

## UNITED STATES COURT OF APPEALS FOR THE FEDERAL CIRCUIT

ORIGINAL

Supreme Court, U.S.  
FILED

APR 14 2022

OFFICE OF THE CLERK

v.

No.

21-7717Motion and Declaration for Leave to Proceed in Forma Pauperis

INSTRUCTIONS: If you do not pay the fee, file this completed form with your petition for review or notice of appeal within 14 days of the date of docketing. Complete all questions in this application and then sign it. Do not leave any blanks; if the answer to a question is "0", "none", or "not applicable" (N/A), write in that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number. Failure to fully answer the questions may result in a denial of the motion.

Petitioner/Appellant hereby moves for leave to proceed in forma pauperis, pursuant to 28 U.S.C. § 1915, in this case and submits the following declaration in support thereof:

I, KACY WILLIAMS, am the Petitioner / Appellant in the above-entitled case. In support of my motion to proceed on appeal without being required to pay the docketing fee, I state that I am unable to pay the fee because of my poverty; that I believe that I am entitled to redress; and that the issues which I desire to present on appeal are the following:

TRUE

I further declare that the responses which I have made to the questions and instructions below relating to my ability to pay the docketing fee are true.

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	\$ 0	\$ 0	\$ 0	\$ 0
Self-employment	\$ 0	\$ 0	\$ 0	\$ 0
Income from real property (such as rental income)	\$ 0	\$ 0	\$ 0	\$ 0

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Interest and dividends	\$ 0	\$ 0	\$ 0	\$ 0
Gifts	\$ 0	\$ 0	\$ 0	\$ 0
Alimony	\$ 0	\$ 0	\$ 0	\$ 0
Child support	\$ 0	\$ 0	\$ 0	\$ 0
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	\$ 0	\$ 0	\$ 0
Public assistance (such as welfare)	\$ 0	\$ 0	\$ 0	\$ 0
Other (specify)	\$ 0	\$ 0	\$ 0	\$ 0
<b>Total monthly income:</b>	\$ 0	\$ 0	\$ 0	\$ 0

2. List your employment history for the past two years, most recent employer first.  
(Gross monthly pay is pay before taxes or other deductions).

Employer	Address	Employment Dates	Gross monthly pay
			\$
			\$
			\$

3. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is pay before taxes or other deductions.)

Employer	Address	Employment Dates	Gross monthly pay
			\$
			\$
			\$

4. Are you presently incarcerated? ☒ Yes ☐ No If yes, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

5. 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. State the average monthly balance.

Financial Institution	Type of Account	Amount you have	Amount your spouse has
	N/A	\$	\$
		\$	\$

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

Home	Other real estate	Other assets
(Value) \$ <u>0</u>	(Value) \$ <u>0</u>	(Value) \$ <u>0</u>
(Value) \$ <u>0</u>	(Value) \$ <u>0</u>	(Value) \$ <u>0</u>
(Value) \$ <u>0</u>	(Value) \$ <u>0</u>	(Value) \$ <u>0</u>
Other assets	Motor vehicle #1	Motor vehicle #2
(Value) \$ <u>0</u>	(Value) \$ <u>0</u>	(Value) \$ <u>0</u>
(Value) \$ <u>0</u>	Make, model & year:	Make, model & year:
(Value) \$ <u>0</u>	Registration #:	Registration #:

7. State every person, business, or organization owing you or your spouse money, and the amount owed:

Person, business or organization owing you or your spouse money	Amount owed to you	Amount owed to your spouse
N/A	\$	\$
	\$	\$
	\$	\$

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

Initials of Person	Relationship	Age
	N/A	

9. 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, semiannually, 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 checked="" type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer and telephone)	\$ _____	\$ _____
Home maintenance (repairs and upkeep)	\$ _____	\$ _____
Food	\$ _____	\$ _____
Clothing	\$ _____	\$ _____
Laundry and dry cleaning	\$ _____	\$ _____
Medical and dental expenses	\$ _____	\$ _____
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): _____	\$ <u>0</u>	\$ <u>0</u>

Reset Form

Installment Payments	You	Your Spouse
Motor vehicle:	\$ _____	\$ _____
Credit card (name): _____	\$ _____	\$ _____
Department store (name): _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Alimony, maintenance, and support paid to others	\$ _____	\$ _____
Regular expenses for operation of business, profession or farm (attach detailed statement)	\$ _____	\$ _____
Other (specify): _____	\$ _____	\$ _____
<b>Total monthly expenses:</b>	<b>\$ _____</b>	<b>\$ _____</b>

10. 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.

11. 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:

12. 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? \$ \_\_\_\_\_

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13. Provide any other information that will help explain why you cannot pay the docketing fees for your appeal or petition for review.

N/A
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14. Have you ever filed a motion for leave to proceed in forma pauperis in any other case in this court?

☐ Yes ☒ No If yes, state the name and docket number of that case.

15. State the address of your legal residence:

M.C.C.F.  
833 West Street  
Holly Springs, Ms. 38635

Your daytime phone number: ( )

N/A

Your age: 47

Your years of schooling: 12

E-mail address:

N/A

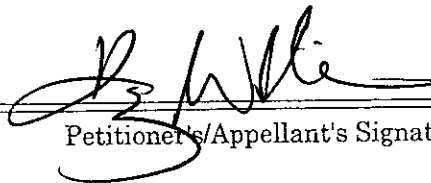
You must sign and date the declaration under penalty of perjury.

### DECLARATION UNDER PENALTY OF PERJURY

I declare under penalty of perjury, under the laws of the United States, that my answers on this form are true and correct. (28 U.S.C § 1746, 18 U.S.C § 1621)

4-13-2022

Date



Petitioner's/Appellant's Signature

cc:

Reset Form