

22-7144
Motion for Permission to

Appeal In Forma Pauperis and Affidavit

United States Supreme Court

Supreme Court, U.S.
FILED

MAR 14 2023

OFFICE OF THE CLERK

Court of Appeals No. Second ~~Third~~ Circuit
District Court No. _____

DAVID PRIESTER
v.

In RE Priester

Instructions: Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write in that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Affidavit in Support of Motion

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)

Date: 3/6/23

Signed: Reed

1. My issues on appeal are: Extraordinary writ for writ
of habeas corpus(s) petition(s) for their
titles and captives) received by the Second
and third circuit court of appeals for
the United States. For the denial of the
right to effective representation by counsel.

2. 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
Interests and dividends	\$ 0	\$ 0	\$ 0	\$ 0
Gifts	\$ 0	\$ 0	\$ 0	\$ 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
Total monthly income:	\$ 0	\$ 0	\$ 0	\$ 0

3. List your 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
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NP	NA		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

NP	NA		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. How much cash do you and your spouse have? \$ 0

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>	<u>N/A</u>	\$ <u>0</u>	\$ <u>1/2</u>
		\$ <u>0</u>	\$ <u>11</u>
		\$ <u>0</u>	\$ <u>11</u>

If you are a prisoner seeking to appeal a judgment in a civil action or proceeding, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

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

Home (Value)	Other Real Estate (Value)	Motor Vehicle #1 (Value)
<u>N/A</u>	<u>N/A</u>	Make & Year: <u>N/A</u>
<u>11</u>	<u>11</u>	Model: <u>11</u>
<u>11</u>	<u>11</u>	Registration #: <u>11</u>
Other Assets (Value)	Other Assets (Value)	Motor Vehicle #2 (Value)
<u>0</u>	<u>—</u>	Make & Year <u>—</u>
<u>0</u>	<u>—</u>	Model: <u>0</u>
<u>0</u>	<u>—</u>	Registration #: <u>—</u>

7. 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>	<u>N/A</u>	<u>N/A</u>

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

Name [or, if under 18, initials only]	Relationship	Age
Constance TASH	Sister	60
Isabel Thomas	Sister	65

9. 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, semiannually, or annually to show the monthly rate.

	You	Your Spouse
For home-mortgage payment (include lot rented for mobile home)	\$ 0	\$ 114
Are real-estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ 0	\$ 11
Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ 0	\$ 11
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 0	\$ 11
Home maintenance (repairs and upkeep)	\$ 0	\$ 11
Food	\$ 0	\$ 11
Clothing	\$ 0	\$ 11
Laundry and dry-cleaning	\$ 0	\$ 11
Medical and dental expenses	\$ 0	\$ 11
Transportation (not including motor vehicle payments)	\$ 0	\$ 11
Recreation, entertainment, newspapers, magazines, etc.	\$ 0	\$ 11
Insurance (not deducted from wages or included in mortgage payments)	\$ 0	\$ 11
Homeowner's or renter's	\$ 0	\$ 11
Life	\$ 0	\$ 11
Health	\$ 0	\$ 11
Motor Vehicle	\$ 0	\$ 11
Other: 0	\$ 0	\$ 11
Taxes (not deducted from wages or included in mortgage payments) (specify):	\$ 0	\$ 11
Installment payments	\$ 6	\$ 11
Motor Vehicle	\$ 6	\$ 11
Credit card (name):	\$ 0	\$ 11
Department store (name):	\$ 0	\$ 11
Other:	\$ 0	\$ 11

Alimony, maintenance, and support paid to others	\$ <u>0</u>	\$ <u>0</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>0</u>	\$ <u>0</u>
Other (specify): _____	\$ <u>0</u>	\$ <u>0</u>
Total monthly expenses	\$ <u>0</u>	\$ <u>0</u>

10. 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.

11. Have you spent – or will you be spending – any money for expenses or attorney fees in connection with this lawsuit?

Yes No If yes, how much: \$ _____

12. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.

Attached is monthly statement and my financial assistance barely covers essentials

13. State the city and state of your legal residence. Monticello Florida, DeSoto C.I.

Your daytime phone number: (____) 713

Your age: 58 Your years of schooling: 2 years

IBSR140 (74)

FLORIDA DEPARTMENT OF CORRECTIONS
 TRUST FUND ACCOUNT STATEMENT
 FACILITY: 103 - JEFFERSON C.I.
 FOR: 02/01/2023 - 02/28/2023

03/01/23
 07:03:44
 PAGE 734

ACCT NAME: PRIESTER, DAVID
 BED: E2122L
 PO BOX:

ACCT#: E59730
 TYPE: INMATE TRUST

BEGINNING BALANCE 02/01/23 \$0.00

POSTED DATE	NBR	TYPE	REFERENCE NUMBER	FAC	REMITTER/PAYEE	+/-	AMOUNT	BALANCE
02/10/23	147	LEGAL POSTAGE W	2023020601	000		-	\$2.70	\$2.70-
02/10/23	147	LEGAL POSTAGE W	2023020602	000		-	\$2.70	\$5.40-
02/10/23	147	LEGAL POSTAGE W	2023020603	000		-	\$2.70	\$8.10-
02/10/23	147	LEGAL POSTAGE W	2023020604	000		-	\$2.70	\$10.80-
02/10/23	190	JPAY DEPOSIT	153049708	000	HOLLEY, ANYA	+	\$50.00	\$39.20
02/10/23	191	LIEN PAYMENT	021023190297	000		-	\$0.58	\$38.62
		PROCESSING FEE	- 01/23/2023	20230123				
02/12/23	005	CANTEEN SALES	10320230211	000		-	\$26.72	\$11.90
02/13/23	107	PROCESSING FEE	WEEKLY DRAW	000		-	\$0.27	\$11.63
02/15/23	005	CANTEEN SALES	10320230214	000		-	\$11.63	\$0.00
02/20/23	107	PROCESSING FEE	WEEKLY DRAW	000		-	\$0.00	\$0.00
		LIEN CREATED	- 02/20/2023	20230220				

ENDING BALANCE 02/28/23 \$0.00

LIEN DATE	TYPE OF LIEN	LIEN FACL	AMOUNT OF LIEN	AMOUNT STILL OWED
02/20/23	PROCESSING FEE	000	\$0.12	\$0.12