

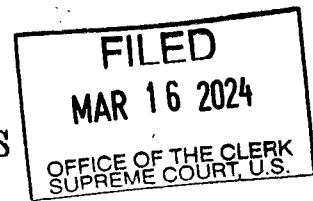
23-7157

No. _____

ORIGINAL

IN THE
SUPREME COURT OF THE UNITED STATES

_____ TERM, 2024



ROY R. DIXON – *Pro Se*

PETITIONER

VS.

TIM HOOPER, Warden
Louisiana State Penitentiary

RESPONDENT

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.

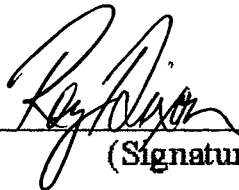
[X] Petitioner has previously been granted leave to proceed in forma pauperis in the following court(s):

The U.S.D.C., Eastern District of Louisiana Granted IFP, other than the \$5.00 Filing Fee; The United States Fifth Circuit Court of Appeal Granted IFP on Application for COA, which was Denied.

[] 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.

3/11/24
Date


(Signature)

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

I, Roy R. Dixon, 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>none</u>	\$ <u>N/A</u>	\$ <u>none</u>	\$ <u>N/A</u>
Self-employment	\$ <u>none</u>	\$ <u>N/A</u>	\$ <u>none</u>	\$ <u>N/A</u>
Income from real property (such as rental income)	\$ <u>none</u>	\$ <u>N/A</u>	\$ <u>none</u>	\$ <u>N/A</u>
Interest and dividends	\$ <u>none</u>	\$ <u>N/A</u>	\$ <u>none</u>	\$ <u>N/A</u>
Gifts	\$ <u>none</u>	\$ <u>N/A</u>	\$ <u>none</u>	\$ <u>N/A</u>
Alimony	\$ <u>none</u>	\$ <u>N/A</u>	\$ <u>none</u>	\$ <u>N/A</u>
Child Support	\$ <u>none</u>	\$ <u>N/A</u>	\$ <u>none</u>	\$ <u>N/A</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>none</u>	\$ <u>N/A</u>	\$ <u>none</u>	\$ <u>N/A</u>
Disability (such as social security, insurance payments)	\$ <u>none</u>	\$ <u>N/A</u>	\$ <u>none</u>	\$ <u>N/A</u>
Unemployment payments	\$ <u>none</u>	\$ <u>N/A</u>	\$ <u>none</u>	\$ <u>N/A</u>
Public assistance (such as welfare)	\$ <u>none</u>	\$ <u>N/A</u>	\$ <u>none</u>	\$ <u>N/A</u>

Other (specify): _____ \$ none \$ N/A \$ none \$ N/A

Total monthly income: \$ none \$ N/A \$ none \$ N/A

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>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>	<u>N/A</u>
<u>N/A</u>	<u>N/A</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 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>
<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>	<u>N/A</u>

4. How much cash do you and your spouse have? \$ None
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 spouse has
<u>N/A</u>	<u>N/A</u>	\$ <u>None</u>	\$ <u>N/A</u>
<u>N/A</u>	<u>N/A</u>	\$ <u>None</u>	\$ <u>N/A</u>
<u>N/A</u>	<u>N/A</u>	\$ <u>None</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.

☐ Home
Value None

☐ Other real estate
Value None

☐ Motor Vehicle #1
Year, make & model None

☐ Motor Vehicle #2
Year, make & model None

Value N/AValue N/A☐ Other assets: NoneDescription N/AValue N/A

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

Person owing you or your spouse	Amount owed to you	Amount owed your spouse
<u>None</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
<u>None</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
<u>None</u>	\$ <u>0.00</u>	\$ <u>0.00</u>

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

Name	Relationship	Age
<u>None</u>	<u>N/A</u>	<u>N/A</u>
<u>None</u>	<u>N/A</u>	<u>N/A</u>
<u>None</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>0.00</u>	<u>N/A</u>
Are real estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>N/A</u>	
Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>N/A</u>	
Utilities (electricity, heating fuel, water, sewer, and telephone)	<u>0.00</u>	<u>N/A</u>
Home maintenance (repairs and upkeep)	<u>0.00</u>	<u>N/A</u>
Food	<u>0.00</u>	<u>N/A</u>

or farm (attach detailed statement)	<u>0.00</u>	<u>N/A</u>
Other (specify): <u>None</u>	<u>0.00</u>	<u>N/A</u>
Total monthly expenses:	<u>0.00</u>	<u>N/A</u>

9. Do you expect any major changes to your monthly income 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 you explain why you cannot pay the costs of this case.

All incentive wages earned (.04¢ per hour) go towards personal hygiene and health care.

Affidavit in Support of Application

I, Roy R. Dixon, hereby swear or affirm, under penalty of perjury, that because of my poverty, I cannot repay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. Further, I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)

Done and signed this 11th day of March, 2024, at Angola, Louisiana.



Roy R. Dixon #723646
M.P.- CBC L/L 14
LA State Prison
Angola, LA 70712