

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.



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.

<b>Income source</b>	<b>Average monthly amount during the past 12 months</b>		<b>Amount expected next month</b>	
	<b>You</b>	<b>Spouse</b>	<b>You</b>	<b>Spouse</b>
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>
<b>Total monthly income:</b>	\$ <u>2,877.64</u>	\$ <u>3100</u>	\$ <u>2,877.64</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.

<input type="checkbox"/> Home Value N/A	<input type="checkbox"/> Other real estate Value N/A
<input checked="" type="checkbox"/> Motor Vehicle #1 Year, make & model 2015 Chevy Malibu Value \$ 2000	<input type="checkbox"/> Motor Vehicle #2 Year, make & model _____ Value _____
<input type="checkbox"/> 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 -	\$ <del>700</del> <sup>700</sup>
Food	\$ 100	\$ 700
Clothing	\$ - 0 -	\$ 150
Laundry and dry-cleaning	\$ - 0 -	\$ - 0 -
Medical and dental expenses	\$ 4.00	\$ 55

	<b>You</b>	<b>Your spouse</b>
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>30</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>
<b>Total monthly expenses:</b>	<b>\$ <u>2861</u></b>	<b>\$ <u>4,063</u></b>

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 Hazy  
(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](mailto:dmcops.vbaspl@va.gov) .

Respectfully,

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

Enclosure(s): FSR

CSS