

23-5758

No. \_\_\_\_\_

FILED

SEP 01 2023

OFFICE OF THE CLERK  
SUPREME COURT, U.S.

IN THE

SUPREME COURT OF THE UNITED STATES

JIMMY STRAYHORN — PETITIONER  
(Your Name)

VS.

UNITED STATES OF AMERICA — 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):

US Court of Appeals - Fourth Circuit

US District Court - Middle District of North Carolina

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)

Jimmy Strayhorn/In Pro Se  
Petitioner/Affiant/Movant

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

I, Jimmy Strayhorn, 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.

<b>Income source</b>	<b>Average monthly amount during the past 12 months</b>		<b>Amount expected next month</b>	
<b>Federal</b>				
Bureau of Prisons FCC-Yazoo City MED	You	Spouse	You	Spouse
Employment	\$ 40.00	\$ N/A	\$ 40.00	\$ N/A
Self-employment	\$ 0	\$	\$ 0	\$
Income from real property (such as rental income)	\$ 0	\$	\$ 0	\$
Interest and dividends	\$	\$	\$	\$
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	\$
<b>Total monthly income:</b>	<b>\$ 40.00</b>	<b>\$ N/A</b>	<b>\$ 40.00</b>	<b>\$ N/A</b>

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

<b>Employer</b>	<b>Address</b>	<b>Dates of Employment</b>	<b>Gross monthly pay</b>
<u>Federal Bureau Of Prisons</u>	<u>PO Box 5000 Yazoo City MS 39194</u>	<u>Incarceration</u>	\$ 40.00
<u>FCC-Yazoo City Medium USP</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.)

<b>Employer</b> N/A	<b>Address</b> _____ _____ _____	<b>Dates of Employment</b> _____ _____ _____	<b>Gross monthly pay</b> \$_____ \$_____ \$_____
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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) NONE	Amount you have \$ \$ \$	Amount your spouse has \$ \$ \$
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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 Plastic Spoon/Plastic Bowl/Plastic Cup  
Value \$4.20

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

<b>Person owing you or your spouse money</b>	<b>Amount owed to you</b>	<b>Amount owed to your spouse</b>
<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").

<b>Name</b>	<b>Relationship</b>	<b>Age</b>
<u>NONE</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.

	<b>You</b>	<b>Your spouse</b>
Rent or home-mortgage payment (include lot rented for mobile home)	\$ 0	\$ N/A
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)	\$ 0	\$ N/A
Home maintenance (repairs and upkeep)	\$ 0	\$ _____
Food	\$ 0	\$ _____
Clothing	\$ 0	\$ _____
Laundry and dry-cleaning	\$ 0	\$ _____
Medical and dental expenses	\$ 2.00	\$ _____

	<b>You</b>	<b>Your spouse</b>
Transportation (not including motor vehicle payments)	\$ 0	\$ N/A
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): <u>Postage/E-Mail/Phone</u>	\$ 75.00	\$ N/A
<b>Total monthly expenses:</b>	<b>\$ 77.00</b>	<b>\$ N/A</b>

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? IN PRO SE

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

N/A IN PRO SE

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? IN PRO SE

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

N/A IN PRO SE (PRO PER)

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

Due to my INCARCERATION, the length of time I have been incarcerated, and my release date, I am unable to afford any filing fees and/or costs at this time.

I declare under penalty of perjury that the foregoing is true and correct. See 28 U.S.C. § 1746

Executed on: September 10th, 2023.

  
(Signature)

Jimmy Strayhorn/Petitioner  
Affiant/IN PRO SE/Movant