

Case No. 23A441

23-0038

ORIGINAL

IN THE UNITED STATES SUPREME COURT

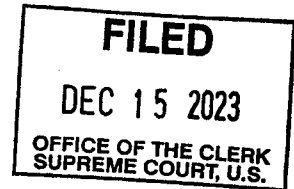
TRENT DREXEL HOWARD

Petitioner

vs.

UNITED STATES OF AMERICA

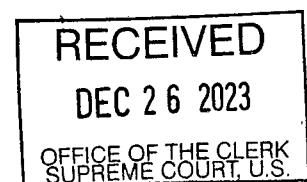
Respondent



MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

Trent Drexel Howard #21815-085
Federal Correctional Institution
Terminal Island
P.O. Box 3007
San Pedro, CA 90733

Petitioner in Pro Se




The Petitioner, Trent Drexel Howard, hereby respectfully seeks leave to file the attached Petition for a Writ of Certiorari without prepayment of costs and to proceed in forma pauperis.

The Petitioner has not previously been granted to leave to proceed in forma pauperis by any other court. Petitioner's affidavit or declaration in support of this motion is attached hereto.

Dated: 12-14-23

Respectfully submitted,


Trent Drexel Howard
Petitioner in Pro Se

**AFFIDAVIT OR DECLARATION
IN SUPPORT OF MOTION FOR LEAVE TO PROCEED *IN FORMA PAU*.**

I, TRENT DREXEL HOWARD am the petitioner in the above-entitled case. 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 the following sources during the past 12 months. Adjust any amount that is received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate 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	\$ 14 ⁰⁰	\$ _____	\$ 14 ⁰⁰	\$ _____
Self-employment	\$ 0	\$ _____	\$ 0	\$ _____
Income from real property (such as rental income)	\$ 0	\$ _____	\$ 0	\$ _____
Interest and dividends	\$ 0	\$ _____	\$ 0	\$ _____
Gifts	\$ 300 ⁰⁰	\$ _____	\$ 300 ⁰⁰	\$ _____
Alimony	\$ 0	\$ _____	\$ 0	\$ _____
Child Support	\$ 0	\$ _____	\$ 0	\$ _____
Retirement (such as social security, pensions, annuities, insurance)	\$ 0	\$ _____	\$ _____	\$ _____
Disability (such as social security, insurance payments)	\$ 0	\$ _____	\$ 0	\$ _____
Unemployment payments	\$ 0	\$ _____	\$ 0	\$ _____
Public-assistance (such as welfare)	\$ 0	\$ _____	\$ 0	\$ _____
Other (specify): _____	\$ _____	\$ _____	\$ _____	\$ _____
Total monthly income:	\$ 314 ⁰⁰	\$ _____	\$ 314 ⁰⁰	\$ _____

2. List your employment history for the past two years, most recent first. (Gross is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross monthly pay
BOP	FCI Terminal Island	March 8 2022 to	\$ 14.00
	San Pedro, CA	now	\$
			\$

3. List your spouse's employment history for the past two years, most recent 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.

Type of account (e.g., checking or savings)	Amount you have	Amount your spouse has
BOP Trust Fund Account	\$ 33.87	\$
	\$	\$
	\$	\$

5. List the assets, and their values, which you own or your spouse owns. Do not include vehicles and ordinary household furnishings.

☐ Home
Value 0

☐ Other real estate
Value 0

☐ Motor Vehicle #1
Year, make & model 0
Value

☐ Motor Vehicle #2
Year, make & model 0
Value

☐ Other assets
Description
Value

6. State every person, business, or organization owing you or your spouse money or amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
N/A	\$	\$
	\$	\$
	\$	\$

7. State the persons who rely on you or your spouse for support. For minor children, give their names instead of names (e.g. "J.S." instead of "John Smith").

Name	Relationship	Age
N/A		

8. Estimate the average monthly expenses of you and your family. Show separately for you and your spouse. Adjust any payments that are made weekly, biweekly, or annually to show the monthly rate.

	You	Your spouse
Rent or home-mortgage payment (include lot rented for mobile home)	\$ 0	\$ NA
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)	\$ 0	\$
Home maintenance (repairs and upkeep)	\$ 0	\$
Food	\$ 300 ⁰⁰	\$
Clothing	\$ 14 ⁰⁰	\$
Laundry and dry-cleaning	\$ 0	\$
Medical and dental expenses	\$ 0	\$

	You	Your
Transportation (not including motor vehicle payments)	\$ <u>0</u>	\$ <u> </u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>0</u>	\$ <u> </u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>0</u>	\$ <u> </u>
Life	\$ <u>0</u>	\$ <u> </u>
Health	\$ <u>0</u>	\$ <u> </u>
Motor Vehicle	\$ <u>0</u>	\$ <u> </u>
Other: <u> </u>	\$ <u> </u>	\$ <u> </u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u> </u>	\$ <u>0</u>	\$ <u> </u>
Installment payments		
Motor Vehicle	\$ <u>0</u>	\$ <u> </u>
Credit card(s)	\$ <u>0</u>	\$ <u> </u>
Department store(s)	\$ <u>0</u>	\$ <u> </u>
Other: <u> </u>	\$ <u> </u>	\$ <u> </u>
Alimony, maintenance, and support paid to others	\$ <u>0</u>	\$ <u> </u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u> </u>	\$ <u> </u>
Other (specify): <u> </u>	\$ <u> </u>	\$ <u> </u>
Total monthly expenses:	\$ <u>314⁰⁰</u>	\$ <u> </u>

9. Do you expect any major changes to your monthly income or expenses or in your 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 typist) any money for services in connection with this case, including the completion of this form?

☐ Yes ☒ No

If yes, how much? _____

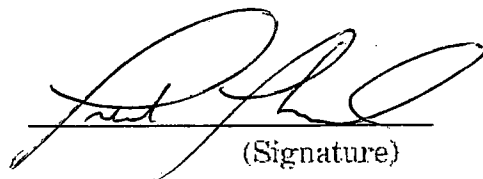
If yes, state the person's name, address, and telephone number:

12. Provide any other information that will help explain why you cannot pay the cost:

I spent all my money on attorney fees in the District Court and the Court of Appeal. I have nothing left

I declare under penalty of perjury that the foregoing is true and correct.

Executed on: 12-14, 2023


(Signature)