

No. 21-6927

ORIGINAL

Supreme Court, U.S.
FILED

DEC 17 2021

OFFICE OF THE CLERK

IN THE
SUPREME COURT OF THE UNITED STATES

Indians

(Your Name)

-- PETITIONER

VS.

Oklahoma

-- 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):

Pottawatomie County Oklahoma

CF-2013-516 OCCA no PL-2017-794 WDBK CIV-18-824-F

☐ 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.

Riley Wellgren
(Signature)

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

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

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
Incarcerated since 2014			

3. List your spouses 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
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.

Type of account (e.g. checking or savings)	Amount you have	Amount your spouse has
<u>0</u>	\$	\$
	\$	\$
	\$	\$

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

<input type="checkbox"/> Home Value <u>0</u>	<input type="checkbox"/> Other real estate Value <u>0</u>
<input type="checkbox"/> Motor Vehicle #1 Year, make & model <u>0</u> Value _____	<input type="checkbox"/> Motor Vehicle #2 Year, make & model <u>0</u> Value _____
<input type="checkbox"/> Other assets Description <u>0</u> 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>IRS for</u>	\$ <u>1400</u>	\$ <u>0</u>
<u>COVID Relief</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>0</u>	\$ <u>0</u>	\$ <u>0</u>
<u>0</u>	\$ <u>0</u>	\$ <u>0</u>
<u>0</u>	\$ <u>0</u>	\$ <u>0</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>	\$ _____
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>	\$ _____
Home maintenance (repairs and upkeep)	\$ <u>0</u>	\$ _____
Food	\$ <u>200</u>	\$ _____
Clothing	\$ <u>0</u>	\$ _____
Laundry and dry-cleaning	\$ <u>20</u>	\$ _____
Medical and dental expenses	\$ <u>30</u>	\$ _____

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>0</u>	\$ _____
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>20</u>	\$ _____

Insurance (not deducted from wages or included in mortgage payments)

Homeowner's or renter's	\$ <u>0</u>	\$ _____
Life	\$ <u>0</u>	\$ _____
Health	\$ <u>0</u>	\$ _____
Motor Vehicle	\$ <u>0</u>	\$ _____
Other: _____	\$ <u>0</u>	\$ _____

Taxes (not deducted from wages or included in mortgage payments)

(specify): 10% for Centeen 5-10 month

Installment payments Purchases

Motor Vehicle

Credit card(s)

Department store(s)

Other: Centeen - medical 2-300

legal expenses
Alimony, maintenance, and support paid to others

Regular expenses for operation of business, profession, or farm (attach detailed statement)

Other (specify): Legal - mail - copies
Stamps etc...

Total monthly expenses: 2-300

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 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? 10 + 0.50 dollars

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

Sail house attorney and law clerk for typing

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

Court awarded my ex-wife all my assets in divorce
see case no. FD-2013-233 Pottawatomie Cty. Okla. (2015)
and Doc deducts fines from Geny Pay for court fees

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

Executed on: June 17, 20 21

Rickey Wedgorn

INMATE'S REQUEST FOR DISBURSEMENT OF LEGAL COSTS

Unit 5

I, Reiley Watson, 20446, request the following for the purpose of securing legal redress per OP-030115:
(Print Name) (DOC Number)

1 copies of the attached document, ☒ Legal Documents ☐ Legal Resource Center

(Description)

1 copies of each of the 25 originals.

Total copies requested 25 x 25¢ each page: \$6.25

- ☐ #10 plain white envelope(s), no return address, at 5¢ each
- ☐ Manila envelope(s), at 15¢ each
- ☐ First class postage
- ☐ Certified services to document initial filing in court
- ☐ Plain paper or blank forms (8 1/2 X 11 only), at 5¢ each
- ☐ Printing from computers at 25¢ per page
- ☐ Notary service, at \$1.00 per notarization

DISBURSEMENT TOTAL - \$ 6.25

I understand that in accordance with OP-030115, I will be charged for the above amounts and that this is also a request for disbursement of funds from my trust fund draw account. If I do not have enough funds to cover these costs related to court-imposed or rule-imposed deadlines, the amount will be collected as soon as funds become available.

Reiley Watson
Inmate's Signature/Date/Time

Kellich 6-07-2021 4:28pm
Law Library Supervisor's Signature/Date/Time

Date the requested services/items were provided: 6-07-21

Date the requested services/times were rejected and, if applicable, material returned to the requesting inmate. If rejected, state why for each service/item:

Kellich 6-07-2021 4:28pm
Law Library Supervisor Signature Date/Time

Trust Fund Officer: \$ 6.25 Withdrawn from trust fund draw account

\$ 0 Balance due, to be collected as soon as funds become available in trust fund draw account (account debited) 6-8-21

Signature of Trust Fund Officer

Date/Time

Original: Trust Fund Officer
1st Copy: Inmate
2nd Copy: Law Library Files

DOC 030115A (R 04/20)