



23 - 6944

No. _____

IN THE
SUPREME COURT OF THE UNITED STATES

In Re Bob Eugene West — PETITIONER
(Your Name)

MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

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

Please check the appropriate boxes:

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

United States District Court, District of Oregon,
Portland Division

☐ 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.

Bob Eugene West
(Signature)

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

I, Bob Eugene West, 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.

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ <u>0</u>	\$ <u>DNA</u>	\$ <u>0</u>	\$ <u>DNA</u>
Self-employment	\$ <u>0</u>	\$ <u>DNA</u>	\$ <u>0</u>	\$ <u>DNA</u>
Income from real property (such as rental income)	\$ <u>0</u>	\$ <u>DNA</u>	\$ <u>0</u>	\$ <u>DNA</u>
Interest and dividends	\$ <u>0</u>	\$ <u>DNA</u>	\$ <u>0</u>	\$ <u>DNA</u>
Gifts	\$ <u>0</u>	\$ <u>DNA</u>	\$ <u>0</u>	\$ <u>DNA</u>
Alimony	\$ <u>0</u>	\$ <u>DNA</u>	\$ <u>0</u>	\$ <u>DNA</u>
Child Support	\$ <u>0</u>	\$ <u>DNA</u>	\$ <u>0</u>	\$ <u>DNA</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0</u>	\$ <u>DNA</u>	\$ <u>0</u>	\$ <u>DNA</u>
Disability (such as social security, insurance payments)	\$ <u>0</u>	\$ <u>DNA</u>	\$ <u>0</u>	\$ <u>DNA</u>
Unemployment payments	\$ <u>0</u>	\$ <u>DNA</u>	\$ <u>0</u>	\$ <u>DNA</u>
Public-assistance (such as welfare)	\$ <u>0</u>	\$ <u>DNA</u>	\$ <u>0</u>	\$ <u>DNA</u>
Other (specify): _____	\$ <u>0</u>	\$ <u>DNA</u>	\$ <u>0</u>	\$ <u>DNA</u>
Total monthly income:	\$ <u>0</u>	\$ <u>DNA</u>	\$ <u>0</u>	\$ <u>DNA</u>

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
DNA			\$ 0
DNA			\$ 0
DNA			\$ 0

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
DNA			\$
			\$
			\$

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
DNA	\$	\$
DNA	\$	\$
DNA	\$	\$

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

☐ Home
Value 0

☐ Other real estate
Value 0

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

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

☐ Other assets
Description 0
Value 0

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
DNA	\$ 0	\$ 0
DNA	\$ 0	\$ 0
DNA	\$ 0	\$ 0

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

Name	Relationship	Age
DNA		
DNA		
DNA		

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)	\$ 0	\$ 0
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	\$ 0
Home maintenance (repairs and upkeep)	\$ 0	\$ 0
Food	\$ 0	\$ 0
Clothing	\$ 0	\$ 0
Laundry and dry-cleaning	\$ 0	\$ 0
Medical and dental expenses	\$ 0	\$ 0

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

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

Executed on: November 22nd, 2023

Bob Eugene West
(Signature)

T R U S T A C C O U N T S T A T E M E N T

12.1.1.0.1.5 ODOC

DOC: 0010897927 Name: WEST, BOB EUGENE
 LOCATION: SRCI-C2_H-2H07B

DOB: 07/04/1963

Max Date:

ACCOUNT BALANCES Total: 454.56 CURRENT: 454.56 HOLD: 0.00

03/05/2023 09/05/2023

SUB ACCOUNT	START BALANCE	END BALANCE
2107 RESERVED MEDICAL	0.00	0.00
2111 RESERVED COUNTY COURT FEES	0.00	0.00
2101 AIC SPENDING ACCOUNT	57.22	23.98
2105 RESERVE OPTICAL	0.00	0.00
2113 TRANSITIONAL SAVINGS	428.00	431.18

DEBTS AND OBLIGATIONS

TYPE	PAYABLE	INFO NUMBER	AMOUNT OWING	AMOUNT PAID	WRITE-OFF AMT
MEDA	MEDICAL ADVANCE	06042009	0.00	48.97	0.00
OSCIA	OSCI POSTAGE ADVANCE	10312006	0.00	28.59	0.00
SRCIA	SRCI POSTAGE ADVANCE	04212006	0.00	679.32	0.00
COUA	COUNTY COURT FEES ADVANCE	09162008	0.00	29.00	0.00
DENA	DENTAL ADVANCE	05072008	0.00	83.50	0.00
OPTA	OPTICAL ADVANCE	08072008	0.00	236.25	0.00
OCICA	OCIC POSTAGE ADVANCE	12292005	0.00	15.36	0.00
FDISA	DISCIPLINARY FINES ADVANCE	12292006	0.00	50.00	0.00
COPA	COPY ADVANCE	01202006	0.00	5,086.00	0.00
CCCFA	CCCF POSTAGE ADVANCE	12292005	0.00	6.10	0.00
REST	OJD - RESTITUTION, FINES & FEES	03102020	962.50	4,631.39	0.00
LPDOCA	LEGAL COPIES DOC ADVANCE	12232022	0.00	22.70	0.00

TRANSACTION DESCRIPTION --

COURT ORDERED OBLIGATIONS

DATE	TYPE	TRANSACTION DESCRIPTION	TRANSACTION AMT
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TRANSACTION DESCRIPTIONS --

2107 RESERVED SUB-ACCOUNT
MEDICAL

DATE	TYPE	TRANSACTION DESCRIPTION	TRANSACTION AMT	BALANCE
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TRANSACTION DESCRIPTIONS --

2111 RESERVED SUB-ACCOUNT
COUNTY COURT FEES

DATE	TYPE	TRANSACTION DESCRIPTION	TRANSACTION AMT	BALANCE
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TRANSACTION DESCRIPTIONS --

2101 AIC SPENDING SUB-ACCOUNT

CERTIFIED TRUE COPY

[Signature]
 Department of Corrections Official

Date: 9.12.2023

T R U S T A C C O U N T S T A T E M E N T

12.1.1.0.1.5 ODOC

DOC: 0010897927 Name: WEST, BOB EUGENE

DOB: 07/04/1963

LOCATION: SRCI-C2_H-2H07B

Max Date:

ACCOUNT

DATE	TYPE	TRANSACTION DESCRIPTION	TRANSACTION AMT	BALANCE
03/29/2023	CRS	CRS SAL ORD #10003532	(54.01)	3.21
04/05/2023	INT1	Interest Distribution	1.43	4.64
04/05/2023	DED	Deduction-TRSA-29-JUN-18 D D	(0.07)	4.57
04/05/2023	DED	Deduction-CLR-12142005 D D	(0.72)	3.85
04/05/2023	DED	Deduction-CLR-12142005 D D	0.72	4.57
04/21/2023	DEP	ROCELIA FRANCISCO	25.00	29.57
04/21/2023	DED	Deduction-REST-03102020 D D	(2.50)	27.07
04/21/2023	DED	Deduction-TRSA-29-JUN-18 D D	(1.25)	25.82
04/21/2023	DED	Deduction-CLR-12142005 D D	(12.50)	13.32
04/21/2023	DED	Deduction-CLR-12142005 D D	12.50	25.82
05/02/2023	INT1	Interest Distribution	1.39	27.21
05/02/2023	DED	Deduction-TRSA-29-JUN-18 D D	(0.07)	27.14
05/02/2023	DED	Deduction-CLR-12142005 D D	(0.70)	26.44
05/02/2023	DED	Deduction-CLR-12142005 D D	0.70	27.14
05/08/2023	CRS	CRS SAL ORD #10048365	(15.10)	12.04
05/10/2023	COPS	Copy Sales	(0.70)	11.34
05/10/2023	COPS	Copy Sales	(1.80)	9.54
05/10/2023	COPS	MENU COPY	(1.50)	8.04
05/26/2023	COPS	Copy Sales	(0.20)	7.84
05/31/2023	COPS	Copy Sales	(1.10)	6.74
05/31/2023	COPS	Copy Sales	(1.40)	5.34
06/02/2023	INT1	Interest Distribution	1.44	6.78
06/02/2023	DED	Deduction-TRSA-29-JUN-18 D D	(0.07)	6.71
06/02/2023	DED	Deduction-CLR-12142005 D D	(0.72)	5.99
06/02/2023	DED	Deduction-CLR-12142005 D D	0.72	6.71
06/12/2023	CRS	CRS SAL ORD #10087263	(5.49)	1.22
07/05/2023	INT1	Interest Distribution	1.46	2.68
07/05/2023	DED	Deduction-TRSA-29-JUN-18 D D	(0.07)	2.61
07/05/2023	DED	Deduction-CLR-12142005 D D	(0.73)	1.88
07/05/2023	DED	Deduction-CLR-12142005 D D	0.73	2.61
08/04/2023	INT1	Interest Distribution	1.48	4.09
08/04/2023	DED	Deduction-TRSA-29-JUN-18 D D	(0.07)	4.02
08/04/2023	DED	Deduction-CLR-12142005 D D	(0.74)	3.28
08/04/2023	DED	Deduction-CLR-12142005 D D	0.74	4.02
08/29/2023	DEP	ROCELIA FRANCISCO	30.00	34.02
08/29/2023	DED	Deduction-REST-03102020 D D	(3.00)	31.02
08/29/2023	DED	Deduction-TRSA-29-JUN-18 D D	(1.50)	29.52

CERTIFIED TRUE COPY

C. U. de K.
 Department of Corrections Official

Date: 9.12.2023

DOC: 0010897927 Name: WEST, BOB EUGENE
LOCATION: SRCI-C2_H-2H07B

DOB: 07/04/1963

Max Date:

DATE	TYPE	TRANSACTION DESCRIPTION	TRANSACTION AMT	BALANCE
08/29/2023	DED	Deduction-CLR-12142005 D D	(15.00)	14.52
08/29/2023	DED	Deduction-CLR-12142005 D D	15.00	29.52
09/01/2023	COPS	Copy Sales	(7.10)	22.42
09/05/2023	INT1	Interest Distribution	1.64	24.06
09/05/2023	DED	Deduction-TRSA-29-JUN-18 D D	(0.08)	23.98
09/05/2023	DED	Deduction-CLR-12142005 D D	(0.82)	23.16
09/05/2023	DED	Deduction-CLR-12142005 D D	0.82	23.98

TRANSACTION DESCRIPTIONS --

2105 RESERVE SUB-ACCOUNT
OPTICAL

DATE	TYPE	TRANSACTION DESCRIPTION	TRANSACTION AMT	BALANCE
TRANSACTION DESCRIPTIONS --			2113 TRANSITIONAL SAVINGS	SUB-ACCOUNT

DATE	TYPE	TRANSACTION DESCRIPTION	TRANSACTION AMT	BALANCE
04/05/2023	DED	Deduction-TRSA-29-JUN-18 D D	0.07	428.07
04/21/2023	DED	Deduction-TRSA-29-JUN-18 D D	1.25	429.32
05/02/2023	DED	Deduction-TRSA-29-JUN-18 D D	0.07	429.39
06/02/2023	DED	Deduction-TRSA-29-JUN-18 D D	0.07	429.46
07/05/2023	DED	Deduction-TRSA-29-JUN-18 D D	0.07	429.53
08/04/2023	DED	Deduction-TRSA-29-JUN-18 D D	0.07	429.60
08/29/2023	DED	Deduction-TRSA-29-JUN-18 D D	1.50	431.10
09/05/2023	DED	Deduction-TRSA-29-JUN-18 D D	0.08	431.18

CERTIFIED TRUE COPY


Department of Corrections OfficialDate: 9.12.2023