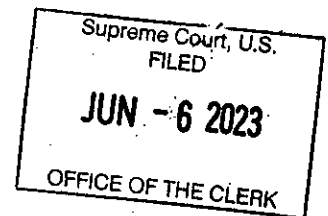


No. 22-7751 **ORIGINAL**

IN THE
SUPREME COURT OF THE UNITED STATES



David Paul Bickford — PETITIONER
(Your Name)

VS.

State of Maryland — 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):

The Circuit Court for Cecil County, MD & Maryland Court of Special Appeals
U.S. District Court For Maryland; Circuit Court For Washington County

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

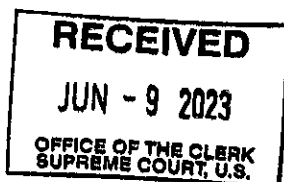
☒ Petitioner's affidavit or declaration in support of this motion is attached hereto.

☐ 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.

David P. Bickford, pro se
(Signature)



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

I, David Paul Bickford, 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 -	\$ _____
Self-employment	\$ 0 -	\$ _____	\$ 0 -	\$ _____
Income from real property (such as rental income)	\$ 0 -	\$ _____	\$ 0 -	\$ _____
Interest and dividends	\$ 0 -	\$ _____	\$ 0 -	\$ _____
Gifts	\$ 0 -	\$ _____	\$ 0 -	\$ _____
Alimony	\$ 0 -	\$ _____	\$ 0 -	\$ _____
Child Support	\$ 0 -	\$ _____	\$ 0 -	\$ _____
Retirement (such as social security, pensions, annuities, insurance)	\$ 0 -	\$ _____	\$ 0 -	\$ _____
Disability (such as social security, insurance payments)	\$ 0 -	\$ _____	\$ 0 -	\$ _____
Unemployment payments	\$ 0 -	\$ _____	\$ 0 -	\$ _____
Public-assistance (such as welfare)	\$ 0 -	\$ _____	\$ 0 -	\$ _____
Other (specify): _____	\$ 0 -	\$ _____	\$ 0 -	\$ _____
Total monthly income:	\$ 0 -	\$ _____	\$ 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
<u>N/A</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
<u>N/A</u>			\$
			\$
			\$

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
<u>N/A</u>	\$	\$
	\$	\$
	\$	\$

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

☒ Home

Value 100,000

☐ 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 N/A

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>N/A</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>N/A</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)

\$ 200.00 \$ N/A

Are real estate taxes included? ☒ Yes ☐ No

Is property insurance included? ☐ Yes ☒ No

Utilities (electricity, heating fuel,
water, sewer, and telephone)

\$ 0 \$ N/A

Home maintenance (repairs and upkeep)

\$ 100.00 \$ N/A

Food

\$ 0 \$ N/A

Clothing

\$ 0 \$ N/A

Laundry and dry-cleaning

\$ 0 \$ N/A

Medical and dental expenses

\$ 0 \$ N/A

	You	^{N/A} Your spouse
Transportation (not including motor vehicle payments)	\$ 0	\$
Recreation, entertainment, newspapers, magazines, etc.	\$ 0	\$
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ 0	\$
Life	\$ 0	\$
Health	\$ 0	\$
Motor Vehicle	\$ 0	\$
Other: _____	\$ 0	\$
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ 0	\$
Installment payments		
Motor Vehicle	\$ 0	\$
Credit card(s)	\$ 0	\$
Department store(s)	\$ 0	\$
Other: _____	\$ 0	\$
Alimony, maintenance, and support paid to others	\$ 0	\$
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0	\$
Other (specify): _____	\$ 0	\$
Total monthly expenses:	\$ 300.00	\$ N/A

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 incarcerated and cannot obtain employment or a sustainable income.

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

Executed on: April 22, _____, 2023

DAB
(Signature)

IN THE COURT OF SPECIAL APPEALS OF MARYLAND

David Paul Bickford,
Appellant

v.

State of Maryland,
Appellee

*
* No. 0277, September Term 2022
* CSA-REG-0277-2022
* Circuit Court No. 21-K-16-052397
*
*
*

* * * * *

ORDER

Upon consideration of the appellant's Request for Waiver of Prepaid Appellate Costs, it is this 17th day of May, 2022 by the Court of Special Appeals,

ORDERED that Appellant's Request is GRANTED; and it is further

ORDERED that the prepayment of the filing fee required by Maryland Rule 8-201 to be paid to this Court is waived. ¹



By direction of the Chief Judge

Gregory Hilton, Clerk

¹ The waiver of prepayment of the filing fee does not waive the requirement for the appellant to order and pay for any transcripts required for this appeal nor the costs of the production of briefs required by rules.

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MARYLAND

DAVID PAUL BICKFORD,

*

Petitioner,

*

v.

*

Civil Action No. GLR-21-1561

WARDEN OF EASTERN
CORRECTIONAL INSTITUTION,

*

*

Respondent.

ORDER

Pending before the Court are Petitioner David Paul Bickford's Petition for Writ of Habeas Corpus (ECF No. 1) and Motion for Leave to File in Forma Pauperis (ECF No. 2).


Upon consideration of the Petition and Motion, it is this 22nd day of July, 2021, by the United States District Court for the District of Maryland, hereby ORDERED that:

1. The Motion to Proceed in Forma Pauperis (ECF No. 2) is GRANTED;
2. Respondent shall FILE an answer to the Petition on or before forty (40) days from the date of this Order; (Aug. 31)
3. Respondent shall PROVIDE copies of all relevant opinions, materials, and transcripts to the Court with their answer and provide same to Bickford;
4. Pursuant to Amended Rule 5(e) Governing 28 U.S.C. § 2254 Cases, Bickford may REPLY twenty-eight (28) days after service of Respondents' Answer; and
Sept 28 -
5. The Clerk shall SEND a copy of this Order to Bickford at his address of record and shall SEND a copy of the Order and Petition to Brian Kleinbord, Office of the

Attorney General State of Maryland, Criminal Appeals Division, via the email address on file.

/s/

George L. Russell, III
United States District Judge

☒ **CIRCUIT COURT** ☐ **DISTRICT COURT OF MARYLAND FOR** Cecil County
City/County
 Located at 129 E. Main St., Elkton, MD 21921 Case No. C-07-CV-21-157
Court Address

**ORDER REGARDING REQUEST FOR WAIVER OF
PREPAID COSTS FOR ASSEMBLING THE RECORD**

Upon consideration of the Request for Waiver of Prepaid Costs for Assembling the Record
submitted by David Bickford, and any further documentation as required or
Name of Party
authorized by Rule 1-325 or other applicable law,

THE COURT FINDS THAT:

- ☒ The party named above received a waiver of prepaid costs in accordance with Rule 1-325(d), will
be represented in the appeal by an eligible attorney under that section, and the attorney has
certified that the appeal is meritorious and that the party remains eligible for representation in
accordance with Rule 1-325(d).
- ☐ The party named above received a waiver of prepaid costs in accordance with Rule 1-325(e), and
there has been no material change in the party's financial situation since the waiver was granted.

The party named above:

- ☒ Meets the financial eligibility guidelines of the Maryland Legal Services Corporation.
☐ Does NOT meet the financial eligibility guidelines.

The party named above:

- ☒ Is unable by reason of poverty to pay the costs.
☐ Is NOT unable by reason of poverty to pay the prepaid costs.
☐ Other findings: _____

THE COURT ORDERS that the waiver is:

- ☒ **GRANTED.** The prepaid costs associated with assembling the record are hereby waived.
☐ In the District Court, this includes a waiver of the costs of preparing a transcript, if required by
Rule 7-113.
☐ **DENIED.** You have 10 days from the date of this order to pay the costs associated with assembling
the record. If the unwaived costs are not paid in full within 10 days, the appeal will be considered
withdrawn.

07/01/2021

Date

07/01/2021 3:51:05 PM

Judge's Signature

ID Number

Entered: Clerk, Circuit Court for
Cecil County, MD
July 6, 2021



☐ CIRCUIT COURT ☐ DISTRICT COURT OF MARYLAND FOR Cecil County

Located at 129 East Main Street Elkton, MD Case No. C-07-CV-21-157

Court Address

IN THE MATTER OF: David Bickford vs. Eastern Correctional
 Petitioner/Plaintiff Respondent/Defendant

ORDER REGARDING REQUEST FOR FINAL WAIVER OF OPEN COSTS

Upon consideration of the Request for Final Waiver of Costs submitted by

Name of party, and any further documentation as required or authorized by
 Rule 1-325 or other applicable law,

THE COURT FINDS THAT:

The party named above:

- ☒ Meets the financial eligibility guidelines of the Maryland Legal Services Corporation.
☐ Does NOT meet the financial eligibility guidelines.

The party named above:

- ☒ Is unable by reason of poverty to pay the costs.
☐ Is NOT unable by reason of poverty to pay the costs.

☐ Other findings: _____

THE COURT ORDERS that the waiver is:

- ☒ GRANTED
☐ DENIED

08/23/2021 5:28:53 PM

Kevin A. Sexton

08/23/2021

Date

Judge's Signature

ID Number

Exit to: D. Bickford & Warden of ECI on 8/26/2021

Entered: Clerk, Circuit Court for
 Cecil County, MD
 August 26, 2021