-mortgage paymer (include lot rented for mobile ho Are real estate taxes included Is property insurance included	ome) ? □ Yes 蛭(No	\$ NONE	\$ NON 6
Utilities (electricity, heating fue water, sewer, and telephone)	ıl <b>,</b>	* NONE	<u>* NA</u>
Home maintenance (repairs and	upkeep)	* NONE	\$ NA
Food		* MONE	\$NA
Clothing		\$ NONE	\$ NA
Laundry and dry-cleaning		\$ NONE	AN .
Medical and dental expenses		\$ MONE	\$NA

	You	Your spouse
Transportation (not including motor vehicle payments)	* NONE	s NA
Recreation, entertainment, newspapers, magazines, etc.	\$ NONE	\$ NA
Insurance (not deducted from wages or included in morta	gage payments)	
Homeowner's or renter's	\$ NONE	\$NA
Life	s MONE	* NA
Health	\$ NONE	\$ NA
Motor Vehicle	\$ NONE	\$_NA
Other: Mont	\$ NONE	\$NA
Taxes (not deducted from wages or included in mortgage	payments)	
(specify): NONE	8 NONE	\$NA
Installment payments		
Motor Vehicle	\$ NONE	\$ NA
Credit card(s)	\$ NONE	\$ NA
Department store(s)	\$ NONE	\$_NA
Other: NONE	\$ NONE	\$_NA
Alimony, maintenance, and support paid to others	\$ NONE	\$ NA
Regular expenses for operation of business, profession, or farm (attach detailed statement)	* NONE	\$ NA
Other (specify): NONE	* NONE	\$ NA
Total monthly expenses:	\$ NONE	s NA

θ,	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? NONE
	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 of a typist) any money for services in connection with this case, including the completion of this form?
	□ Yes
	If yes, how much? None
If y	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
	NONE, OTHER THAN GANG PAY BY PRISON.
I de	eclare under penalty of perjury that the foregoing is true and correct.
Exe	ecuted on: 11-3 , 20-21
	(Signature)