

21-7911
No.

SEARCHED
INDEXED

IN THE
SUPREME COURT OF THE UNITED STATES

FILED
APR 20 2022
OFFICE OF THE CLERK
SUPREME COURT U.S.

Lincoln Dille II — PETITIONER
(Your Name)

VS.

The State of Mississippi — 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):

Hinds County Circuit Court

Petitioner has **not** previously been granted leave to proceed *in forma pauperis* in any other court.

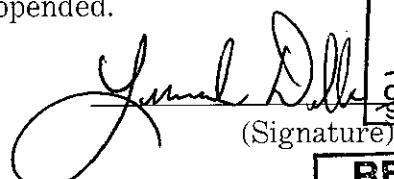
Petitioner's affidavit or declaration in support of this motion is attached hereto.

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: _____

U.S. Supreme Court Rule 39, or

a copy of the order of appointment is appended.


(Signature)

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MAY 18 2022
OFFICE OF THE CLERK
SUPREME COURT, U.S.

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APR 26 2022
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**AFFIDAVIT OR DECLARATION
IN SUPPORT OF MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS***

I, Lincoln Dille II, 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	\$.00	\$ _____	\$.00	\$ _____
Self-employment	\$.00	\$ _____	\$.00	\$ _____
Income from real property (such as rental income)	\$.00	\$ _____	\$.00	\$ _____
Interest and dividends	\$.00	\$ _____	\$.00	\$ _____
Gifts	\$.00	\$ _____	\$.00	\$ _____
Alimony	\$.00	\$ _____	\$.00	\$ _____
Child Support	\$.00	\$ _____	\$.00	\$ _____
Retirement (such as social security, pensions, annuities, insurance)	\$.00	\$ _____	\$.00	\$ _____
Disability (such as social security, insurance payments)	\$.00	\$ _____	\$.00	\$ _____
Unemployment payments	\$.00	\$ _____	\$.00	\$ _____
Public-assistance (such as welfare)	\$.00	\$ _____	\$.00	\$ _____
Other (specify): _____	\$.00	\$ _____	\$.00	\$ _____
Total monthly income:	\$.00	\$ _____	\$.00	\$ _____

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
(Been incarcerated since 2019)			\$ _____
			\$ _____
			\$ _____

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			\$ _____
			\$ _____
			\$ _____

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	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____

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 N/A

Motor Vehicle #2
Year, make & model N/A
Value N/A

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
<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
<u>N/A</u>	_____	_____
_____	_____	_____
_____	_____	_____

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>00</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>00</u>	\$ _____
Home maintenance (repairs and upkeep)	\$ <u>00</u>	\$ _____
Food	\$ <u>00</u>	\$ _____
Clothing	\$ <u>00</u>	\$ _____
Laundry and dry-cleaning	\$ <u>00</u>	\$ _____
Medical and dental expenses	\$ <u>00</u>	\$ _____

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>00</u>	\$ _____
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>00</u>	\$ _____
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>00</u>	\$ _____
Life	\$ <u>00</u>	\$ _____
Health	\$ <u>00</u>	\$ _____
Motor Vehicle	\$ <u>00</u>	\$ _____
Other: _____	\$ <u>00</u>	\$ _____
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ <u>00</u>	\$ _____
Installment payments		
Motor Vehicle	\$ <u>00</u>	\$ _____
Credit card(s)	\$ <u>00</u>	\$ _____
Department store(s)	\$ <u>00</u>	\$ _____
Other: _____	\$ <u>00</u>	\$ _____
Alimony, maintenance, and support paid to others	\$ <u>00</u>	\$ _____
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>00</u>	\$ _____
Other (specify): _____	\$ <u>00</u>	\$ _____
Total monthly expenses:	\$ <u>00</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.

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? _____

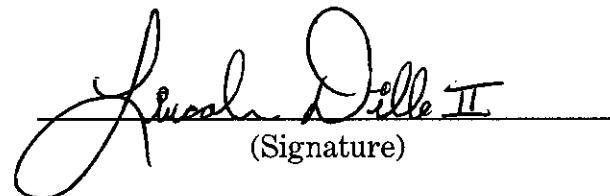
If yes, state the person's name, address, and telephone number:

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

I, Lincoln Dille II, have been incarcerated since 4/12/19.

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

Executed on: 5/11/22 / May 11, 2022


(Signature)

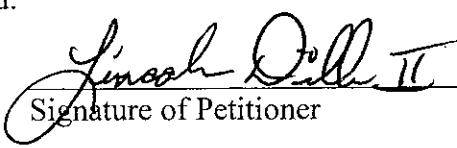
**FINANCIAL AUTHORIZATION
TO BE COMPLETED BY PETITIONER**

Authorization for Release of Institution Account Information
and Payment of the Filing Fees

I, Lincoln Dille II, MDOC# 222624,

authorize the Clerk of Court to obtain, from the agency having custody of my person, information about my institutional account, including balances, deposits and withdrawals. The Clerk of Court may obtain my account information from the past six (6) months and in the future, until the filing fee is paid. I also, authorize the agency having custody of my person to withdraw funds from my account and forward payments to the Clerk of Court, in accord with section 47-5-76 of the Mississippi Code Annotated.

3/23/22
Date


Signature of Petitioner

IT IS THE PETITIONER'S RESPONSIBILITY TO HAVE THE APPROPRIATE
PRISON OFFICIAL COMPLETE AND CERTIFY THE CERTIFICATE BELOW

**CERTIFICATE
(Inmate Accounts Only)**
TO BE COMPLETED BY AUTHORIZED OFFICER

I certify that the Petitioner named herein has the sum of \$ 1.58 on account to his credit at SMCI, MDOC Facility, where he is confined. I further certify that the Petitioner has the following securities to his credit according to the records of said institution: NA

I further certify that during the last six (6) months the Petitioner's average monthly balance was \$ 17.92

I further certify that during the last six (6) months the Petitioner's average monthly deposit was \$ 279.84

I further certify that Petitioner has made the following withdrawals within the past thirty (30) days: 98.88 321-22

601-394-5600

Telephone Number

03/23/22
Date

Laura Denmark
Authorized Officer of Inmate Accounts

Laura Denmark
Print Name of Authorized Officer

RECEIVED

MAR 23 2022