

No. _____

IN THE SUPREME COURT OF THE UNITED STATES

ALONZO CORTEZ JOHNSON,

Petitioner,

v.

JIMMY MARTIN, Warden,

Respondent.

MOTION TO PROCEED *IN FORMA PAUPERIS*

Petitioner, Alonzo Cortez Johnson, moves this Court for leave to proceed *in forma pauperis* on his Petition for a Writ of Certiorari to the United States Court of Appeals for the Tenth Circuit pursuant to Supreme Court Rule 39.1.

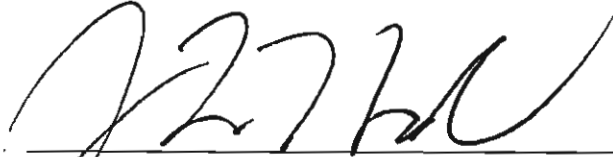
Counsel was retained to represent Petitioner, who is incarcerated, in the federal district court, but has continued to represent Petitioner through the Tenth Circuit on a *pro bono* basis. *See* attached Exhibit “1” (Order allowing exemption from preparation of supplemental appendix).

In addition, Petitioner has executed the attached affidavit indicating that he has been in prison for the last twelve years and has no income. *See* attached Exhibit “2” (Pauper’s affidavit).

WHEREFORE, because Petitioner is indigent as shown by affidavit, and counsel is proceeding on a *pro bono* basis at this point, Petitioner moves this Court for an order allowing Petitioner to proceed *in forma pauperis*.

DATED this 10th day of December, 2021.

Respectfully Submitted,

A handwritten signature in black ink, appearing to read 'JL Hankins', written over a horizontal line.

James L. Hankins, Okla. Bar No. 15506

MON ABRI BUSINESS CENTER

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Edmond, Oklahoma 73034

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COUNSEL FOR PETITIONER

No. _____

IN THE SUPREME COURT OF THE UNITED STATES

ALONZO CORTEZ JOHNSON,

Petitioner,

v.

JIMMY MARTIN, Warden,

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CERTIFICATE OF SERVICE

I, James L. Hankins, certify that I have this 11th of December, 2021, served a copy of
Petitioner's Motion to Proceed *In Forma Pauperis*, via United States Postal Service, first-class
postage pre-paid thereon, to:

Tessa L. Henry, Okla. Bar No. 33193
ASSISTANT ATTORNEY GENERAL
313 NE 21st St.
Oklahoma City, OK 73105
Telephone: 405.521.3921

All parties required to be served have been served.

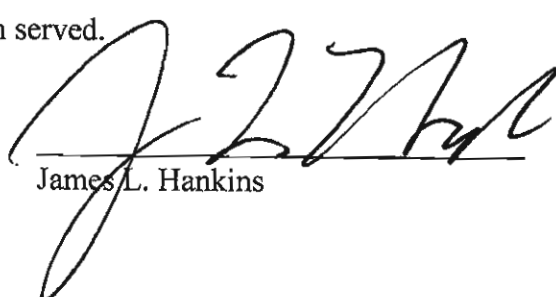

James L. Hankins

EXHIBIT “1”

Order Exempting from Supplemental Appendix

FILED
United States Court of Appeals
Tenth Circuit

UNITED STATES COURT OF APPEALS
FOR THE TENTH CIRCUIT

July 14, 2020

Christopher M. Wolpert
Clerk of Court

ALONZO CORTEZ JOHNSON,

Petitioner - Appellant,

v.

JIMMY MARTIN, Warden,

Respondent - Appellee.

No. 19-5091
(D.C. No. 4:16-CV-00433-JED-FHM)
(N.D. Okla.)

ORDER

On July 7, 2020, this court entered an order directing Mr. Johnson to file a supplemental appendix. Counsel for Mr. Johnson now moves this court to exempt him from preparing and filing a supplemental appendix because he is representing Mr. Johnson pro bono. In the alternative, counsel requests an extension of time to prepare and file a supplemental appendix. We grant counsel's motion for an exemption from the appendix requirement pursuant to Tenth Circuit Rule 30.3(C). We direct the district court to prepare and transmit a record on appeal that contains the following district court docket entries:

- Docket #1 – filed 07/05/2016
- Docket #8 – filed 10/03/2016
- Docket #12 – filed 12/05/2016
- Docket #13 – filed 12/05/2016

- Docket #14 – filed 12/08/2016

- Docket #17 – filed 01/04/2017

The district court shall transmit the record within seven days of the date of this order.

Entered for the Court

A handwritten signature in black ink, appearing to read 'C. Wolpert', with a long horizontal stroke extending to the right.

CHRISTOPHER M. WOLPERT, Clerk

EXHIBIT “2”

Pauper’s Affidavit

UNITED STATES DISTRICT COURT

for the

< _____ > DISTRICT OF < _____ >

<Name(s) of plaintiff(s)> _____

Plaintiff(s)

V.

<Name(s) of defendant(s)> _____

Defendant(s)

Case No. <Number>

**AFFIDAVIT ACCOMPANYING MOTION
FOR PERMISSION TO APPEAL IN FORMA PAUPERIS**

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.)

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.

Signed:

Alonge Johnson

Date:

December 5, 2021

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 <i>I am in prison I have no income.</i>	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ 0	\$ 0	\$ N/A	\$ 0
Self-employment	\$ 0	\$ 0	\$ N/A	\$ 0
Income from real property (such as rental income)	\$ 0	\$ 0	\$ N/A	\$ 0
Interest and dividends	\$ 0	\$ 0	\$ N/A	\$ 0
Gifts	\$ 0	\$ 0	\$ N/A	\$ 0
Alimony	\$ 0	\$ 0	\$ 0	\$ 0
Child support	\$ 0	\$ 0	\$ 0	\$ 0
Retirement (such as social security, pensions, annuities, insurance)	\$ 0	\$ 0	\$ 0	\$ 0
Disability (such as social security, insurance payments)	\$ 0	\$ 0	\$ 0	\$ 0
Unemployment payments	\$ 0	\$ 0	\$ 0	\$ 0
Public-assistance (such as welfare)	\$ 0	\$ 0	\$ 0	\$ 0
Other (specify):	\$ 0	\$ 0	\$ 0	\$ 0
Total monthly income:	\$ None	\$ None	\$ None	\$ None

2. List your 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
<i>I have been</i>	<i>in prison for the last 12 years</i>		\$ 0
			\$
			\$

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
None	None		\$ 0
			\$
			\$

4. How much cash do you and your spouse have? \$ None

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
None	None	\$ None	\$ None
		\$	\$
		\$	\$

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	Other real estate	Motor vehicle #1
(Value) \$ 0	(Value) \$ 0	(Value) \$ None
No home	No real estate	Make and year:
		Model:
		Registration #:

Motor vehicle #2	Other assets	Other assets
(Value) \$ <i>None</i>	(Value) \$ <i>None</i>	(Value) \$ <i>None</i>
Make and year:		
Model:		
Registration #:		

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
<i>No one owes me</i>	\$ <i>None</i>	\$ <i>None</i>
	\$	\$
	\$	\$
	\$	\$

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

Name [or, if under 18, initials only]	Relationship	Age
<i>No one</i>	<i>None</i>	

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
Rent or home-mortgage payment (include lot rented for mobile home)	\$ <i>None</i>	\$ <i>No spouse</i>
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)	\$ none	\$
Home maintenance (repairs and upkeep)	\$ none	\$
Food	\$ none	\$
Clothing	\$ none	\$
Laundry and dry-cleaning	\$ none	\$
Medical and dental expenses	\$ none	\$
Transportation (not including motor vehicle payments)	\$ none	\$
Recreation, entertainment, newspapers, magazines, etc.	\$ none	\$
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's:	\$ none	\$
Life:	\$ none	\$
Health:	\$ none	\$
Motor vehicle:	\$ none	\$
Other:	\$ none	\$
Taxes (not deducted from wages or included in mortgage payments) (specify):	\$ none	\$
Installment payments		
Motor Vehicle:	\$ none	\$
Credit card (name):	\$ none	\$
Department store (name):	\$ none	\$
Other:	\$ none	\$
Alimony, maintenance, and support paid to others	\$ none	\$
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ none	\$
Other (specify):	\$ none	\$
Total monthly expenses:	\$ 0	\$ 0

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 spent — or will you be spending — any money for expenses or attorney fees in connection with this lawsuit? ☐ Yes ☒ No

If yes, how much? \$ none

11. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.

I am in prison with no income of my own.

12. State the city and state of your legal residence.

Your daytime phone number: () none

Your age: 50 Your years of schooling: 12 public schooling / 2 votech

Last four digits of your social-security number: 1746