

No. 22A1028

IN THE
SUPREME COURT OF THE UNITED STATES

Timothy Sumpter — PETITIONER
(Your Name)

VS.

State of Kansas — 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):

Kansas Court of Appeals; Sedgwick County, Kansas District Court

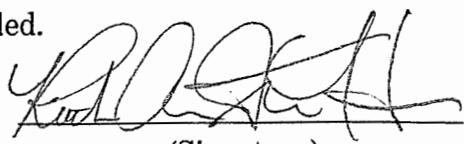
Petitioner has **not** previously been granted leave to proceed *in forma pauperis* in any other court.

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: _____
K.S.A. 60-1501, 60-2001, 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, Timothy Sumpster, 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>392.18</u>	\$ _____	\$ _____	\$ _____
Self-employment	\$ _____	\$ _____	\$ _____	\$ _____
Income from real property (such as rental income)	\$ _____	\$ _____	\$ _____	\$ _____
Interest and dividends	\$ _____	\$ _____	\$ _____	\$ _____
Gifts	\$ _____	\$ _____	\$ _____	\$ _____
Alimony	\$ _____	\$ _____	\$ _____	\$ _____
Child Support	\$ _____	\$ _____	\$ _____	\$ _____
Retirement (such as social security, pensions, annuities, insurance)	\$ _____	\$ _____	\$ _____	\$ _____
Disability (such as social security, insurance payments)	\$ _____	\$ _____	\$ _____	\$ _____
Unemployment payments	\$ _____	\$ _____	\$ _____	\$ _____
Public-assistance (such as welfare)	\$ _____	\$ _____	\$ _____	\$ _____
Other (specify): _____	\$ _____	\$ _____	\$ _____	\$ _____
Total monthly income:	\$ <u>392.18</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
Seaf King	500 Reformatory Rd Prison (P.I. Job)	12-8-21	(2) \$390.00
			\$
			\$
			\$

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? \$ 350.37
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
Mandatory Savings	\$ 239.99	\$
Forced Savings	\$ 6.53	\$
Cash account	\$ 193.85	\$

5. 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
Year, make & model _____
Value _____

Motor Vehicle #2
Year, make & model _____
Value _____

Other assets
Description _____
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
_____	\$_____	\$_____
_____	\$_____	\$_____
_____	\$_____	\$_____

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
_____	_____	_____
_____	_____	_____
_____	_____	_____

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>25%</u> of each check	\$ _____
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)	\$ _____	\$ _____
Home maintenance (repairs and upkeep)	\$ _____	\$ _____
Food	\$ _____	\$ _____
Clothing	\$ _____	\$ _____
Laundry and dry-cleaning	\$ _____	\$ _____
Medical and dental expenses	\$ _____	\$ _____

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ _____	\$ _____
Recreation, entertainment, newspapers, magazines, etc.	\$ _____	\$ _____
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ _____	\$ _____
Life	\$ _____	\$ _____
Health	\$ _____	\$ _____
Motor Vehicle	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ _____	\$ _____
Installment payments		
Motor Vehicle	\$ _____	\$ _____
Credit card(s)	\$ _____	\$ _____
Department store(s)	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Alimony, maintenance, and support paid to others	\$ _____	\$ _____
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ _____	\$ _____
Other (specify): <u>Bittler & Associates (Garnishment)</u>	<u>\$ 25% of each check</u>	\$ _____
Total monthly expenses:	\$ _____	\$ _____

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.

low work

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'm in prison and a total of 70%
(including garnishments) of my money is taken
each pay check

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

Executed on: May 2023, 2023




(Signature)



FILED

APP DOCKET NO. *17*

MANDATE

2020 JAN -3 P.I: 20

COURT OF APPEALS,

STATE OF KANSAS,

CLERK OF DIST. COURT
18TH JUDICIAL DISTRICT
SEDGWICK COUNTY, KS

BY

Appellate Court No. 17-117732-A

District Court No. 16CV161

The State of Kansas, to the District Court within and for the County of SEDGWICK
in the State of Kansas, Greeting:

WHEREAS, In a certain civil action lately pending before you, wherein TIMOTHY SUMPTER, appellant, and, STATE OF KANSAS, appellee, a judgment was rendered by you against the appellant from which judgment appellant prosecuted an appeal in the Court of Appeals within and for the State of Kansas;

AND WHEREAS, on January 18, 2019, on consideration of the appeal, it was ordered and adjudged by the Court of Appeals that the judgment of the district court be affirmed.

AND WHEREAS, on December 16, 2019, the Supreme Court denied the petitions for review. Judgment of the district court is affirmed upon the denials. An attested true copy of the opinion is attached.

YOU ARE THEREFORE COMMANDED, that without delay you cause execution to be had of the judgment of the Court of Appeals, according to law.

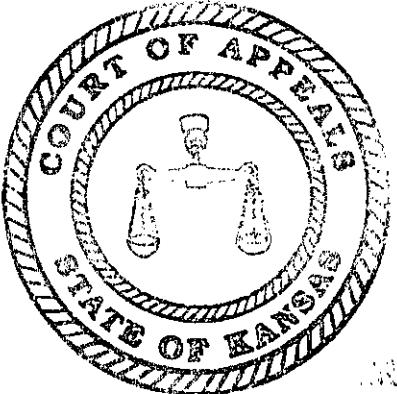
Costs

Paid Fees of Clerk of the Appellate Courts..... \$ waived

Other Costs \$

Total \$

WITNESS my hand and the seal of the Court of Appeals affixed
hereto, at my office, in the City of Topeka, on DEC 27 2019



Douglas T. Shima

DOUGLAS T. SHIMA, Clerk of the Appellate Courts

MANDATE RECEIVED BY CLERK
TRIAL JUDGE NOTIFIED

Date: 1/3/20

Judge Syrios, Div. 27



ELECTRONICALLY FILED

2016 Jan 14 PM 4:56

CLERK OF THE SEDGWICK COUNTY DISTRICT COURT

CASE NUMBER: 2016-CV-000161-HC

FORMA PAUPERIS AFFIDAVIT

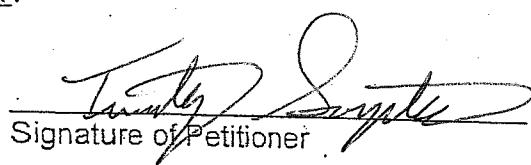
(See instructions on page 1 of this form)

In the district court of Sedgwick County, Kansas:

I do solemnly swear that the claim set forth in the petition is just, and I do further swear that, by reason of my poverty, I am unable to pay a docket fee.

I, Timothy J. Sumpter, declare under penalty of perjury that the foregoing is true and correct.

Executed on January 11, 2014.


Signature of Petitioner

1/12/2016

7:59:40

Kansas Department of Corrections
Inmate Account Statement

Inmate: 0103166 SUMPTER, TIMOTHY, J

ELECTRONICALLY FILED

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CLERK OF THE SEDGWICK COUNTY DISTRICT COURT
CASE NUMBER: 2016-CV-000161-HC

	Total Deposits	Average Cash Balance*	Average Forced Savings Balance*	Average Mandatory Savings ² Balance***
June:	69.40	16.59	134.47	.00
July:	58.80	7.64	130.74	.00
August:	29.40	7.73	104.41	.00
September:	129.40	31.03	109.41	.00
October:	29.40	11.41	114.41	.00
November:	79.40	14.14	116.21	.00
Total all Months:	395.80	88.54	709.65	.00

Average for Preceding Months:** 65.97 14.76 118.28 .00

Current Available Balance as of 1/12/2016: 5.56 124.31

*NOTE: The average balance is calculated from the account data for the inmate location at the time interest is posted to his/her account for cash, forced savings, and mandatory savings.

**NOTE: Average balance for preceding months is calculated from only months for which interest has been posted.

***NOTE: Mandatory savings cannot be spent on court costs or attorney fees pursuant to statute and the Kansas Department of Corrections policy.

This is to certify that this statement represents a true summary of deposits and average daily balances for the period shown. The current balance of available funds is as reflected in the above statement.

Certify Correct:
KANSAS DEPARTMENT OF CORRECTIONS
P.O. Box 2, 301 East Kansas
Lansing

KS 66043-0000

John Mowen 1-12-16
Signature of Authorized Date
Accountant 3
Position

Forced Savings is established per Internal Management Policy and Procedure 04-103.

²Mandatory Savings is established per K.S.A. 75-5268 1(g).