

ORIGINAL

21-6924

IN THE
SUPREME COURT OF THE UNITED STATES

Supreme Court, U.S.
FILED

DEC 14 2021

OFFICE OF THE CLERK

JOHN VEYSEY,
Petitioner-Appellant,

v.

No.: _____
Case No. 18-3504
District 16-cv-299-wmc

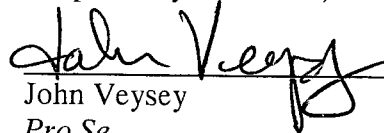
LOUIS WILLIAMS II, WARDEN,
Federal Correctional Institution,
Oxford, Wisconsin,
Respondent-Appellee.

MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

John Veysey Petitioner -Appellant, *pro se*, pursuant to 28 U.S.C. § 1915, move this Court for an order permitting him to proceed without prepayment of fees and costs or security. Petitioner-Appellant has attached a declaration in support of this motion, as well as a copy of his inmate trust account statement as provided by his Unit Team.

Dated this 15TH day of December, 2021

Respectfully submitted,


John Veysey
Pro Se

Registration No. 10507-424
Oxford-FCI
P. O. Box 1000
Oxford, Wisconsin 53952

**IN THE
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JOHN VEYSEY,
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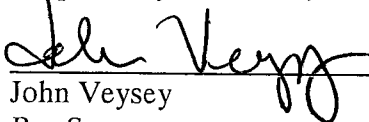
DECLARATION IN SUPPORT OF REQUEST TO PROCEED IN FORMA PAUPERIS

I John Veysey am the Petitioner-Appellant, *pro se* in the above-untitled case. In support of my motion to proceed without being required to prepay fees or costs or give security therefor, I state that because of my poverty I am unable to pay the costs of said proceeding or to give security therefor; that I believe I am entitled to redress.

Furthermore, in support of my motion to proceed without being required to prepay fees or costs, the petitioner-appellant submits a certificate of declaration and a current balance in his institutional account; in addition, Petitioner-Appellant was granted In forma Pauperis in the Courts below.

Dated this 15TH day of December, 2021

Respectfully submitted,



John Veysey
Pro Se
Registration No. 10507-424
Oxford-FCI
P. O. Box 1000
Oxford, Wisconsin 53952

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

I, John T. Veysey, 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>80.00</u>	\$ <u>- 0 -</u>	\$ <u>80.00</u>	\$ <u>- 0 -</u>
Self-employment	\$ <u>- 0 -</u>	\$ <u>- 0 -</u>	\$ <u>- 0 -</u>	\$ <u>- 0 -</u>
Income from real property (such as rental income)	\$ <u>- 0 -</u>	\$ <u>- 0 -</u>	\$ <u>- 0 -</u>	\$ <u>- 0 -</u>
Interest and dividends	\$ <u>- 0 -</u>	\$ <u>- 0 -</u>	\$ <u>- 0 -</u>	\$ <u>- 0 -</u>
Gifts	\$ <u>- 0 -</u>	\$ <u>- 0 -</u>	\$ <u>- 0 -</u>	\$ <u>- 0 -</u>
Alimony	\$ <u>- 0 -</u>	\$ <u>- 0 -</u>	\$ <u>- 0 -</u>	\$ <u>- 0 -</u>
Child Support	\$ <u>- 0 -</u>	\$ <u>- 0 -</u>	\$ <u>- 0 -</u>	\$ <u>- 0 -</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>- 0 -</u>	\$ <u>- 0 -</u>	\$ <u>- 0 -</u>	\$ <u>- 0 -</u>
Disability (such as social security, insurance payments)	\$ <u>- 0 -</u>	\$ <u>- 0 -</u>	\$ <u>- 0 -</u>	\$ <u>- 0 -</u>
Unemployment payments	\$ <u>- 0 -</u>	\$ <u>- 0 -</u>	\$ <u>- 0 -</u>	\$ <u>- 0 -</u>
Public-assistance (such as welfare)	\$ <u>- 0 -</u>	\$ <u>- 0 -</u>	\$ <u>- 0 -</u>	\$ <u>- 0 -</u>
Other (specify): _____	\$ <u>- 0 -</u>	\$ <u>- 0 -</u>	\$ <u>- 0 -</u>	\$ <u>- 0 -</u>
Total monthly income:	\$ <u>80.00</u>	\$ <u>0</u>	\$ <u>80.00</u>	\$ <u>- 0 -</u>

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 -	-	-	\$ -
			\$
			\$

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	-	-	\$ -
			\$
			\$

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.

Financial institution	Type of account	Amount you have	Amount your spouse has
- N/A -	-	\$ -	\$ -
		\$	\$
		\$	\$

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

☐ Home
Value N/A

☐ Other real estate
Value N/A

☐ Motor Vehicle #1
Year, make & model N/A
Value

☐ Motor Vehicle #2
Year, make & model N/A
Value

☐ Other assets
Description - 0 -
Value - 0 -

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
HA	\$ 0	\$ 0
	\$	\$
	\$	\$

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

Name	Relationship	Age
- 0 -	- 0 -	- 0 -

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)	\$ - 0 -	\$ - 0 -
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)	\$ - 0 -	\$ - 0 -
Home maintenance (repairs and upkeep)	\$ - 0 -	\$ - 0 -
Food	\$ - 0 -	\$ - 0 -
Clothing	\$ - 0 -	\$ - 0 -
Laundry and dry-cleaning	\$ - 0 -	\$ - 0 -
Medical and dental 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 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? _____

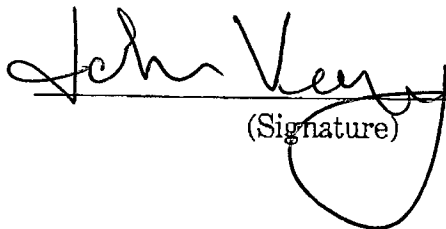
If yes, state the person's name, address, and telephone number:

12. Provide any other information that will help explain why you cannot pay the costs of this case.

I AM IN THE CUSTODY OF THE F.B.I. - I HAVE NO INCOME BEYOND THE \$80.00 I RECEIVE IN MY PRISON JOB - OF WHICH I PAY RESTITUTION ON THE \$795,000.00+ AMOUNT OWED ON THE CURRENT CASE BEFORE THIS COURT.

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

Executed on: January 3, 2022, 20____


(Signature)

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v.

No.: _____
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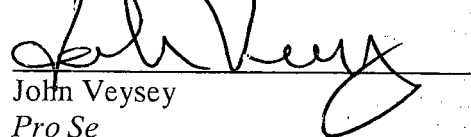
CERTIFICATE COMPLIANCE

I hereby certify that, a copy of this motion sent by U.S. postal service, first class postage through the means allotted an inmate in the custody of the F. B. O. P. here at Oxford — FCI.

On 12/15/2021, to:

U.S. Attorney for the
Western District of Wisconsin
222 W. Washington Ave., Suite 700
Madison, WI 53703

Respectfully submitted,


John Veysey
Pro Se

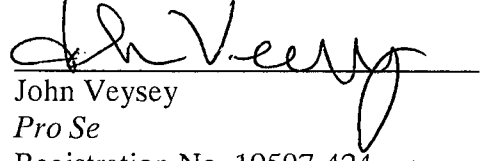
Registration No. 10507-424
Oxford-FCI
P. O. Box 1000
Oxford, Wisconsin 53952

Dated this 15TH day of December, 2021

DECLARATION UNDER PENALTY OF PERJURY

Pursuant 28 U.S.C. § 1746, I declare under penalty of perjury that I am the petitioner-appellant, *pro se*, I have read this petition or had it read to me, and the information in this petition is true and correct, to the best of my ability to know the events and facts presented. I understand that a false statement of material fact may serve as the basis for prosecution or perjury.

Respectfully submitted,


John Veysey
Pro Se

Registration No. 10507-424
Oxford-FCI
P. O. Box 1000
Oxford, Wisconsin 53952

Dated this 15 day of December, 2021

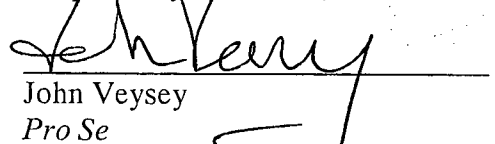
CERTIFICATE COMPLIANCE

I hereby certify that, a copy of this motion and declaration sent by U.S. postal service, first class postage through the means allotted an inmate in the custody of the F. B. O. P. here at Oxford — FCI.

On 12/15/2021, to:

U.S. Attorney for the
Western District of Wisconsin
222 W. Washington Ave.,
Madison, WI 53703

Respectfully submitted,


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