

No. 22-7410

IN THE
SUPREME COURT OF THE UNITED STATES

REYNALDO Palomo — PETITIONER
(Your Name)

Supreme Court, U.S.
FILED
APR 14 2023

OFFICE OF

VS.

Bobby Lumptin — 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):

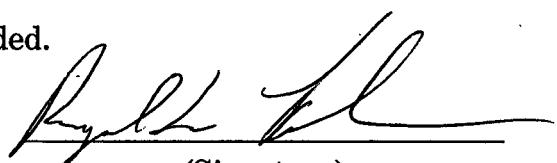
Petitioner has **not** previously been granted leave to proceed *in forma pauperis* in any other court.

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, Reynaldo Palomo, 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>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Self-employment	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Income from real property (such as rental income)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Interest and dividends	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Gifts	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Alimony	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Child Support	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Disability (such as social security, insurance payments)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Unemployment payments	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Public-assistance (such as welfare)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Other (specify): <u>see Affidavit</u> \$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Total monthly income:	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</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
<u>NONE</u>			\$
			\$
			\$

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
			\$
			\$
			\$

4. 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.

Type of account (e.g., checking or savings)	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 NONE

Other real estate
Value NONE

Motor Vehicle #1
Year, make & model NONE
Value _____

Motor Vehicle #2
Year, make & model NONE
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>	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

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>N/A</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>	\$ _____
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>	\$ _____
Home maintenance (repairs and upkeep)	\$ <u>0</u>	\$ _____
Food	\$ _____	\$ _____
Clothing	\$ <u>0</u>	\$ _____
Laundry and dry-cleaning	\$ <u>0</u>	\$ _____
Medical and dental expenses	\$ <u>0</u>	\$ _____

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

CSINIB02/CINIB02 TEXAS DEPARTMENT OF CRIMINAL JUSTICE 04/14/23
AITG/HL00063 IN-FORMA-PAUPERIS DATA 10:09:37
TDCJ#: 02104888 SID#: 03530329 LOCATION: MCCONNELL INDIGENT DTE:
NAME: PALOMO, REYNALDO BEGINNING PERIOD: 10/01/22
PREVIOUS TDCJ NUMBERS: 00429261 00610428 01065150
CURRENT BAL: 26.34 TOT HOLD AMT: 0.00 3MTH TOT DEP: 160.00
6MTH DEP: 675.00 6MTH AVG BAL: 124.90 6MTH AVG DEP: 112.50
MONTH HIGHEST BALANCE TOTAL DEPOSITS MONTH HIGHEST BALANCE TOTAL DEPOSITS
03/23 83.14 0.00 12/22 286.24 240.00
02/23 227.99 0.00 11/22 246.24 275.00
01/23 279.74 160.00 10/22 118.54 0.00

STATE OF TEXAS COUNTY OF *Bee*
ON THIS THE 14 DAY OF *April 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:
PF1-HELP PF3-END ENTER NEXT TDCJ NUMBER: _____ OR SID NUMBER: _____

