

IN THE UNITED STATES SUPREME COURT OF APPEALS

No. _____

JAMES ROLAND L'HEUREUX,
PETITIONER

VS.

STATE OF WEST VIRGINIA,
RESPONDENT

MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

Comes Now the Petitioner, James Roland L'Heureux, *pro se*, to move this Honorable Court to grant him leave to file the attached petition for a Writ of Certiorari without prepayment of costs and to proceed *in forma pauperis*. Petitioner has previously been granted leave to proceed *in forma pauperis* in the West Virginia Supreme Court of Appeals, as well as the Circuit Court of Barbour County, West Virginia. Petitioner's affidavit or declaration in support of this motion is attached hereto.

Respectfully Submitted,
James Roland L'Heureux
pro se



James Roland L'Heureux #3610451
Mount Olive Correctional Complex
One Mountainside Way
Mount Olive, West Virginia 25185

RECEIVED

JAN 25 2022

OFFICE OF THE CLERK
SUPREME COURT, U.S.

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

I, James Roland L'Heureux, 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, bi-weekly, 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	\$61.00	\$0.00	\$61.00	\$0.00
Self-employment	\$0.00	\$0.00	\$0.00	\$0.00
Income from real property (such as rental income)	\$0	\$0	\$0	\$0
Interest and Dividends	\$0.00	\$0.00	\$0.00	\$0.00
Gifts	\$50.00	\$0.00	\$60.00	\$0.00
Alimony	\$0.00	\$0.00	\$0.00	\$0.00
Child Support	\$0.00	\$0.00	\$0.00	\$0.00
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	\$0.00	\$0.00	\$0.00	\$0.00
Public-Assistance (such as welfare)	\$0	\$0	\$0	\$0
Other: N/A	\$0.00	\$0.00	\$0.00	\$0.00
Total Monthly Income:	\$111.00	\$0.00	\$61.00	\$0.00

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
Law Library – Mount Olive Correctional Complex	1 Mountainside Way Mount Olive, West Virginia 25185	Feb. 2019-Present	\$61.00
N/A	N/A	N/A	\$0.00
N/A	N/A	N/A	\$0.00

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	N/A	N/A	\$0.00
N/A	N/A	N/A	\$0.00
N/A	N/A	N/A	\$0.00

4. How much cash do your or your spouse have? **\$ 0**

Below, state any money you or your spouse have in bank accounts or any other financial institution.

Financial institutional	Type of Account	Amount You Have	Amount Your Spouse Has
N/A	N/A	\$0.00	\$0.00
N/A	N/A	\$0.00	\$0.00
N/A	N/A	\$0.00	\$0.00

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

Asset	Year, Make & Model	Value
Home	N/A	\$0.00
Other Real Estate	N/A	\$0.00
Motor Vehicle #1	N/A	\$0.00
Motor Vehicle #2	N/A	\$0.00

Other Assets:	N/A	\$0.00
	N/A	\$0.00

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	\$0.00	\$0.00
N/A	\$0.00	\$0.00
N/A	\$0.00	\$0.00

7. State the person[s] who rely on you or your spouse for support.

Name	Relationship	Age
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)		
Are real estate taxes included? <input checked="" type="checkbox"/>		
Is property insurance included? <input checked="" type="checkbox"/>	\$0	\$0
Utilities (electricity, heating fuel, water sewer, and telephone)	\$3	\$0
Home maintenance (repairs and upkeep)	\$0.00	\$0.00
Food	\$0.00	\$0.00
Clothing	\$0.00	\$0.00
Laundry and dry-cleaning	\$0.00	\$0.00
Medical and dental expenses	\$0.00	\$0.00
Transportation (not including motor vehicle payment)	\$0.00	\$0.00

Recreation, entertainment, newspapers, magazines, etc.	\$0	\$0.00
Estimated Average <u>Monthly</u> Expenses (Continued)	You	Your Spouse
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$0.00	\$0.00
Life	\$0.00	\$0.00
Health	\$0.00	\$0.00
Motor Vehicle	\$0.00	\$0.00
Other: N/A	\$0.00	\$0.00
Taxes (not deducted from wages or included in mortgage payments)		
Specify: N/A	\$0.00	\$0.00
Installment payments		
Motor Vehicle	\$0.00	\$0.00
Credit Card(s)	\$0.00	\$0.00
Department Store(s)	\$0.00	\$0.00
Other: [<i>description</i>]	\$0.00	\$0.00
Alimony, maintenance, and support paid to others	\$0.00	\$0.00
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$0.00	\$0.00
Other: 10% Mandatory Savings Deduction	\$11.10	\$0.00
Total Monthly Expenses:	\$14.10	\$0.00

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: **Attorney's Name -**

Address -

Telephone Number -

11. Have you paid - or will 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: Person's Name -

Address -

Telephone Number -

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

Petitioner is an incarcerated indigent in the State of West Virginia Department of Corrections and Rehabilitation. Petitioner and his family drained all of their savings (nearly \$35,000) to retain his Defense Counsel, James Zimarowski, of Morgantown W.Va..

I declare under penalty of perjury that the foregoing is true a

Executed on this 19 day of January, 2022.

Respectfully Submitted,
James Roland L'Heureux, *pro se*



James Roland L'Heureux
Mount Olive Correctional Complex
One Mountainside Way
Mount Olive, West Virginia 25185