

No. 23-6255

Supreme Court, U.S.

FILED

JUL 17 2023

OFFICE OF THE CLERK

IN THE SUPREME COURT OF THE UNITED STATES

DAVID ALEXANDER HUNTER - Petitioner

vs.

BOBBY LUMPKIN - Respondent

MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

The petitioner asks leave to file the attached petition for writ of certiorari without prepayment of costs and to proceed in forma pauperis.

Petitioner's affidavit or declaration in support of this motion is attached hereto.

Respectfully submitted,



David Hunter
TDCJ No. 1760132
Barry B. Telford Unit
3899 State Highway 98
New Boston, TX 75570

ORIGINAL

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

XXXXXXXXXXXXXXXXXXXXXX~~XXXXXXXXXXXXXXXXXXXXXX~~XXXXXXXXXXXXXXXXXXXXXX

IN THE SUPREME COURT OF THE UNITED STATES

DAVID ALEXANDER HUNTER

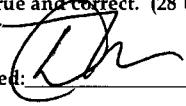
Case No. _____

v.

BOBBY LUMPKIN, DIRECTOR

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: 

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: 7-17-2023

My issues on appeal are:

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		You
Employment	\$ 0		\$ 0
Self-employment	\$ 0		\$ 0
Income from real property (such as rental income)	\$ 0		\$ 0
Interest and dividends	\$ 0		\$ 0
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	\$ _____
Public-assistance (such as welfare)	\$ 0	\$ _____
Other (specify): _____	\$ 0	\$ _____
Total monthly income:	\$ 0	\$ _____

2. List your employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross monthly pay
NONE	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. List your spouse's employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross monthly pay
N/A	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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.

Financial institution	Type of account	Amount you have	Amount your spouse has
TDCJ	PRISON	\$ 0	\$ N/A
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

If you are a prisoner, 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)
<u>NONE</u>	<u>NONE</u>	Make & year: <u>NONE</u>
_____	_____	Model: _____
_____	_____	Registration # _____
Motor vehicle #2 (Value)	Other assets (Value)	Other assets (Value)
Make & year: <u>NONE</u>	<u>NONE</u>	<u>NONE</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>NONE</u>	_____	_____
_____	_____	_____
_____	_____	_____

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

Name (or, if under 18, initials only)	Relationship	Age
<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, 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>	\$ _____
Are real-estate taxes included? 9 Yes 9 No		
Is property insurance included? 9 Yes 9 No		
Utilities (electricity, heating fuel, water, sewer, and Telephone)	\$ <u>0</u>	\$ _____
Home maintenance (repairs and upkeep)	\$ <u>0</u>	\$ _____
Food	\$ <u>0</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>	\$ _____
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>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 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 docket fees for your appeal.

§27 DEPOSITS ARE FROM "ACCOUNT CORRECTIONS," NOT "NEW" MONEY
13. State the [city and state] of your legal residence.

NEW BOSTON, TEXAS

Your daytime phone number: (_____) NONE

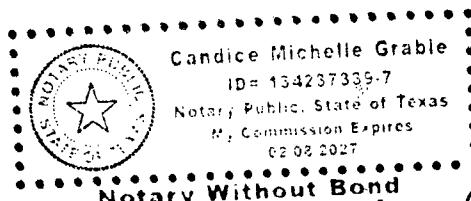
Your age: 43 Your years of schooling: 12

[Last four digits of] your social-security number: 4057

CSINIB02/CINIB02 TEXAS DEPARTMENT OF CRIMINAL JUSTICE 07/17/23
 AIIM/OC00051 IN-FORMA-PAUPERIS DATA 06:53:20
 TDCJ#: 01760132 SID#: 08280287 LOCATION: TELFORD INDIGENT DTE: 07/10/ 3
 NAME: HUNTER, DAVID ALEXANDER BEGINNING PERIOD: 01/01/23
 PREVIOUS TDCJ NUMBERS:

CURRENT BAL:	0.00	TOT HOLD AMT:	0.00	3MTH TOT DEP:	0.00
6MTH DEP:	27.10	6MTH AVG BAL:	62.27	6MTH AVG DEP:	4.52
MONTH HIGHEST BALANCE TOTAL DEPOSITS			MONTH HIGHEST BALANCE TOTAL DEPOSITS		
06/23	1.39	0.00	03/23	97.04	0.00
05/23	1.39	0.00	02/23	191.64	0.00
04/23	7.79	0.00	01/23	236.39	27.10

STATE OF TEXAS COUNTY OF
 ON THIS THE 17 DAY OF July 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: 1760132 OR SID NUMBER: _____



Candice Michelle Grable
 ID# 134237339-7
 Notary Public, State of Texas
 Commission Expires
 02/08/2027
 Notary Without Bond

Candice Michelle Grable