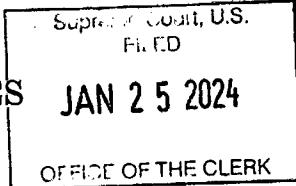


No. 23-6642

IN THE
SUPREME COURT OF THE UNITED STATES



DAVID W. POYDRAS — PETITIONER
(Your Name)

VS.

TIMOTHY HOOPER, Warden — RESPONDENT(S)

MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

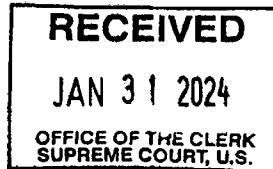
The petitioner asks leave to file the attached petition for a writ of certiorari without prepayment of costs and to proceed *in forma pauperis*.

Petitioner has previously been granted leave to proceed *in forma pauperis* in the following court(s):

Petitioner has **not** previously been granted leave to proceed *in forma pauperis* in any other court.

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

David W. Poydras
(Signature)



2. List your 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 |
|-------------|-------------|---------------------|-------------------|
| <u>NoSe</u> | <u>NoSe</u> | <u>N/A</u> | <u>\$ N/A</u> |

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 |
|------------|------------|---------------------|-------------------|
| <u>N/A</u> | <u>N/A</u> | <u>N/A</u> | <u>\$ N/A</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>N/A</u> | <u>N/A</u> | <u>\$ N/A</u> | <u>\$ N/A</u> |

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

| | |
|---|---|
| <input type="checkbox"/> Home Value <u>N/A</u> | <input type="checkbox"/> Other real estate Value <u>N/A</u> |
| <input type="checkbox"/> Motor Vehicle #1 Year, make & model <u>N/A</u> Value _____ | <input type="checkbox"/> Motor Vehicle #2 Year, make & model <u>N/A</u> Value _____ |
| <input type="checkbox"/> Other assets Description <u>N/A</u> Value _____ | |

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>N/A</u> | \$ <u>N/A</u> | \$ <u>N/A</u> |
| | \$ <u>N/A</u> | \$ <u>N/A</u> |
| | \$ <u>N/A</u> | \$ <u>N/A</u> |

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

| Name | Relationship | Age |
|------------|--------------|------------|
| <u>N/A</u> | <u>N/A</u> | <u>N/A</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, 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>0</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> | \$ <u>0</u> |
| Home maintenance (repairs and upkeep) | \$ <u>0</u> | \$ <u>0</u> |
| Food | \$ <u>0</u> | \$ <u>0</u> |
| Clothing | \$ <u>0</u> | \$ <u>0</u> |
| Laundry and dry-cleaning | \$ <u>0</u> | \$ <u>0</u> |
| Medical and dental expenses | \$ <u>0</u> | \$ <u>0</u> |

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

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

N/A

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? N/A

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

N/A

12. Provide any other information that will help explain why you cannot pay the costs of this case.

I'm in a cell 23-hours a day
and can not work

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

Executed on: January 15, 2024

David W. Ogden
(Signature)

STATEMENT OF ACCOUNT
(Certified Institutional Equivalent)

David Poydras

115750

I hereby certify that inmate number 115750, the plaintiff herein has the following sums of money on account to his credit at LSP, the institution where he is confined:

Prison Drawing Account: \$ 0 -

Prison Savings Account: \$ 0

A. Cash _____

B. Bonds _____

I further certify that the average monthly deposits for the preceding six months is \$ 0 -.

(The average monthly deposits are to be determined by adding the deposits made during a given month and dividing that total by the number of deposits made during that month. This is repeated for each of the six months. The average from each of the six months are to be added together and the total is to be divided by six.)

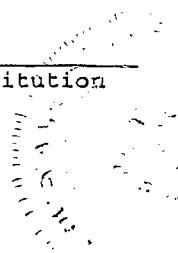
I further certify that the average monthly balance for the prior six months is \$ 75.

(The average monthly balance is to be determined by adding each day's balance for a given month and dividing that total by the number of days in that month. This is to be repeated for each of the six months. The balance from each of the six months are to be added together and the total is to be divided by six.)

Date Certified

Signature of Authorized Officer of Institution

Daundra Rosso



DATE

JAN 19 2024

CERTIFIED