

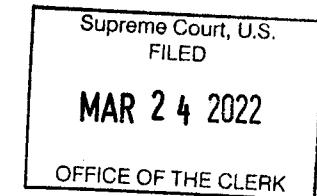
In the Supreme Court of the United States
February Term 2022

21-7677

Kyle Maurice Parks - Petitioner

vs

United States of America - Respondent



Motion for leave to proceed in Forma Pauperis

Pursuant to Rule 39 of the Rules of this Court, the Petitioner
Kyle Maurice Parks, asks leave to file the attached Petition
for writ of Certiorari, without prepayment of cost and to proceed
in forma pauperis.

The petitioner files this request
under Pro Se, Self Representation to seek review of both United
States District Court and Eighth Circuit Court of Appeals. Petitioner
is incarcerated in federal Bureau of Prisons, Terre Haute and
remains indigent.

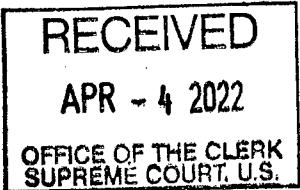
Respecfully Submitted

Kyle M Parks 44051-044

P.O. Box 33

Terre Haute IN 47808

Kyle M Parks



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

I, Kyle M Parks, 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>660</u>	\$ _____	\$ _____	\$ _____
Self-employment	\$ <u>060</u>	\$ _____	\$ _____	\$ _____
Income from real property (such as rental income)	\$ <u>000</u>	\$ _____	\$ _____	\$ _____
Interest and dividends	\$ <u>000</u>	\$ _____	\$ _____	\$ _____
Gifts	\$ <u>000</u>	\$ _____	\$ _____	\$ _____
Alimony	\$ <u>000</u>	\$ _____	\$ _____	\$ _____
Child Support	\$ <u>000</u>	\$ _____	\$ _____	\$ _____
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>000</u>	\$ _____	\$ _____	\$ _____
Disability (such as social security, insurance payments)	\$ <u>000</u>	\$ _____	\$ _____	\$ _____
Unemployment payments	\$ <u>000</u>	\$ _____	\$ _____	\$ _____
Public-assistance (such as welfare)	\$ <u>000</u>	\$ _____	\$ _____	\$ _____
Other (specify): _____	\$ <u>000</u>	\$ _____	\$ _____	\$ _____
Total monthly income:	\$ <u>000</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
<i>N/A</i>			\$
			\$
			\$

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
<i>N/A</i>			\$
			\$
			\$

4. How much cash do you and your spouse have? \$

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
	\$	\$
	\$	\$
	\$	\$

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 _____	<input type="checkbox"/> Other real estate Value _____
<input type="checkbox"/> Motor Vehicle #1 Year, make & model _____ Value _____	<input type="checkbox"/> Motor Vehicle #2 Year, make & model _____ Value _____
<input type="checkbox"/> Other assets Description _____ 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

N/A

Amount owed to you

\$ N/A

Amount owed to your spouse

\$ N/A

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

N/A

Relationship

N/A

Age

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.

Rent or home-mortgage payment
(include lot rented for mobile home)

Are real estate taxes included? Yes No
Is property insurance included? Yes No

You N/A

Your spouse N/A

Utilities (electricity, heating fuel,
water, sewer, and telephone)

\$ N/A

Home maintenance (repairs and upkeep)

\$ N/A

Food

\$ N/A

Clothing

\$ N/A

Laundry and dry-cleaning

\$ N/A

Medical and dental expenses

\$ N/A

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

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:

N / A

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

N / A

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

Executed on: 4-13-22, 20____

NAME CCC TITLE CSW
AUTHORIZED BY THE ACT OF JULY 7, 1955.
AS AMENDED, TO
ADMINISTER OATHS (18 USC 4004)

K. H. Fahey
(Signature)

NOTARY PUBLIC