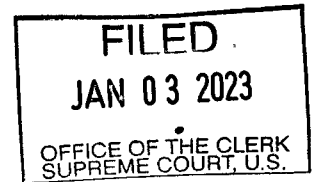


22-6724

IN THE SUPREME COURT OF THE UNITED STATES

ORIGINAL

UNITED STATES OF AMERICA



CHRISTOPHER COBB

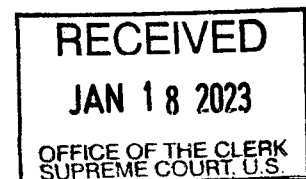
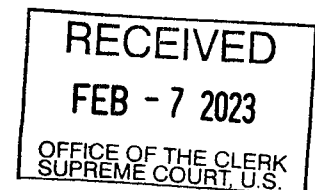
On Appeal

From the Eleventh Circuit Court of Appeals

Petitioner's Request For Leave To File In Forma Pauperis

Pro Se

Christopher D. Cobb #37691-051  
Federal Satellite Low  
2680 U.S. Hwy 301 South  
Jesup, GA 31599



IN THE SUPREME COURT OF THE UNITED STATES

CHRISTOPHER COBB


V

UNITED STATES OF AMERICA

\_\_\_\_\_ /

Comes Now, Christopher D. Cobb, proceeding Pro Se, to request leave of this Court to file the accompanying Petition for a Writ of Habeas Corpus under this Court's Original Jurisdiction In Forma Pauperis, having previously been granted pauper status in this Court, the Eleventh Circuit Court of Appeals, and the United States District Court for the Northern District of Alabama. He is currently incarcerated in the Federal Satellite Low located in Jesup, Georgia. He contends now that the costs of preparing 50 copies and paying the filing fee in this Court are prohibitively expensive and above his means to comply with. In support of this he provides the accompanying Financial Statement of his Inmate Account, prepared by his Unit Counselor, Mr. Goarcke. I, Christopher D. Cobb, hereby swear under penalty of perjury that the foregoing is both true and accurate, to the best of my knowledge.

Respectfully Submitted,

  
\_\_\_\_\_  
Christopher D. Cobb

1/3/2023  
\_\_\_\_\_  
Date

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

I, Christopher D. Cobb, 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	\$ 0	\$ 0	\$ 0
Self-employment	\$ 0	\$ 0	\$ 0	\$ 0
Income from real property (such as rental income)	\$ 0	\$ 0	\$ 0	\$ 0
Interest and dividends	\$ 0	\$ 0	\$ 0	\$ 0
Gifts	\$ 165.83	\$ 0	\$ 120	\$ 0
Alimony	\$ 0	\$ 0	\$ 0	\$ 0
Child Support	\$ 0	\$ 0	\$ 0	\$ 0
Retirement (such as social security, pensions, annuities, insurance)	\$ 0	\$ 0	\$ 0	\$ 0
Disability (such as social security, insurance payments)	\$ 0	\$ 0	\$ 0	\$ 0
Unemployment payments	\$ 0	\$ 0	\$ 0	\$ 0
Public-assistance (such as welfare)	\$ 0	\$ 0	\$ 0	\$ 0
Other (specify): _____	\$ 0	\$ 0	\$ 0	\$ 0
<b>Total monthly income:</b>	\$ 165.83	\$ 0	\$ 120	\$ 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
FSL Educ Dep't	FSL Jesup	Nov 21 - Jan 2022	\$ \$16.00
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
none			\$
			\$
			\$

4. How much cash do you and your spouse have? \$ 126.99  
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
Inmate Trust Fund	\$ 126.99	\$ 0
	\$	\$
	\$	\$

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 None  
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>none</u>	\$ <u>                    </u>	\$ <u>                    </u>
<u>                                </u>	\$ <u>                    </u>	\$ <u>                    </u>
<u>                                </u>	\$ <u>                    </u>	\$ <u>                    </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>none</u>	<u>                                </u>	<u>                                </u>
<u>                                </u>	<u>                                </u>	<u>                                </u>
<u>                                </u>	<u>                                </u>	<u>                                </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>    0    </u>	\$ <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>	\$ <u>    0    </u>
Home maintenance (repairs and upkeep)	\$ <u>    0    </u>	\$ <u>    0    </u>
Food	\$ <u>  60-80  </u>	\$ <u>    0    </u>
Clothing	\$ <u>  20-30  </u>	\$ <u>    0    </u>
Laundry and dry-cleaning	\$ <u>    0    </u>	\$ <u>    0    </u>
Medical and dental expenses	\$ <u>    0    </u>	\$ <u>    0    </u>

	<b>You</b>	<b>Your spouse</b>
Transportation (not including motor vehicle payments)	\$ 0	\$ 0
Recreation, entertainment, newspapers, magazines, etc.	\$ 0	\$ 0
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ 0	\$ 0
Life	\$ 0	\$ 0
Health	\$ 0	\$ 0
Motor Vehicle	\$ 0	\$ 0
Other: _____	\$ 0	\$ 0
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ 0	\$ 0
Installment payments		
Motor Vehicle	\$ 0	\$ 0
Credit card(s)	\$ 0	\$ 0
Department store(s)	\$ 0	\$ 0
Other: _____	\$ 0	\$ 0
Alimony, maintenance, and support paid to others	\$ 0	\$ 0
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0	\$ 0
Other (specify): <u>Costs of typing/copying</u>	\$ 300	\$ 0
<b>Total monthly expenses:</b>	\$ 110-140	\$ 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.

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 am unable to contact or to pay for a publishing company that can prepare the requisite format required to submit Petitions to the Supreme Court due to my incarcerated status

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

Executed on: January 30, 2023



(Signature)


## Inmate Inquiry



Inmate Reg #: 37691051      Current Institution: Jesup FCI  
Inmate Name: COBB, CHRISTOPHER      Housing Unit: JES-A-A  
Report Date: 01/03/2023      Living Quarters: A01-1201  
Report Time: 9:32:18 AM

General Information | Account Balances | Commissary History | Commissary Restrictions | Comments

### General Information

Administrative Hold Indicator: No  
No Power of Attorney: No  
Never Waive NSF Fee: No  
Max Allowed Deduction %: 100  
PIN: 1579  
PAC #: 797008633  
Revalidation Date: 4th  
FRP Participation Status: Completed  
Arrived From: TAL  
Transferred To:  
Account Creation Date: 6/18/2010  
Local Account Activation Date: 3/11/2017 3:30:47 AM  
Sort Codes:   
Last Account Update: 1/1/2023 12:11:32 AM  
Account Status: Active  
Phone Balance: \$0.00

### Pre-Release Plan Information

Target Pre-Release Account Balance: \$0.01  
Pre-Release Deduction %: 0%  
Income Categories to Deduct From: ☐ Payroll ☒ Outside Source Funds

### FRP Plan Information

FRP Plan Type	Expected Amount	Expected Rate
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### Account Balances

Account Balance: \$126.99  
Pre-Release Balance: \$0.00  
Debt Encumbrance: \$0.00  
SPO Encumbrance: \$0.00  
Other Encumbrances: \$0.00  
Outstanding Negotiable Instruments: \$0.00  
Administrative Hold Balance: \$0.00  
Available Balance: \$126.99  
National 6 Months Deposits: \$995.00



National 6 Months Withdrawals: \$897.15  
Available Funds to be considered for IFRP Payments: \$545.00  
National 6 Months Avg Daily Balance: \$146.44  
Local Max. Balance - Prev. 30 Days: \$243.94  
Average Balance - Prev. 30 Days: \$119.84

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## Commissary History

### Purchases

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Validation Period Purchases: \$231.55  
YTD Purchases: \$698.05  
Last Sales Date: 12/30/2022 11:24:03 AM

### SPO Information

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SPO's this Month: 0  
SPO \$ this Quarter: \$0.00

### Spending Limit Info

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Spending Limit Override: No  
Weekly Revalidation: No  
Bi-Weekly Revalidation: Yes  
Spending Limit: \$180.00  
Expended Spending Limit: \$0.00  
Remaining Spending Limit: \$180.00

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## Commissary Restrictions

### Spending Limit Restrictions

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Restricted Spending Limit: \$0.00  
Restricted Expended Amount: \$0.00  
Restricted Remaining Spending Limit: \$0.00  
Restriction Start Date: N/A  
Restriction End Date: N/A

### Item Restrictions

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List Name	List Type	Start Date	End Date	Active
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## Comments

Comments:

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2000