No
IN THE
SUPREME COURT OF THE UNITED STATES
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## REGINALD DEXTER CARR, JR. - PETITIONER

VS.

## STATE OF KANSAS - 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*.

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

The Supreme Court of the State of Kansas

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

Debra J. Wilson

Capital and Conflicts Appellate Defender Capital Appeals and Conflicts Office

701 S.W. Jackson, Third Floor Topeka, Kansas 66603-3714

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Counsel for Petitioner

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

I, Reginald P. Cair, Ir, 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		e monthly amo t 12 months	unt during	Amount expended in a contract month	cted
		You	Spouse	You	Spouse
Employment		\$0-	\$ N/A	\$	\$ N/+
Self-employment		\$0-	\$	\$	\$
Income from real prop (such as rental incom		\$	\$	\$ -0-	\$
Interest and dividends	3	\$ - 0-	\$	\$	\$
Gifts		\$ -50-	\$	\$ -50-	\$
Alimony		\$ - 0 -	\$	\$	\$
Child Support		\$	\$	\$	\$
Retirement (such as s security, pensions, annuities, insurance)	social	\$0	\$	\$	\$
Disability (such as soc security, insurance p		\$	\$	\$	\$
Unemployment payme	ents	\$	\$	\$ <u>- O</u>	\$
Public-assistance (such as welfare)		\$	\$	\$	\$
Other (specify):		\$	\$	\$	\$
Total monthly	income:	\$ 50.	\$	\$ 500	\$

Employer	Address	Dates of Employment	Gross monthly pay
NA			\$ \$ \$
	se's employment histor pay is before taxes or		, most recent employer firs
Employer	Address	Dates of Employment	Gross monthly pay
NIP			\$ \$ \$
4. How much cash Below, state an institution.	do you and your spous y money you or your	se have? \$ \( \mathcal{N} \) \( \mathcal{A} \) spouse have in bank accou	ints or in any other financi
Time of account to	a shasking an assing	a) Amount way have	Amount vous angues has
Type of account (e	.g., checking or saving	S Amount you have  \$\$ \$	
5. List the assets,		\$ \$ \$ \$	Amount your spouse has  \$ \$ \$ e owns. Do not list clothing
5. List the assets,	and their values, whi	\$ \$ \$ \$	\$s \$ e owns. Do not list clothing te

amount owed.	iness, or organization	owing you or your spo	ouse money, and the
Person owing you or your spouse money	Amount owed to y	ou Amount o	wed to your spouse
- <del>1/1</del> A=	\$	\$	
// / <del>/</del>	\$	\$	
	\$	\$	
7. State the persons who re instead of names (e.g. "J.			r children, list initials
Name	Relationshi	р А	ge
N/A			
8. Estimate the average morpaid by your spouse. A annually to show the mor	Adjust any payments th		
		You	Your spouse
Rent or home-mortgage pay (include lot rented for mobi Are real estate taxes inclu Is property insurance inclu	le home) ided?	\$ N/A	\$
Utilities (electricity, heating water, sewer, and telephone		\$_N/A	\$
Home maintenance (repairs	and upkeep)	\$ N/A	\$
Food		\$ N ) A	\$
Clothing		\$ N)A	\$
Laundry and dry-cleaning		\$ N/A	\$
Medical and dental expense	.s	\$ /// A	\$

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

9.	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? $\square$ Yes $\nearrow$ 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 3	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.
	Incarcerated since December of 2000.
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	eclare under penalty of perjury that the foregoing is true and correct.
Ex	ecuted on: $\frac{\sqrt{-24}}{}$ , $\frac{20}{}$
	(Signature)