

23-5906
UNITED STATES COURT OF APPEALS
FOR THE FRIST CIRCUIT

ORIGINAL

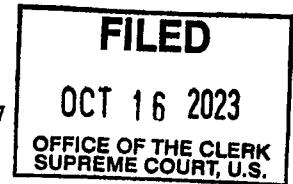
CAREY ACKIES

Plaintiff/Petitioner – Appellant,
v.

UNITED STATES OF AMERICA

Defendant/Respondent –Appellee.

Case No. 22-1577



Motion for Leave to Proceed
on Appeal Without
Prepayment of Costs or Fees
(non-PLRA)

I, Carey Ackies, the petitioner/appellant in the captioned case move this court for leave to proceed in forma pauperis.

In support of this motion, I state that because of my poverty, I am unable to pay the costs of said proceedings or give security therefor, I submit the following financial declaration.

FINANCIAL DECLARATION

Affidavit to Accompany Motion for Permission to Appeal in *Forma Pauperis*

I swear or affirm under penalty of perjury that because of my poverty I am unable to pay the docket fees of my appeal or to post a bond for them. I believe I am entitled to a different result than that reached in the district court.

I further swear or affirm under penalty of perjury that the responses which I have made to the questions and instructions below relating to my ability to pay the fees for my appeal are true.

Instructions. Please complete all questions in this application and then sign it on the last page. If the answer to any question is "0" or "none," or the question is "not applicable", so indicate by writing "0", "none", or "not applicable (N/A)". If additional space is needed to answer any question or to explain your answer to any question, please use and attach a separate sheet of paper identified with your name, the docket number of your case and the number of the question.

My issues on appeal are:

1. Are you or your spouse currently employed? Yes No x
2. If you or your spouse are currently employed, state the name and address of your employer, the length of your employment with that employer, and your monthly gross pay. Gross pay is pay before any taxes or other deductions are taken. If you have more than one employer, please provide the information requested below about the other employer(s) on a separate sheet of paper and attach it to this application.

N/A I'm a federal prisoner

Youself:

Name and Address of Employer

N/A

Your Spouse: N/A

Name and Address of Employer

Length of Employment

Years Months

Monthly Gross Pay \$ _____

Length of Employment

Years Months

Monthly Gross Pay \$ _____

3. If you are currently unemployed, state the date of your last employment and your monthly gross pay during your last month of employment. Gross pay is pay before any taxes or other deductions are taken.

Date of last employment (Month/Year) for yourself Unknown at this time; spouse N/A

Monthly gross pay during last month of employment \$ 0

4. State whether you or your spouse have received money from any of the following sources during the past twelve months, and, if so, the average monthly amount from that source. Adjust any money that was received weekly, bi-weekly, quarterly, semi-annually, or annually to show the monthly rate.

Did you receive money from any of the following sources during the past 12 months?

Average monthly amount during past 12 months for you and your spouse if applicable.

Amount expected next month

Self-employment

	You	Spouse	You	Spouse
Self-employment	N/A \$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>

Income from real property (such as rental income)

Income from real property (such as rental income)	N/A \$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
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Interest and dividends

Interest and dividends	N/A \$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
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Gifts	N/A	\$ 0	\$ 0	\$ 0
Alimony	N/A	\$ 0	\$ 0	\$ 0
Child Support	N/A	\$ 0	\$ 0	\$ 0
Retirement income from sources such as social security, private pensions, annuities, or insurance policies	N/A	\$ 0	\$ 0	\$ 0
Disability payments such as social security, other state or federal government, or insurance payments	N/A	\$ 0	\$ 0	\$ 0
Unemployment payments	N/A	\$ 0	\$ 0	\$ 0
Public assistance payments such as welfare payments	N/A	\$ 0	\$ 0	\$ 0
Other sources of money (specify: _____)	N/A	\$ 0	\$ 0	\$ 0
TOTAL		\$ 0	\$ 0	\$ 0

5. State the amount of cash you and your spouse have: \$ 0

State below any money you or your spouse have in savings, checking, or other accounts in a bank or other financial institution.

Bank or Other Financial Institution:	Type of Account such as savings, checking, or CD:	Amount you have:	Amount your spouse has:
N/A		\$	\$
_____	_____	\$	\$
_____	_____	\$	\$

6. State below the assets owned by you and your spouse. **Do not list ordinary household furnishings and clothing.**

7. State below any person, business, organization, or governmental unit that owes you or your spouse money and the amount that is owed.

Name of Person, Business, or Organization that Owes You or Your Spouse Money	Amount Owed You:	Amount Owed Your Spouse:
<u>N/A</u>	\$ <u>0</u>	\$ _____
<u> </u>	\$ <u>0</u>	\$ _____

8. State the individuals who rely on you and your spouse for support. Indicate their relationship to you, their age, and whether they live with you.

Name	Relationship	Age	Does this person live with you?
<u>N/A</u>	<u>N/A</u>	<u> </u>	Yes <u> </u> No <u>X</u>
<u> </u>	<u> </u>	<u> </u>	Yes <u> </u> No <u> </u>

_____	_____	_____	Yes _____	No _____
_____	_____	_____	Yes _____	No _____

9. Complete this question by estimating the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, bi-weekly, quarterly, semi-annually, or annually to show the monthly rate.

	You	Spouse
Rent or home mortgage payment (include lot rented for mobile home)	\$ ____ 0 ____	\$ _____
Are real estate taxes included? Yes _____ No <u> X </u>		
Is property insurance included? Yes _____ No <u> X </u>		
Utilities: Electricity and heating fuel	\$ ____ 0 ____	\$ _____
Water and sewer	\$ ____ 0 ____	\$ _____
Telephone	\$ ____ 0 ____	\$ _____
Other _____	\$ ____ 0 ____	\$ _____
Home maintenance (Repairs and upkeep)	\$ ____ 0 ____	\$ _____
Food	\$ ____ 0 ____	\$ _____
Clothing	\$ ____ 0 ____	\$ _____
Laundry and dry cleaning	\$ ____ 0 ____	\$ _____
Medical and dental expenses	\$ ____ 0 ____	\$ _____
Transportation (not including car payments)	\$ ____ 0 ____	\$ _____
Recreation, clubs and entertainment, newspapers, magazines, etc.	\$ ____ 0 ____	\$ _____
Charitable contributions	\$ ____ 0 ____	\$ _____
Insurance (not deducted from wages or included in home mortgage payments):	N/A	

Homeowner's or renter's	\$ <u> </u> 0 <u> </u>	\$ <u> </u>
Life	\$ <u> </u> 0 <u> </u>	\$ <u> </u>
Health	\$ <u> </u> 0 <u> </u>	\$ <u> </u>
Auto	\$ <u> </u> 0 <u> </u>	\$ <u> </u>
Other _____	\$ <u> </u> 0 <u> </u>	\$ <u> </u>
Taxes (not deducted from wages or included in home mortgage payments) (specify) _____	\$ <u> </u> 0 <u> </u>	\$ <u> </u>
Installment payments		
Auto:	\$ <u> </u> 0 <u> </u>	\$ <u> </u>
Credit Card: (name) _____	\$ <u> </u> 0 <u> </u>	\$ <u> </u>
Department Store: (name) _____	\$ <u> </u> 0 <u> </u>	\$ <u> </u>
Other _____	\$ <u> </u> 0 <u> </u>	\$ <u> </u>
Other _____	\$ <u> </u> 0 <u> </u>	\$ <u> </u>
Alimony, maintenance, and support paid to others	\$ <u> </u> 0 <u> </u>	\$ <u> </u>
Payments for support of additional dependents not living at your home	\$ <u> </u> 0 <u> </u>	\$ <u> </u>
Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$ <u> </u> 0 <u> </u>	\$ <u> </u>
Other _____	\$ <u> </u> 0 <u> </u>	\$ <u> </u>
TOTAL MONTHLY EXPENSES		\$ <u> </u> 0 <u> </u>

10. 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 X _____

If yes, describe on an attached sheet.

11. Have you spent- or will you be spending- any money for expenses or attorney's fees in connection with this case? Yes _____ No X _____

If yes, how much? \$ _____ 0 _____

If yes, provide the name, address, and telephone number of the attorney:

N/A _____

12. Have you promised to pay or do you anticipate paying anyone other than an attorney (such as a paralegal, typing service, or another person) any money for services in connection with this case, including the completion of this form? Yes _____ No X _____

If yes, how much? \$ _____ 0 _____

If yes, provide the name, address, and telephone number of the person or service:

N/A _____

13. How much can you pay each month toward the docket fee for your appeal:

\$ _____ 0 _____

14. Please provide any other information that helps to explain why you cannot pay the docket fees for your appeal.

Federal inmate with no real income.

15. State the city and state of your legal residence:
FCI-McKean, P. O. Box 8000
Bradford, Pa. 16701

Your daytime phone number: (_____)

N/A

Your age: 42

Years of schooling: High School

[Last four digits of] your social security number: _____

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES OF AMERICA THAT THE FOREGOING IS TRUE AND CORRECT. 28 U.S.C. § 1746, 18 U.S.C. § 1621.

Date: Oct. 14th 2023

Signature: 