

23-6128
SUPREME COURT OF THE UNITED STATES

JULIA ANN POFF

v.

UNITED STATES OF AMERICA

Case No.

MOTION FOR PERMISSION TO
APPEAL IN FORMA PAUPERIS

Supreme Court, U.S. FILED
NOV 15 2023
OFFICE OF THE CLERK

TO THE HONORABLE JUSTICES OF THE SUPREME COURT:

COMES NOW, Julia Ann Poff, the petitioner, pro se and respectfully moves this Honorable Court for leave to proceed on appeal through in forma pauperis status from the judgment entered on September 7, 2023 denying Petitioner's § 2255 Motion and request for Certificate of Appealability without prepayment of costs, fees, or giving security therefor.

Petitioner is also requesting an attorney in proceedings.

Executed on November 13, 2023.

Respectfully Submitted,

Julia Ann Poff Pro Se
Julia Poff

Reg. # 30835-479

FMC Carswell I North

P.O. Box 27137

Fort Worth, TX 76127

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FORM 4 AFFIDAVIT ACCOMPANYING MOTION FOR PERMISSION TO APPEAL IN FORMA PAUPERIS

United States ^{Supreme} District Court for the _____ District of _____

Julia Ann Poff

v.

United States of America

Case No. _____

<p>Affidavit in Support of Motion</p> <p>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. – § 1621.)</p> <p>Signed: <u>Julia Ann Poff</u></p>	<p>Instructions</p> <p>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.</p> <p>Date: <u>November 13, 2023</u></p>
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My issues on appeal are: Brady Violations

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>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Self-employment	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Income from real property (such as rental income)	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Interest and dividends	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Gifts	\$ <u>186.07</u> <u>2200</u>	\$ _____	\$ <u>186.07</u>	\$ _____
Alimony	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Child support	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Disability (such as social security, insurance payments)	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Unemployment payments	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Public-assistance (such as welfare)	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Other (specify): _____	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Total monthly income:	\$ <u>186.07</u> <u>2200</u>	\$ _____	\$ <u>186.07</u>	\$ _____

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* My husband quit supporting me on December 5, 2022
and we currently have two (2) 50-4 pending divorce actions
so I do not know any of his information.

FED. R. APP. P. WITH 5TH CIR. R. & IOPs

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
Incarcerated since			
11-9-2017			

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
Unknown			

4. How much cash do you and your spouse have? \$.18

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
Prison Trust Fund	Inmate Account	\$.18	\$ N/A
		\$	\$
		\$	\$

If you are a prisoner, seeking to appeal a judgment in a civil action or proceeding, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

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 (Value)
None	None	Make & year: Unknown
		Model: _____
		Registration # _____

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FED. R. APP. P. WITH 5TH CIR. R. & IOPs

Motor vehicle #2 (Value)	Other assets (Value)	Other assets (Value)
Make & year: <u>Unknown</u>		
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
<u>Spouse</u>	<u>Unknown</u>	
_____	_____	_____
_____	_____	_____

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

Name (or, if under 18, initials only)	Relationship	Age
<u>J.P.</u>	<u>Son</u>	<u>12</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, semiannually, or annually to show the monthly rate.

	You	Your Spouse
Rent or home-mortgage payment (include lot rented for mobile home)	\$ <u>0</u>	\$ <u>Unknown</u>
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)	\$ <u>0</u>	\$ _____
Home maintenance (repairs and upkeep)	\$ <u>0</u>	\$ _____
Food	\$ <u>100-150</u>	\$ _____
Clothing	\$ <u>0</u>	\$ _____
Laundry and dry-cleaning	\$ <u>0</u>	\$ _____
Medical and dental expenses	\$ <u>0</u>	\$ _____
Transportation (not including motor vehicle payments)	\$ <u>0</u>	\$ _____
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>0</u>	\$ _____

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FED. R. APP. P. WITH 5TH CIR. R. & IOPs

Insurance (not deducted from wages or included in Mortgage payments)	\$ <u>0</u>	\$ _____
Homeowner's or renter's	\$ <u>0</u>	\$ _____
Life	\$ <u>0</u>	\$ _____
Health	\$ <u>0</u>	\$ _____
Motor Vehicle	\$ <u>0</u>	\$ _____
Other: _____	\$ <u>0</u>	\$ _____
Taxes (not deducted from wages or included in Mortgage payments) (specify): _____	\$ <u>0</u>	\$ _____
Installment payments	\$ <u>0</u>	\$ _____
Motor Vehicle	\$ <u>0</u>	\$ _____
Credit card (name): _____	\$ <u>0</u>	\$ _____
Department store (name): _____	\$ <u>0</u>	\$ _____
Other: _____	\$ <u>0</u>	\$ _____
Alimony, maintenance, and support paid to others	\$ <u>0</u>	\$ _____
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>0</u>	\$ _____
Other (specify): _____	\$ <u>0</u>	\$ _____
Total monthly expenses:	\$ <u>100-150</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 I will be released and my divorce will be finalized.

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? \$ Unknown - legal supplies, stamps, research printoffs

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

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

Fort Worth, Texas

Your daytime phone number: () none

Your age: 52 Your years of schooling: 14

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CERTIFICATE OF INMATE TRUST ACCOUNT

I, the undersigned authorized officer of the FMC CARSWELL
(name of institution)
where POFF, JULIA, Inmate ID No. 30835-479, is confined
(name of inmate)
as a prisoner, do hereby certify that:

(1) On this day the prisoner has in his account the sum of \$ 0.18.

(2) During the past six months, the prisoner's:

Average monthly balance was \$ 186.07.

Average monthly deposits to the prisoner's account were \$ 186.07.

Attached is a certified copy of the prisoner's trust account statement (or institutional equivalent)
showing transactions for the past six months.

Signed this 24th day of October, 20 23.

M. Sweet / M. Sweet TFS
Authorized Officer

FMC Carswell
Institution of Confinement

Authorization

I, the undersigned inmate, authorize the institution where I am incarcerated to withdraw and forward to the court any initial partial filing fee or appeal fee and any subsequent installments ordered by a Court under the *in forma pauperis* provisions of 28 U.S.C § 1915.

[Signature]
Signature of Prisoner/Plaintiff/Appellant
Inmate ID No. 30835-479

General Information			
Inmate Reg#:	30835479	Living Quarter:	H01-103L
Inmate Name:	POFF, JULIA ANIN	Arrived From:	HOU
Current Site Name:	Carswell FMC	Transferred To:	
Housing Unit:	CRW-H-N	Account Creation Date:	11/10/2017

Current Balances									
Alpha Code	Available Balance	Pre-Release Balance	Debt Encumbrance	SPO Encumbrance	Other Encumbrance	Outstanding Instruments	Administrative Holds	Account Balance	
CRW	\$0.18	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.18	
Totals:	\$0.18	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.18	

Other Balances							Commissary Restriction Start Date	Commissary Restriction End Date
National 6 Months Deposits	National 6 Months Withdrawals	National 6 Months Avg Daily Balance	Local Max. Balance -Prev. 30 Days	Average Balance- Prev. 30 Days	Commissary Restriction			
\$1,116.43	\$1,119.85	\$26.54	\$120.33	\$30.39	N/A		N/A	