

21-7642

ORIGINAL

No. _____

Supreme Court, U.S.
FILED

FEB 25 2022

OFFICE OF THE CLERK

IN THE
SUPREME COURT OF THE UNITED STATES

BRANDON J. WEATHERS — PETITIONER
(Your Name)

VS.

STATE OF NEBRASKA — 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*.

Petitioner has previously been granted leave to proceed *in forma pauperis* in the following court(s):

LANCASTER County District Court

[] 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.

B. Weathers

(Signature)

RECEIVED
APR 12 2022
OFFICE OF THE CLERK
SUPREME COURT, U.S.

RECEIVED
MAR 22 2022
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SUPREME COURT, U.S.

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

I, Brandon J. Weathers, 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	\$ 30.24	\$ ⦿	\$ 30.24	\$ ⦿
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:	\$ 30.24	\$ ⦿	\$ 30.24	\$ ⦿

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
Nebraska Dept. of Corrections	3218 W. Vandorn St. Lincoln, NE 68542	2-18-16 - present	\$ 30.24
			\$
			\$

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	\$ N/A
			\$
			\$

4. How much cash do you and your spouse have? \$ N/A
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
N/A	\$	\$
	\$ N/A	\$ 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 N/A
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>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</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
Brandon Weathers Jr.	son	18
B.W.	son	17
L.W.	daughter	14

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>	\$ <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>10.00</u>	\$ <u>0</u>
Home maintenance (repairs and upkeep)	\$ <u>0</u>	\$ <u>0</u>
Food	\$ <u>0</u>	\$ <u>0</u>
Clothing	\$ <u>0</u>	\$ <u>0</u>
Laundry and dry-cleaning	\$ <u>0</u>	\$ <u>0</u>
Medical and dental expenses	\$ <u>0</u>	\$ <u>0</u>

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ N/A	\$ N/A
Recreation, entertainment, newspapers, magazines, etc.	\$ N/A	\$ N/A
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ N/A	\$ N/A
Life	\$ N/A	\$ N/A
Health	\$ N/A	\$ N/A
Motor Vehicle	\$ N/A	\$ N/A
Other: _____	\$ N/A	\$ N/A
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ N/A	\$ N/A
Installment payments		
Motor Vehicle	\$ N/A	\$ N/A
Credit card(s)	\$ N/A	\$ N/A
Department store(s)	\$ N/A	\$ N/A
Other: _____	\$ N/A	\$ N/A
Alimony, maintenance, and support paid to others	\$ 323.00	\$ N/A
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ N/A	\$ N/A
Other (specify): _____	\$ N/A	\$ N/A
Total monthly expenses:	\$ 333.00	\$ N/A

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 have a prior child support order for 273.00 per month that is in arrears, plus another order for 50.00 dollars a month.

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

Executed on: April 4th, 2022

B. Neath

(Signature)

NEBRASKA

Good Life. Great Mission.

DEPT OF CORRECTIONAL SERVICES

CERTIFICATION
STATE OF NEBRASKA
DEPARTMENT OF CORRECTIONAL SERVICES

I, Kara Martin, Inmate Accounting Supervisor, hereby certify that the attached is a true and correct copy of the monthly institutional account transactions for Brandon J. Weathers, #83564, for the six-month period of August 2021 through January 2022, consisting of six page(s). Accountings for fractional portions of months are not available.

This certification is provided pursuant to Local Rule 52 of the U.S. District Court of the District of Nebraska, regarding in Forma Pauperis filings.

Dated this 17th day of February 2022.

Kara Martin

Inmate Accounting Supervisor

(SEAL)

STATE OF NEBRASKA
 DEPARTMENT OF CORRECTIONAL SERVICES
 ACCOUNTING
 INSTITUTIONAL ACCOUNT STATEMENT
 FOR THE MONTH ENDING AUGUST 31, 2021

PAGE 1

ID NUMBER	NAME	INST DATE REC	REC RELEASE	CTR LCC	LOCALITY A2	LAST ACTIVITY U16
83564	WEATHERS/BRANDON J	02/18/16				08/26/21

SSN	PREV ID	GATE	HR ASSIGNMENT	DATE	IST	CNF	MNT	RST	SAV	SEC	SUS	LEG
505256763	54726	.00	AD LIBRARY	08/02/21	O	O			O	O	O	
					N	N			N	N	N	

PROL	VIOL	DET	BEGIN	BAL	BEG	UNFR	BAL	CURR	FR	BAL	CURR	UNFR	BAL	CURR	BAL
			N	3.04			.09		5.82			5.00		10.82	

TRAN	TRAN	DOC	FROZEN				
CODE	DATE	NUMBER	DESCRIPTION	AMOUNT	DEBIT	CREDIT	BALANCE
01301	081721		PAY 376 25 JUL 2021			3.78	3.87
01104	081721		S-ORDR CI155228		1.89		1.98
01301	081721		PAY 376 53 JUL 2021			21.78	23.76
01104	081721		S-ORDR CI155228		10.89		12.87
01012	081721		FRZ/UNFRZ SUSPENSE	2.87			10.00
09801	081921	017436	STORE 03 CHARGES		10.00		.00
02821	082621		VAC. INCENTIVE			5.00	5.00

STATE OF NEBRASKA
 DEPARTMENT OF CORRECTIONAL SERVICES
 ACCOUNTING
 INSTITUTIONAL ACCOUNT STATEMENT
 FOR THE MONTH ENDING SEPTEMBER 30, 2021

PAGE 1

ID NUMBER	NAME	INST DATE REC	REC RELEASE	LAST CTR LOCALITY	ACTIVITY							
83564	WEATHERS/BRANDON J	02/18/16		LCC C1 L27	09/28/21							
SSN	PREV ID	GATE	HR ASSIGNMENT	DATE	IST	CNF	MNT	RST	SAV	SEC	SUS	LEG
505256763	54726	.00	AD LIBRARY	08/02/21	O	O			O	O	O	
					N	N			N	N	N	
PROL VIOL	DET	BEGIN BAL	BEG UNFR BAL	CURR FR BAL	CURR UNFR BAL	CURR BAL						
	N	10.82	5.00	5.82	.17	5.99						
TRAN	TRAN	DOC	FROZEN									
CODE	DATE	NUMBER	DESCRIPTION	AMOUNT	DEBIT	CREDIT	BALANCE					
09801	090221	002292	STORE 03 CHARGES	5.00			.00					
01301	091721		PAY 376 25 AUG 2021			8.77	8.77					
01104	091721		S-ORDR CI155228	4.39			4.38					
09702	092221	090821	POSTAGE	1.96			2.42					
09801	092321	020939	STORE 03 CHARGES	1.05			1.37					
09706	092421	091421	TAXABLE COPIES	.40			.97					
09706	092821	092321	TAXABLE COPIES	.80			.17					

STATE OF NEBRASKA
 DEPARTMENT OF CORRECTIONAL SERVICES
 ACCOUNTING
 INSTITUTIONAL ACCOUNT STATEMENT
 FOR THE MONTH ENDING OCTOBER 31, 2021

PAGE 1

ID	INST	REC	LAST	
NUMBER NAME	DATE REC	RELEASE	CTR LOCALITY ACTIVITY	
83564 WEATHERS/BRANDON J	02/18/16		LCC A1 U19 10/19/21	
SSN PREV ID GATE HR ASSIGNMENT DATE	IST	CNF	MNT RST SAV SEC SUS LEG	
505256763 54726 .00 AD LIBRARY 08/02/21	O	O	O O O	
	N	N	N N N	
PROL VIOL DET BEGIN BAL BEG UNFR BAL CURR FR BAL CURR UNFR BAL CURR BAL				
N 5.99 .17 9.22 .00 9.22				
TRAN TRAN DOC	FROZEN			
CODE DATE NUMBER DESCRIPTION	AMOUNT	DEBIT	CREDIT	BALANCE
01301 101921 PAY 376 25 SEP 2021			26.46	26.63
01104 101921 S-ORDR CI155228		13.23		13.40
01012 101921 FRZ/UNFRZ SUSPENSE	3.40			10.00
09801 101921 015262 STORE 03 CHARGES		10.00		.00

STATE OF NEBRASKA
 DEPARTMENT OF CORRECTIONAL SERVICES
 ACCOUNTING
 INSTITUTIONAL ACCOUNT STATEMENT
 FOR THE MONTH ENDING NOVEMBER 30, 2021

PAGE 1

ID	INST	REC	LAST	
NUMBER NAME	DATE REC	RELEASE	CTR LOCALITY ACTIVITY	
83564 WEATHERS/BRANDON J	02/18/16		LCC A1 U19 11/19/21	
SSN PREV ID GATE HR ASSIGNMENT DATE	IST CNF MNT RST SAV SEC SUS LEG			
505256763 54726 .00 AD LIBRARY 08/02/21	O O O O O O			
	N N N N N N			
PROL VIOL DET BEGIN BAL BEG UNFR BAL Curr FR BAL	Curr UNFR BAL	Curr BAL		
N 9.22 .00 3.77	.67	4.44		
TRAN TRAN DOC	FROZEN			
CODE DATE NUMBER DESCRIPTION	AMOUNT	DEBIT	CREDIT	BALANCE
01012 110221 FRZ/UNFRZ SUSPENS	5.45-			5.45
09706 110221 LCC COPIES		1.80		3.65
09702 110221 LCC POSTAGE		1.65		2.00
09702 110221 LCC PSOTAGE		2.00		.00
01301 111721 PAY 376 25 OCT 2021			11.34	11.34
01104 111721 S-ORDR CI155228		5.67		5.67
09801 111821 017504 STORE 03 CHARGES		5.00		.67

STATE OF NEBRASKA
 DEPARTMENT OF CORRECTIONAL SERVICES
 ACCOUNTING
 INSTITUTIONAL ACCOUNT STATEMENT
 FOR THE MONTH ENDING DECEMBER 31, 2021

PAGE 1

ID NUMBER	NAME	INST DATE REC	REC RELEASE	LAST CTR LOCALITY	ACTIVITY		
83564	WEATHERS/BRANDON J	02/18/16		LCC A1 U19	12/27/21		
SSN 505256763	PREV ID 54726	GATE .00	HR ASSIGNMENT AD LIBRARY	DATE 08/02/21	IST O CNF O MNT O RST N SAV N SEC N SUS N LEG N		
PROL VIOL N	DET 4.44	BEGIN BAL .67	BEG UNFR BAL 12.09	CURR FR BAL 5.00	CURR UNFR BAL 17.09		
TRAN CODE	TRAN DATE	DOC NUMBER	DESCRIPTION	FROZEN AMOUNT	DEBIT	CREDIT	BALANCE
09706	121021	120721	COPIES	.30			.37
01001	121421		FRZ/GARN155228	.37			.00
01301	121621		PAY 376 25 NOV 2021			35.91	35.91
01104	121621		S-ORDR CI155228		17.96		17.95
01012	121621		FRZ/UNFRZ SUSPENSE	7.95			10.00
09801	121721	017174	STORE 03 CHARGES		10.00		.00
02821	122721		VAC. INCENTIVE			5.00	5.00

STATE OF NEBRASKA
 DEPARTMENT OF CORRECTIONAL SERVICES
 ACCOUNTING
 INSTITUTIONAL ACCOUNT STATEMENT
 FOR THE MONTH ENDING JANUARY 31, 2022

PAGE 1

ID	INST	REC	LAST
NUMBER NAME	DATE REC	RELEASE	CTR LOCALITY ACTIVITY
83564 WEATHERS/BRANDON J	02/18/16		RTC A2 U02 01/27/22
SSN PREV ID GATE HR ASSIGNMENT DATE	IST	CNF	MNT RST SAV SEC SUS LEG
505256763 54726 .00 AD LIBRARY 08/02/21	O	O	O O O
	N	N	N N N
PROL VIOL DET BEGIN BAL BEG UNFR BAL CURR FR BAL CURR UNFR BAL CURR BAL			
N 17.09 5.00 22.78 .00 22.78			
TRAN TRAN DOC	FROZEN		
CODE DATE NUMBER DESCRIPTION	AMOUNT	DEBIT	CREDIT
01001 010722 FREEZE/UNFREEZE ACCO	.37-		5.37
09115 010722 PAY CSE GARN			5.37
09115 010722 CI-15-5228	.37		5.00
01301 011922 PAY 376 25 DEC 2021		32.13	37.13
01104 011922 S-ORDR CI155228	16.07		21.06
01012 011922 FRZ/UNFRZ SUSPENSE	11.06		10.00
09801 012122 018049 STORE 03 CHARGES	10.00		.00