

APR 19 2022

OFFICE OF THE CLERK

No. 21-7855

IN THE
SUPREME COURT OF THE UNITED STATES

James Wells Horsey — PETITIONER
(Your Name)

VS.

State of 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):

Comanche County Courthouse

(for direct appeal) to OCCA counsel appointed

☐ 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.

ORIGINAL
APR 27 2022
OFFICE OF THE CLERK
SUPREME COURT, U.S.

James Wells Horsey
(Signature)

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

I, James Wells Horsey, 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>0</u>	\$ <u>1600</u>	\$ <u>0</u>	\$ <u>1600</u>
Self-employment	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Income from real property (such as rental income)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Interest and dividends	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Gifts	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Alimony	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Child Support	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>2725</u>	\$ <u>0</u>	\$ <u>2725</u>	\$ <u>0</u>
Disability (such as social security, insurance payments)	\$ <u>152.64</u>	\$ <u>0</u>	\$ <u>152.64</u>	\$ <u>0</u>
Unemployment payments	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Public-assistance (such as welfare)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Other (specify): <u>VA</u>	\$ <u>0</u>	\$ <u>1500</u>	\$ <u>0</u>	\$ <u>1500</u>
Total monthly income:	\$ <u>2877.64</u>	\$ <u>3100</u>	\$ <u>2877.64</u>	\$ <u>3100</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
N/A	N/A	N/A	\$ N/A
N/A	N/A	N/A	\$ N/A
N/A	N/A	N/A	\$ N/A

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
Kroger	Mechanicville, VA	2022	\$ 1600
Amazon	Richmond, VA	2021	\$ 1200 (PT)
			\$

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
Checking	\$ 0	\$ 200
Department of Corrections (inmate)	\$ 130	\$ 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 2015 Chevy Malibu
Value \$ 2000

☐ Motor Vehicle #2
Year, make & model _____
Value _____

☐ Other assets
Description N/A
Value N/A

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 -	\$ - 0 -
N/A	\$ - 0 -	\$ - 0 -
N/A	\$ - 0 -	\$ - 0 -

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
Ashley Wilson	Daughter	24 (school)

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)	\$ - 0 -	\$ 300
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)	\$ - 0 -	\$ 600
Home maintenance (repairs and upkeep)	\$ - 0 -	\$ ^{JWH} 300
Food	\$ 100	\$ 700
Clothing	\$ - 0 -	\$ 150
Laundry and dry-cleaning	\$ - 0 -	\$ - 0 -
Medical and dental expenses	\$ 4.00	\$ 55

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>0</u>	\$ <u>300 (gas)</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>0</u>	\$ <u>0</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>0</u>	\$ <u>0</u>
Life	\$ <u>36</u>	\$ <u>0</u>
Health	\$ <u>0</u>	\$ <u>55</u>
Motor Vehicle	\$ <u>0</u>	\$ <u>145</u>
Other: _____	\$ <u>0</u>	\$ _____
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ <u>0</u>	\$ <u>0</u>
Installment payments		
Motor Vehicle	\$ <u>0</u>	\$ <u>358</u>
Credit card(s)	\$ <u>0</u>	\$ <u>600</u>
Department store(s)	\$ <u>0</u>	\$ <u>100</u>
Other: _____	\$ <u>0</u>	\$ <u>0</u>
Alimony, maintenance, and support paid to others	\$ <u>2,725</u>	\$ <u>0</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>- 0 -</u>	\$ <u>- 0 -</u>
Other (specify): <u>School Expenses (Daughter)</u>	\$ <u>- 0 -</u>	\$ <u>700</u>
Total monthly expenses:	\$ <u>2861</u>	\$ <u>4,063</u>

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.

Attached Veteran Adm Document

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? N/A

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? N/A

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.
See space 9 above and military pension goes to spouse

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

Executed on: April 18, 2022

James W. Hasty
(Signature)



**DEPARTMENT OF VETERANS AFFAIRS
Debt Management Center
Bishop Henry Whipple Federal Building
P. O. Box 11930
St. Paul, MN 55111-0930**

March 24, 2022

JAMES HORSEY
1700 E 1ST ST
GRANITE OK 73547-9317

FILE NO: XXX-XX-0666 00/30B
FAX NUMBER: (612) 970-5798
TOLL-FREE: 1-800-827-0648
Questions: <https://ask.va.gov/>
(Please provide the information
above on any related
correspondence)

Dear Mr. Horsey,

This letter concerns your compensation indebtedness for \$7,507.01.

We received your request for waiver, but we need additional information. In order for the Committee on Waivers to render a fair decision based on all pertinent facts, you need to complete the Financial Status Report, sign it, and return it in the self addressed envelope. The report will be forwarded along with your request for waiver to the Committee on Waivers for consideration.

Please complete and return the requested information as soon as possible so we can act on your request for waiver.

If you have any further questions regarding your indebtedness, you may call us toll-free at 1-800-827-0648 or e-mail us at dmcops.vbaspl@va.gov.

Respectfully,

Debt Management Center,
U.S. Department of Veterans Affairs

Enclosure(s): FSR

CSS