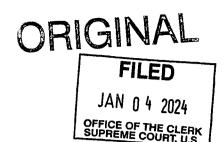


IN THE SUPREME COURT OF THE UNITED STATES



In re Ronald Freeman

MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

The petitioner/applicant asks leave to file the attached petition for writ of habeas corpus without prepayment of cost and to proceed *in forma pauperis*.

Petitioner has previously been granted leave to proceed in forma pauperis with the appointment of a Public Defender in the following court:

United States District Court,
Western District of Tennessee 2:20-cr-20169-SHE-1

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

Date; 12-20-2023

Signature

UNITED STATES DISTRICT COURT WESTERN DISTRICT OF TENNESSEE Western Division

UNITED STATES OF AMERICA

-vs-

Case No. 2:20-cr-20169-SHL-1

RONALD FREEMAN,

ORDER APPOINTING COUNSEL PURSUANT TO THE CRIMINAL JUSTICE ACT

This Court has determined that the above-named defendant is financially unable to obtain adequate representation in the above-styled case, and is otherwise qualified for appointment of counsel. Accordingly, the Court makes the following appointment pursuant to the Criminal Justice Act (18 U.S.C. § 3006A):

APPOINTMENT OF COUNSEL

• The Federal Public Defender is appointed as counsel for the Defendant.

TYPE OF APPOINTMENT

• All purposes including trial and appeal.

DONE and **ORDERED** in 167 North Main, Memphis, this 25TH day of September 2020.

s/ Annie Christoff
ANNIE CHRISTOFF
UNITED STATES MAGISTRATE JUDGE

Copies furnished to:

United States Attorney United States Marshal Pretrial Services Office Assistant Federal Public Defender Intake

AFFIDAVIT OR DECLARATION IN SUPPORT OF MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

I, Roman James, am the petitioner in the above-entitled case. In support of my motion to proceed in forma pauperis, I state that because of my poverty I am unable to pay the costs of this case or to give security therefor; and I believe I am entitled to redress.

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.

| | ge monthly amo st 12 months | unt during | Amount expected next month | |
|--|--------------------------------|--------------|----------------------------|--------------|
| | You | Spouse | You | Spouse |
| Employment | \$ <u></u> | \$ | \$_ <i>O</i> | \$ |
| Self-employment | \$_ <i>O</i> | \$ | \$_ <i>O</i> | \$ |
| Income from real property (such as rental income) | \$_ <i>O</i> | \$ | \$ <u></u> | \$_ <i>O</i> |
| Interest and dividends | \$_ <i>O</i> | \$ | \$ | \$_ <i>O</i> |
| Gifts | \$_ <i>O</i> | \$ | \$ <i>O</i> | \$_ <u></u> |
| Alimony | \$ | \$_ <i>O</i> | \$_ <i>O</i> | \$ <u> </u> |
| Child Support | \$ <u></u> | \$ | \$ | \$ |
| Retirement (such as social security, pensions, annuities, insurance) | \$ | \$ | \$ | \$ |
| Disability (such as social security, insurance payments | \$ | \$ | \$ <u></u> | \$ |
| Unemployment payments | \$ | \$ | \$ <i>O</i> | \$ <i>O</i> |
| Public-assistance (such as welfare) | \$ | \$ | \$ | \$ <u>C</u> |
| Other (specify): | \$ | \$ | \$ | \$ |
| Total monthly income: | \$ | \$ | \$ | \$ |

| 2. List your employm is before taxes or o | | ast two years, most rece | ent first. (Gross monthly pay | |
|---|---|--|---------------------------------------|--|
| Employer | Address | Dates of Employment | \$\$ \$ | |
| 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 | S S S S S S S S S S S S S S S S S S S | |
| 4. How much cash do Below, state any minstitution. | you and your spouse noney you or your sp | have? \$ pouse have in bank accor | unts or in any other financial | |
| Type of account (e.g., | checking or savings) | ^ /) | Amount your spouse has \$ \$ \$ | |
| 5. List the assets, and and ordinary house | | n you own or your spous | e owns. Do not list clothing | |
| ☐ Home Value//_A | | □ Other real esta Value | | |
| ☐ Motor Vehicle #1 Year, make & mode Value | , | ☐ Motor Vehicle a Year, make & r Value | nodel | |
| Other assets Description Value | | | | |

| 6. State every person, busin amount owed. | less, or organization ow | ing you or your s | pouse money, and the |
|--|--------------------------|-------------------|----------------------------|
| Person owing you or your spouse money | Amount owed to you | Amount | owed to your spouse |
| MA | \$ | \$ \$ \$ | 0 |
| 7. State the persons who rely instead of names (e.g. "J.S." | | | or children, list initials |
| Name | Relationship | | Age |
| 8. Estimate the average mont paid by your spouse. Adj annually to show the month | just any payments that | | |
| | | You | Your spouse |
| Rent or home-mortgage paym (include lot rented for mobile Are real estate taxes include Is property insurance include | home) ed? □ Yes ☑ No | \$ | \$ <u>O</u> |
| Utilities (electricity, heating for water, sewer, and telephone) | uel, | \$ | \$ |
| Home maintenance (repairs ar | nd upkeep) | \$ <i>O</i> | \$_ <i>O</i> |
| Food | | \$ | \$ <u> </u> |
| Clothing | | \$ | .\$ |
| Laundry and dry-cleaning | | \$ | \$ |
| Medical and dental expenses | | \$ <i>O</i> | \$ |

| | | | gor changes to your monthly income or expenses or in your assets or ext 12 months? |
|-------|--------------|--------------|--|
| | ☐ Yes | □No | If yes, describe on an attached sheet. |
| | | | |
| | | | ll you be paying – an attorney any money for services in connection ng the completion of this form? ☐ Yes ☐ No |
| I | f yes, how | much? | |
| I | f yes, state | the attori | ney's name, address, and telephone number: |
| | | | |
| | | | |
| a | | | l you be paying—anyone other than an attorney (such as a paralegal or r services in connection with this case, including the completion of this |
| | ☐ Yes | □ No | |
| I | f yes, how | much? | |
| If ve | s, state the | e person's r | name, address, and telephone number: |
| · | , | • | , , , , <u>.</u> |
| | | | |
| 12. P | rovide any | other info | rmation that will help explain why you cannot pay the costs of this case. |
| | | | |
| | | | |
| I dec | lare under | nenalty of | perjury that the foregoing is true and correct. |
| | | | 20- B , 2023 |
| Exec | uted on: | | <u></u> |
| | | | David Form |
| | | | (Signature) |