

No. _____

IN THE
Supreme Court of the United States

FIDEL FLORES,

PETITIONER,

v.

BOBBY LUMPKIN,
DIRECTOR, TEXAS DEPARTMENT OF CRIMINAL JUSTICE,
INSTITUTIONS DIVISION,
RESPONDENT.

MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

Pursuant to Supreme Court Rule 39, the Petitioner, Fidel Flores, through his attorney, Bryan W.L. Garris, requests that this Court grant him leave to proceed *in forma pauperis*. In support of this Motion, the Petitioner would respectfully show:

I.

Petitioner has not previously sought leave to proceed *in forma pauperis* in any other court during prior proceedings related to this action. Petitioner is not able to afford the costs associated with filing his Petition for Writ of Certiorari and requests that this Court grant him leave to file the Petition for Writ of Certiorari without prepayment of fees or costs, and proceed *in forma pauperis*.

I declare under penalty of perjury under the laws of the United States of America, the foregoing is true and correct.

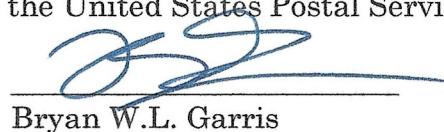
Respectfully submitted,



Bryan W.L. Garris
Texas Bar No. 24079945
9800 Northwest Freeway, Suite 305
Houston, Texas 77092
Tel: 832-722-8915
Fax: 832-327-9001
Bryan@txdefense.net
ATTORNEY FOR PETITIONER

CERTIFICATE OF MAILING

I hereby certify that, on the 5th day of October, 2023, this pleading was served on the Court and opposing counsel via the United States Postal Service.


Bryan W.L. Garris

**AFFIDAVIT ACCOMPANYING MOTION
FOR PERMISSION TO APPEAL IN FORMA PAUPERIS**

Affidavit in Support of Motion

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)

Signed: X 

Instructions

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write in that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Date: October 3, 2023

My issues on appeal are: See Questions presented in Petition for Writ of Certiorari.

- 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	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
Self-employment	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
Income from real property (such as rental income)	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
Interest and dividends	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>

	\$ 151.17		\$ 151.17
Gifts - from children and -deposits into Alimony commissary	\$ 0	\$ 0	\$ 0
Child support	\$ 0	\$ 0	\$ 0
Retirement (such as social security, pensions, annuities, insurance)	\$ 0	\$ 0	\$ 0
Disability (such as social security, insurance payments)	\$ 0	\$ 0	\$ 0
Unemployment payments	\$ 0	\$ 0	\$ 0
Public-assistance (such as welfare)	\$ 0	\$ 0	\$ 0
Other (specify):	\$ 0	\$ 0	\$ 0
Total monthly income:	\$ 0	\$ 0	\$ 0

2. List your 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
N/A	incarcerated		\$
			\$
			\$

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
N/A	incarcerated		\$

			\$
			\$

4. How much cash do you and your spouse have? \$ 147.51 - deposited from my brother and children

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial Institution	Type of Account	Amount you have	Amount your spouse has
<u>N/A</u> Inmate Account TDCJ	<u>N/A</u>	\$ <u>N/A</u> \$ 147.51	\$ <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	Other real estate	Motor vehicle #1
(Value) \$	(Value) \$	(Value) \$
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
		Make and year:
		Model:
		Registration #:

Motor vehicle #2	Other assets	Other assets
(Value) \$	(Value) \$	(Value) \$
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
Make and year:		
Model:		
Registration #:		

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
N/A	\$ N/A	\$ N/A
	\$	\$
	\$	\$
	\$	\$

7. State the persons who rely on you or your spouse for support.

Name [or, if under 18, initials only]	Relationship	Age
N/A		

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, semiannually, or annually to show the monthly rate.

	You	Your Spouse
Rent or home mortgage payment (include lot rented for mobile home)	\$ 0	\$ 0
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	\$ 0
Home maintenance (repairs and upkeep)	\$ 0	\$ 0
Food	\$ 0	\$ 0
Clothing	\$ 0	\$ 0
Laundry and dry-cleaning	\$ 0	\$ 0
Medical and dental expenses	\$ 0	\$ 0

Transportation (not including motor vehicle payments)	\$ <u>0</u>	\$ <u>0</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>0</u>	\$ <u>0</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's:	\$ <u>0</u>	\$ <u>0</u>
Life:	\$ <u>0</u>	\$ <u>0</u>
Health:	\$ <u>0</u>	\$ <u>0</u>
Motor vehicle:	\$ <u>0</u>	\$ <u>0</u>
Other:	\$ <u>0</u>	\$ <u>0</u>
Taxes (not deducted from wages or included in mortgage payments) (specify):	\$ <u>0</u>	\$ <u>0</u>
Installment payments		
Motor Vehicle:	\$ <u>0</u>	\$ <u>0</u>
Credit card (name):	\$ <u>0</u>	\$ <u>0</u>
Department store (name):	\$ <u>0</u>	\$ <u>0</u>
Other:	\$ <u>0</u>	\$ <u>0</u>
Alimony, maintenance, and support paid to others	\$ <u>0</u>	\$ <u>0</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>0</u>	\$ <u>0</u>
Other (specify):	\$ <u>0</u>	\$ <u>0</u>
Total monthly expenses:	\$ <u>0</u>	\$ <u>0</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 spent — or will you be spending — any money for expenses or attorney fees in connection with this lawsuit? Yes No

If yes, how much? \$ 10,000 — paid for by my children.

11. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.

I have been incarcerated since 2015, have ~~no~~ little resources, and cannot afford to pay any costs associated with this appeal. My resources come exclusively from my children and brother.

12. State the city and state of your legal residence.

TDCJ Allred Unit

- Iowa Park, Texas

Your daytime phone number: () NIA

Your age: 64 Your years of schooling: 6 years

Last four digits of your social-security number: 6827

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

Executed on October 23, 2023.

x 

FIDEL FLORES, PETITIONER

CSINIB02/CINIB02 TEXAS DEPARTMENT OF CRIMINAL JUSTICE 10/03/23
1N6J/HG00050 IN-FORMA-PAUPERIS DATA 10:37:01
TDCJ#: 02018090 SID#: 50519432 LOCATION: ALLRED INDIGENT DTE:
NAME: FLORES, FIDEL BEGINNING PERIOD: 04/01/23
PREVIOUS TDCJ NUMBERS:
CURRENT BAL: 147.51 TOT HOLD AMT: 0.00 3MTH TOT DEP: 610.00
6MTH DEP: 907.00 6MTH AVG BAL: 108.55 6MTH AVG DEP: 151.17
MONTH HIGHEST BALANCE TOTAL DEPOSITS MONTH HIGHEST BALANCE TOTAL DEPOSITS
09/23 147.51 100.00 06/23 138.91 170.00
08/23 330.46 310.00 05/23 160.16 127.00
07/23 204.56 200.00 04/23 195.96 0.00

STATE OF TEXAS COUNTY OF
ON THIS THE 3rd DAY OF *October 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: _____

