

No. 22-7169

ORIGINAL

IN THE
SUPREME COURT OF THE UNITED STATES

Supreme Court, U.S.
FILED

MAR 20 2023

OFFICE OF THE CLERK

SCOTT CHARLES TEEVAN — PETITIONER
(Your Name)

VS.

BOBBY LUMPKIN, Dir. TDCJ — 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*.

Please check the appropriate boxes:

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

Fifth Circuit Court of Appeals, New Orleans. Texas Court of Criminal Appeals

Austin. Texas Fourteenth Court of Appeals, Houston

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.

Petitioner's affidavit or declaration is **not** attached because the court below appointed counsel in the current proceeding, and:

The appointment was made under the following provision of law: _____
_____, or

a copy of the order of appointment is appended.


(Signature)

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

I, Scott C. Teevan, 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	\$ <u>00</u> . <u>00</u>	\$ <u>00</u> . <u>00</u>	\$ <u>00</u> . <u>00</u>	\$ <u>00</u> . <u>00</u>
Self-employment	\$ <u>00</u> . <u>00</u>	\$ <u>00</u> . <u>00</u>	\$ <u>00</u> . <u>00</u>	\$ <u>00</u> . <u>00</u>
Income from real property (such as rental income)	\$ <u>00</u> . <u>00</u>	\$ <u>00</u> . <u>00</u>	\$ <u>00</u> . <u>00</u>	\$ <u>00</u> . <u>00</u>
Interest and dividends	\$ <u>00</u> . <u>00</u>	\$ <u>00</u> . <u>00</u>	\$ <u>00</u> . <u>00</u>	\$ <u>00</u> . <u>00</u>
Gifts	\$ <u>10</u> . <u>00</u>	\$ <u>00</u> . <u>00</u>	\$ <u>00</u> . <u>00</u>	\$ <u>00</u> . <u>00</u>
Alimony	\$ <u>00</u> . <u>00</u>	\$ <u>00</u> . <u>00</u>	\$ <u>00</u> . <u>00</u>	\$ <u>00</u> . <u>00</u>
Child Support	\$ <u>00</u> . <u>00</u>	\$ <u>00</u> . <u>00</u>	\$ <u>00</u> . <u>00</u>	\$ <u>00</u> . <u>00</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>00</u> . <u>00</u>	\$ <u>00</u> . <u>00</u>	\$ <u>00</u> . <u>00</u>	\$ <u>00</u> . <u>00</u>
Disability (such as social security, insurance payments)	\$ <u>00</u> . <u>00</u>	\$ <u>00</u> . <u>00</u>	\$ <u>00</u> . <u>00</u>	\$ <u>00</u> . <u>00</u>
Unemployment payments	\$ <u>00</u> . <u>00</u>	\$ <u>00</u> . <u>00</u>	\$ <u>00</u> . <u>00</u>	\$ <u>00</u> . <u>00</u>
Public-assistance (such as welfare)	\$ <u>00</u> . <u>00</u>	\$ <u>00</u> . <u>00</u>	\$ <u>00</u> . <u>00</u>	\$ <u>00</u> . <u>00</u>
Other (specify): _____	\$ <u>00</u> . <u>00</u>	\$ <u>00</u> . <u>00</u>	\$ <u>00</u> . <u>00</u>	\$ <u>00</u> . <u>00</u>
Total monthly income:	\$ <u>10</u> . <u>00</u>	\$ <u>00</u> . <u>00</u>	\$ <u>00</u> . <u>00</u>	\$ <u>00</u> . <u>00</u>

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
TDCJ	12071 F.M. 3522	Since 2002	\$ 00.00
TDCJ	Abilene Tx. 79601	same	\$ 00.00
TDCJ	same	same	\$ 00.00

PRISONERS IN TEXAS ARE NOT PAID

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	NONE	NONE	\$ 00.00
NONE	NONE	NONE	\$ 00.00
NONE	NONE	NONE	\$ 00.00

4. How much cash do you and your spouse have? \$ 20.00

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
The prison has an "inmate trust fund" which allows us to pay for food items it is the only account I have.	\$ 20.00	\$ 00.00
	\$ same	\$ 00.00
	\$ same	\$ 00.00

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

Home
Value 00.00

Other real estate
Value 00.00

Motor Vehicle #1
Year, make & model none
Value 00.00

Motor Vehicle #2
Year, make & model none
Value 00.00

Other assets
Description None of significant value
Value 00.00

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
None	\$ 00.00	\$ 00.00
None	\$ 00.00	\$ 00.00
none	\$ 00.00	\$ 00.00

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
None	None	none
None	None	none
None	none	none

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)	\$ 00.00	\$ 00.00
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)	\$ 00.00	\$ 00.00
Home maintenance (repairs and upkeep)	\$ 00.00	\$ 00.00
Food	\$ 05.00	\$ 00.00
Clothing	\$ 00.00	\$ 00.00
Laundry and dry-cleaning	\$ 00.00	\$ 00.00
Medical and dental expenses	\$ 00.00	\$ 00.00

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u> </u> . <u> </u>	\$ <u> </u> . <u> </u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u> </u> . <u> </u>	\$ <u> </u> . <u> </u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u> </u> . <u> </u>	\$ <u> </u> . <u> </u>
Life	\$ <u> </u> . <u> </u>	\$ <u> </u> . <u> </u>
Health	\$ <u> </u> . <u> </u>	\$ <u> </u> . <u> </u>
Motor Vehicle	\$ <u> </u> . <u> </u>	\$ <u> </u> . <u> </u>
Other: <u>NONE</u>	\$ <u> </u> . <u> </u>	\$ <u> </u> . <u> </u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>ANONE</u>	\$ <u> </u> . <u> </u>	\$ <u> </u> . <u> </u>
Installment payments		
Motor Vehicle	\$ <u> </u> . <u> </u>	\$ <u> </u> . <u> </u>
Credit card(s)	\$ <u> </u> . <u> </u>	\$ <u> </u> . <u> </u>
Department store(s)	\$ <u> </u> . <u> </u>	\$ <u> </u> . <u> </u>
Other: <u>NONE</u>	\$ <u> </u> . <u> </u>	\$ <u> </u> . <u> </u>
Alimony, maintenance, and support paid to others	\$ <u> </u> . <u> </u>	\$ <u> </u> . <u> </u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u> </u> . <u> </u>	\$ <u> </u> . <u> </u>
Other (specify): <u>NONE</u>	\$ <u> </u> . <u> </u>	\$ <u> </u> . <u> </u>
Total monthly expenses:	\$ <u> </u>.<u> </u>	\$ <u> </u>.<u> </u>

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? 00.00

If yes, state the attorney's name, address, and telephone number:
None

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? None

If yes, state the person's name, address, and telephone number:

None

12. Provide any other information that will help explain why you cannot pay the costs of this case.

As a prisoner I am not paid for any of the work that I am assigned and expected to do.
Please read *Ali v. Johnson* 259 F.3d 317 (5th Cir. 2001)

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

Executed on: February 28, 2008

Scott C. Jaeger
(Signature)

CSINIB02/CINIB02 TEXAS DEPARTMENT OF CRIMINAL JUSTICE 03/15/23
 AIN5/SJ00365 IN-FORMA-PAUPERIS DATA 11:49:23
 TDCJ#: 01114385 SID#: 06783560 LOCATION: ROBERTSON INDIGENT DTE: 03/09/23
 NAME: TEEVAN, SCOTT CHARLES BEGINNING PERIOD: 09/01/22

PREVIOUS TDCJ NUMBERS:

CURRENT BAL:	0.97	TOT HOLD AMT:	0.00	3MTH TOT DEP:	162.00
6MTH DEP:	237.00	6MTH AVG BAL:	6.34	6MTH AVG DEP:	39.50
MONTH HIGHEST BALANCE TOTAL DEPOSITS			MONTH HIGHEST BALANCE TOTAL DEPOSITS		
02/23	30.57	30.00	11/22	25.32	25.00
01/23	50.12	50.00	10/22	50.51	0.00
12/22	82.17	82.00	09/22	50.51	50.00

STATE OF TEXAS COUNTY OF *Jones*
 ON THIS THE *15* DAY OF *March 2023*, 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 *Jennifer Griffin*
 PF1-HELP PF3-END ENTER NEXT TDCJ NUMBER: _____ OR SID NUMBER: _____

