

No. 21-7980

FILED  
MAY 16 2022

OFFICE OF THE CLERK  
SUPREME COURT, U.S.

ORIGINAL

IN THE  
SUPREME COURT OF THE UNITED STATES  
OCTOBER 2021 TERM

PERRY SINGO – PETITIONER

Vs.

JASON CLENDENION – RESPONDENT

**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*.

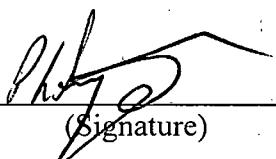
[  ] Petitioner has previously been granted leave to proceed *in forma pauperis* in the following court(s):

21<sup>st</sup> Judicial District Court of Tennessee, 104 College Ave., Room 204, Centerville, TN 37033

Tenn. Court of Criminal Appeal, Middle Dist. Of Tenn., 401 7<sup>th</sup> Ave. N., Nashville, TN 37219

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

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

  
(Signature)

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
<u>IN PRISON</u>	<u>LAST 2 YEARS</u>		\$ _____
			\$ _____
			\$ _____

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
			\$ _____
			\$ _____
			\$ _____

4. How much money do you and your spouse have? \$ 10  
Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial institution	Type of Account	Amount you have	Amount your spouse has
<u>N/A</u>		\$ _____	\$ _____
		\$ _____	\$ _____
		\$ _____	\$ _____

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 \_\_\_\_\_

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

Other assets      Description N/A      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	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.

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 rental for mobile home)	\$ <u>0</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>0</u>	\$ _____
Home maintenance (repairs and upkeep)	\$ <u>0</u>	\$ _____
Food	\$ <u>0</u>	\$ _____
Clothing	\$ <u>0</u>	\$ _____
Laundry and dry-cleaning	\$ <u>0</u>	\$ _____
Medical and dental expenses	\$ <u>0</u>	\$ _____

	<b>You</b>	<b>Your Spouse</b>
Transportation (not including motor vehicle payment)	\$ <u>0</u>	\$ _____
Recreation, entertainment, newspaper, magazines, etc.	\$ <u>0</u>	\$ _____
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>0</u>	\$ _____
Life	\$ <u>0</u>	\$ _____
Health	\$ <u>0</u>	\$ _____
Motor vehicle	\$ <u>0</u>	\$ _____
Other: _____	\$ <u>0</u>	\$ _____
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ <u>0</u>	\$ _____
Installment payments		
Motor Vehicle	\$ <u>0</u>	\$ _____
Credit card(s)	\$ <u>0</u>	\$ _____
Department store(s)	\$ <u>0</u>	\$ _____
Other: _____	\$ <u>0</u>	\$ _____
Alimony, maintenance, and support paid to others	\$ <u>0</u>	\$ _____
Regular expenses for operation of business, profession, Or farm (attach detailed statement)	\$ <u>0</u>	\$ _____
Other (specify): _____	\$ <u>0</u>	\$ _____
<b>Total monthly expenses:</b>	\$ <u>0</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? 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

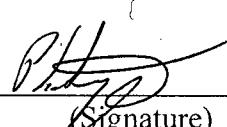
If yes, state the person's name, address, and telephone number:

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

*See Trust Fund statement*

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

Executed on: 5/15/, 2022

  
(Signature)