

IN THE
SUPREME COURT OF THE UNITED STATES

PEDRO HERNANDEZ ZARATE,
Petitioner,

v.

UNITED STATES OF AMERICA,
Respondent.

} 23 - 6442

No. _____

FILED
DEC 01 2023

OFFICE OF THE CLERK
SUPREME COURT, U.S.

PETITIONER'S MOTION TO PROCEED UNDER
IN FORMA PAUPERIS STATUS DURING
THE COURSE OF THIS PETITION FOR
WRIT OF CERTIORARI

COMES NOW, The Petitioner, Pedro Hernandez Zarate, Pro Se, humbly
moving the supreme Court to issue an order allowing Petitioner to
proceed under In Forma Pauperis Status throught the course of the
proceedings as to his Petition for Writ of Certiorari. In support of
this request to proceed without being required to prepay fees or costs
or give security thereof, Mr. Zarate states the following:

1. Because of his proverty he is unable to pay the costs of said proceeding
or give security, and that he believes he is entitled to redress.
2. The district Court of the northern District of Texas allowed
Petitioner to proceed as indigent during the district court proceedings
and granted counsel to Petitioner.
3. The court of appeals allowed the petitioner to proceed as indigent
and granted counsel to Petitioner.

CONCLUSION

Based upon the answers given in the attached affidavit, the fact
that Petitioner proceeded as indigent in the lower court, Mr. Zarate
moves the Supreme Court to grant this request to proceed under In Forma
Pauperis Status.

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Respectfully Submitted,

Pedro Zarate
Pedro Hernandez Zarate

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

PEDRO HERNANDEZ ZARATE

v.

Case No. _____

UNITED STATES OF AMERICA

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

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

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
	<u>None</u>		

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
	<u>N/I</u>		

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

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>None</u>	\$ _____	\$ _____
		\$ _____	\$ _____
		\$ _____	\$ _____

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>	
		Make & year: _____
		Model: _____
		Registration # _____

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Motor vehicle #2 (Value)

Other assets (Value)

Other assets (Value)

Make & year:

None

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

None

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

Name
(or, if under 18, initials only)

Relationship

Age

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.

Rent or home-mortgage payment (include lot rented for mobile home)

You

Your Spouse

\$ 0\$

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)\$ 0\$

Home maintenance (repairs and upkeep)

\$ 0\$

Food

\$ 50.00\$

Clothing

\$ 10.00\$

Laundry and dry-cleaning

\$ 10.00\$

Medical and dental expenses

\$ 10.00\$ Transportation (not including motor vehicle payments) \$ \$

Recreation, enter

\$

Insurance (not in Mortgag

\$

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

Homeowner's or renter's	\$ <u>0</u>	\$ <u>1</u>
Life	\$ <u>0</u>	\$ <u> </u>
Health	\$ <u>0</u>	\$ <u> </u>
Motor Vehicle	\$ <u>0</u>	\$ <u> </u>
Other: _____	\$ <u>0</u>	\$ <u> </u>
Taxes (not deducted from wages or included in Mortgage payments) (specify): _____	\$ <u>10</u>	\$ <u> </u>
Installment payments	\$ <u>00</u>	\$ <u> </u>
Motor Vehicle	\$ <u>00</u>	\$ <u> </u>
Credit card (name): _____	\$ <u>00</u>	\$ <u> </u>
Department store (name): _____	\$ <u>00</u>	\$ <u> </u>
Other: _____	\$ <u>00</u>	\$ <u> </u>
Alimony, maintenance, and support paid to others	\$ <u>00</u>	\$ <u> </u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>0</u>	\$ <u> </u>
Other (specify): _____	\$ <u>20</u>	\$ <u> </u>
Total monthly expenses:	\$ <u>80</u>	\$ <u> </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? \$ 0

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

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

12. Provide any other information that will help explain why you cannot pay the docket fees for your appeal. *my Incarceration, and status as deportable*

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

P.O. Box 4050

Pollock UT 71467

Your daytime phone number: ()

Your age: 46 Your years of schooling: 12

[Last four digits of] your social-security number: *1054-2617*