ORIGINAL

No. 22-6325

IN THE

SUPREME COURT OF THE UNITED STATES

Travis Ray Thompson — PETITIONER
(Your Name)

VS.

Kathleen Allison, et al. — 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.*

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

U.S Court of Appeal, Ninth Circuit

[ ] 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.

(Signature)

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

I, Travis Ray Thompson, 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	$ Ø	$	$	$
Self-employment	$ Ø	$	$	$
Income from real property (such as rental income)	$ Ø	$	$	$
Interest and dividends	$ Ø	$	$	$
Gifts	$ Ø	$	$	$
Alimony	$ Ø	$	$	$
Child Support	$ Ø	$	$	$
Retirement (such as social security, pensions, annuities, insurance)	$ Ø	$	$	$
Disability (such as social security, insurance payments)	$ Ø	$	$	$
Unemployment payments	$ Ø	$	$	$
Public-assistance (such as welfare)	$ Ø	$	$	$
Other (specify):	$ Ø	$	$	$
Total monthly income:	$ Ø	$	$	$

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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
			$ Ø
			$ Ø
			$ Ø

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
			$ Ø
			$ Ø
			$ Ø

4. How much cash do you and your spouse have? $ .05¢
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
		$	$
		$	$
		$	$

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

☐ Home
Value Ø

☐ Other real estate
Value Ø

☐ Motor Vehicle #1
Year, make & model
Value Ø

☐ Motor Vehicle #2
Year, make & model
Value Ø

☐ Other assets
Description
Value Ø

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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
_____	$ Ø	$ _____
_____	$ Ø	$ _____
_____	$ Ø	$ _____

7. State the persons who rely on you or your spouse for support.

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

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) Are real estate taxes included? ☐ Yes ☐ No Is property insurance included? ☐ Yes ☐ No	$ Ø	$ _____
Utilities (electricity, heating fuel, water, sewer, and telephone)	$ Ø	$ _____
Home maintenance (repairs and upkeep)	$ Ø	$ _____
Food	$ Ø	$ _____
Clothing	$ Ø	$ _____
Laundry and dry-cleaning	$ Ø	$ _____
Medical and dental expenses	$ Ø	$ _____

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

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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.

Never rec'd stimulus, as my Social Security number is showing "invalid".

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

Executed on: November 20, 2022

(Signature)

NOV 22 2022

Date\Time: 11/28/2022 2:09:07 PM
Institution: KVSP

CDCR

Inmate Statement Report

Verified: _____

THE WITHIN INSTRUMENT IS A CORRECT COPY OF THE TRUST ACCOUNT MAINTAINED BY THIS OFFICE.
ATTEST: WILLIAM ESTRELLA
CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
BY Wiljan Estrella 11/28/22
TRUST OFFICE

CDCR#	Inmate/Group Name	Institution	Unit	Cell/Bed#
J76696	THOMPSON, TRAVIS	KVSP	A 003 2	231001

Current Available Balance: $0.10

Transaction List

Transaction Date	Institution	Transaction Type	Source Doc#	Receipt#/Check#	Amount	Account Balance
05/28/2022	KVSP	BEGINNING BALANCE				$0.22
07/21/2022	KVSP	GTL	21211709261220		$25.00	$25.22
07/21/2022	KVSP	RESTITUTION FINE PAYMENT	21211709261220		($12.50)	$12.72
08/01/2022	KVSP	PLRA	CT# 05-0704JAH(NLS)	1137354	($2.72)	$10.00
08/17/2022	KVSP	SALES	48		($2.10)	$7.90
09/20/2022	KVSP	SALES	28		($7.80)	$0.10

Encumbrance List

Encumbrance Type	Transaction Date	Amount

No information was found for the given criteria.

Obligation List

Obligation Type	Court Case#	Original Owed Balance	Sum of Tx for Date Range for Oblg	Current Balance
PLRA	CT# 05-0704JAH(NLS)	$250.00	($2.72)	$166.08
PLRA	CT#03-1726 IEG(NLS)	$150.00	$0.00	$86.30
REGULAR MAIL	REG MAIL	$0.80	$0.00	$0.80
COPY CHARGES	REG COPY	$0.20	$0.00	$0.20
COPY CHARGES	REG COPY	$0.60	$0.00	$0.60
COPY CHARGES	REG COPY	$0.50	$0.00	$0.50
COPY CHARGES	11/19/09 COPIES	$0.10	$0.00	$0.10
COPY CHARGES	#3187 4/24/11	$8.00	$0.00	$8.00
COPY CHARGES	#3656 SUPPLIES 9/8	$4.00	$0.00	$4.00
PLRA	1:07CV-00572-OWW-SMS	$455.00	$0.00	$449.06
PLRA	CV-01240-SMS	$350.00	$0.00	$350.00
COPY CHARGES	REG COPY 8/28/16	$0.12	$0.00	$0.12
PLRA	5:16-CV-05242-EJD	$350.00	$0.00	$350.00
DAMAGES - STATE PROPERTY	BOOKS 6-30-17	$13.00	$0.00	$13.00
FEDERAL FILING FEE	1:21-CV-00001-AWI-JL	$505.00	$0.00	$505.00

Restitution List

Restitution	Court Case#	Status	Original Owed Balance	Interest Accrued	Sum of Tx for Date Range for Oblg	Current Balance

Date\Time: 11/28/2022 2:09:07 PM

Institution: KVSP

CDCR

Verified: _____

Inmate Statement Report

Restitution	Court Case#	Status	Original Owed Balance	Interest Accrued	Sum of Tx for Date Range for Oblg	Current Balance
RESTITUTION FINE	TA030788	Fulfilled	$200.00	$0.00	$0.00	$0.00
RESTITUTION FINE	JCF12948	Fulfilled	$200.00	$0.00	$0.00	$0.00
RESTITUTION FINE	CF7718	Active	$200.00	$0.00	($12.50)	$186.52
RESTITUTION FINE	16FE010268	Active	$10,000.00	$0.00	$0.00	$10,000.00

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ATTEST:
WELJHN ESTRELLA
CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
BY Weljan Estrella 11/28/22
TRUST OFFICE

CERTIFICATE OF FUNDS
IN
PRISONER'S ACCOUNT

I certify that attached hereto is a true and correct copy of the prisoner's trust account statement showing transactions of:

Thompson, TRAVIS - J76496 for the last six months at

KERN VALLEY STATE PRISON where he is confined.

I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were $ 4.16, and the average balance in the prisoner's account each for the most recent 6-month period was $ 5.62.

11/28/2022
Date

Wilson Estrella
Authorized Officer of the Institution

Date\Time: 11/28/2022 2:09:07 PM

Institution: KVSP

CDCR

Verified: _____

Inmate Statement Report

Start Date:	5/28/2022	**Revalidation Cycle:**	All
End Date:	11/28/2022	**Housing Unit:**	All
Inmate/Group#:	J76696		

THE WITHIN INSTRUMENT IS A CORRECT COPY OF THE TRUST ACCOUNT MAINTAINED BY THIS OFFICE.
ATTEST:
WILIAN ESTRELLA
CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
BY Wilian Estrella 11/28/22
TRUST OFFICE

RECEIVED
DEC - 7 2022
OFFICE OF THE CLERK
SUPREME COURT, U.S.