

22-6280

No. _____

ORIGINAL

IN THE
SUPREME COURT OF THE UNITED STATES

FILED
DEC 06 2022

OFFICE OF THE CLERK
SUPREME COURT, U.S.

JOSE ADOLPHO CASTILLO, TDCJ-CID #2019371

Petitioner, Pro Se

VS.

THE STATE OF TEXAS
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:

Court of Appeals of Texas
Fourteenth District
Houston, Texas

Case Style: Castillo v. State
Case No. 14-15-00753-CR

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

JOSE CASTILLO
JOSE ADOLPHO CASTILLO, Petitioner

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

I, Jose Adolpho Castillo, 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	\$ 0	\$ No Spouse.	\$ 0	\$ _____
Self-employment	\$ 0	\$ _____	\$ 0	\$ _____
Income from real property (such as rental income)	\$ 0	\$ _____	\$ 0	\$ _____
Interest and dividends	\$ 0	\$ _____	\$ 0	\$ _____
Gifts	\$ 054.64	\$ _____	\$ 0	\$ _____
Alimony	\$ 0	\$ _____	\$ 0	\$ _____
Child Support	\$ 0	\$ _____	\$ 0	\$ _____
Retirement (such as social security, pensions, annuities, insurance)	\$ 0	\$ _____	\$ 0	\$ _____
Disability (such as social security, insurance payments)	\$ 0	\$ _____	\$ 0	\$ _____
Unemployment payments	\$ 0	\$ _____	\$ 0	\$ _____
Public-assistance (such as welfare)	\$ 0	\$ _____	\$ 0	\$ _____
Other (specify): _____	\$ 0	\$ _____	\$ 0	\$ _____
Total monthly income:	\$ 0	\$ _____	\$ 0	\$ _____

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
None			\$
			\$
			\$

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
No spouse.			\$
			\$
			\$

4. How much cash do you and your spouse have? \$ 8 513.78

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
<u>Emmale Trust Fund</u>	\$	\$
	\$	\$
	\$	\$

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 _____	<input type="checkbox"/> Other real estate	Value _____
<input type="checkbox"/> Motor Vehicle #1	Year, make & model _____	<input type="checkbox"/> Motor Vehicle #2	Year, make & model _____
Value _____		Value _____	
<input type="checkbox"/> Other assets	Description _____		
Value _____			

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 0	\$ No spouse.
Recreation, entertainment, newspapers, magazines, etc.	\$ 0	\$
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ 0	\$
Life	\$ 0	\$
Health	\$ 0	\$
Motor Vehicle	\$ 0	\$
Other: _____	\$ 0	\$
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ 0	\$
Installment payments		
Motor Vehicle	\$ 0	\$
Credit card(s)	\$ 0	\$
Department store(s)	\$ 0	\$
Other: _____	\$ 0	\$
Alimony, maintenance, and support paid to others	\$ 0	\$
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0	\$
Other (specify): _____	\$ 0	\$
Total monthly expenses:	\$ 0	\$

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.

But, every once and a while someone will send me a gift of \$50 or \$100.

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'm in prison with no one to help me. And I'm not even from this country.

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

Executed on: 12 05, 2022

JOSE CASTILLO

(Signature)

CSINIB02/CINIB02 TEXAS DEPARTMENT OF CRIMINAL JUSTICE 12/05/22
1M7H/BS00157 IN-FORMA-PAUPERIS DATA 07:13:01
TDCJ#: 02019371 SID#: 08810201 LOCATION: CONNALLY INDIGENT DTE:
NAME: CASTILLO, JOSE ADOLPHO BEGINNING PERIOD: 06/01/22
PREVIOUS TDCJ NUMBERS:
CURRENT BAL: 573.78 TOT HOLD AMT: 0.00 3MTH TOT DEP: 140.00
6MTH DEP: 328.00 6MTH AVG BAL: 610.61 6MTH AVG DEP: 54.67
MONTH HIGHEST BALANCE TOTAL DEPOSITS MONTH HIGHEST BALANCE TOTAL DEPOSITS
11/22 727.48 0.00 08/22 682.13 138.00
10/22 727.48 140.00 07/22 623.68 0.00
09/22 625.78 0.00 06/22 665.58 50.00

STATE OF TEXAS COUNTY OF *Kosciusko*
ON THIS THE *5* DAY OF *December, 2022* I CERTIFY THAT THIS DOCUMENT IS A TRUE,
COMPLETE, AND UNALTERED COPY MADE BY ME OF INFORMATION CONTAINED IN THE
COMPUTER DATABASE REGARDING THE OFFENDER'S ACCOUNT. NP SIG: *Stephanie Bradley*
PF1-HELP PF3-END ENTER NEXT TDCJ NUMBER: _____ OR SID NUMBER: _____

