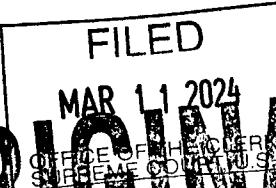


23-7498

No. \_\_\_\_\_



ORIGINAL

IN THE  
SUPREME COURT OF THE UNITED STATES

LAWRENCE WATSON — PETITIONER  
(Your Name)

VS.

DOLAN AND FASANO 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*.

Please check the appropriate boxes:

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.

Petitioner's affidavit or declaration is **not** attached because the court below appointed counsel in the current proceeding, and:

The appointment was made under the following provision of law: \_\_\_\_\_  
\_\_\_\_\_, or

a copy of the order of appointment is appended.

Lawrence Watson  
(Signature)

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

I, Lawrence Watson, 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.

| <b>Income source</b>   | <b>Average monthly amount during the past 12 months</b> |                    | <b>Amount expected next month</b> |                    |
|--|---|--------------------|-----------------------------------|--------------------|
|  | <b>You</b>  | <b>Spouse</b>      | <b>You</b>                        | <b>Spouse</b>      |
| Employment   | \$ <u>0</u>   | \$ <u>0</u>        | \$ <u>0</u>                       | \$ <u>0</u>        |
| Self-employment  | \$ <u>0</u>   | \$ <u>0</u>        | \$ <u>0</u>                       | \$ <u>0</u>        |
| Income from real property (such as rental income)                    | \$ <u>0</u>   | \$ <u>0</u>        | \$ <u>0</u>                       | \$ <u>0</u>        |
| Interest and dividends   | \$ <u>2</u>   | \$ <u>0</u>        | \$ <u>2</u>                       | \$ <u>0</u>        |
| Gifts  | \$ <u>0</u>   | \$ <u>0</u>        | \$ <u>0</u>                       | \$ <u>0</u>        |
| Alimony  | \$ <u>0</u>   | \$ <u>0</u>        | \$ <u>0</u>                       | \$ <u>0</u>        |
| Child Support  | \$ <u>0</u>   | \$ <u>0</u>        | \$ <u>0</u>                       | \$ <u>0</u>        |
| Retirement (such as social security, pensions, annuities, insurance) | \$ <u>0</u>   | \$ <u>0</u>        | \$ <u>0</u>                       | \$ <u>0</u>        |
| Disability (such as social security, insurance payments)             | \$ <u>4072</u>  | \$ <u>0</u>        | \$ <u>4194</u>                    | \$ <u>0</u>        |
| Unemployment payments  | \$ <u>0</u>   | \$ <u>0</u>        | \$ <u>0</u>                       | \$ <u>0</u>        |
| Public-assistance (such as welfare)                                  | \$ <u>0</u>   | \$ <u>0</u>        | \$ <u>0</u>                       | \$ <u>0</u>        |
| Other (specify): _____   | \$ <u>0</u>   | \$ <u>0</u>        | \$ <u>0</u>                       | \$ <u>0</u>        |
| <b>Total monthly income:</b>   | <b>\$ <u>4072</u></b>                                   | <b>\$ <u>0</u></b> | <b>\$ <u>0</u></b>                | <b>\$ <u>0</u></b> |

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> |         |                     | \$ _____          |
|            |         |                     | \$ _____          |
|            |         |                     | \$ _____          |

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> |         |                     | \$ _____          |
|            |         |                     | \$ _____          |
|            |         |                     | \$ _____          |

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 |
|---|-----------------|------------------------|
| <u>CHECKING</u>                             | \$ <u>200</u>   | \$ <u>0</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 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 B  
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>0</u>        | \$ <u>0</u>                |
|                                       | \$ _____           | \$ _____                   |
|                                       | \$ _____           | \$ _____                   |

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       |
|----------------------|-----------------|-----------|
| <u>SHANAI WATSON</u> | <u>DAUGHTER</u> | <u>21</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<br>(include lot rented for mobile home)                               | \$ <u>1237</u> | \$ <u>0</u> |
| Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                |             |
| Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                |             |
| Utilities (electricity, heating fuel,<br>water, sewer, and telephone)                               | \$ <u>360</u>  | \$ <u>0</u> |
| Home maintenance (repairs and upkeep)   | \$ <u>50</u>   | \$ <u>0</u> |
| Food  | \$ <u>300</u>  | \$ <u>0</u> |
| Clothing  | \$ <u>300</u>  | \$ <u>0</u> |
| Laundry and dry-cleaning  | \$ <u>100</u>  | \$ <u>0</u> |
| Medical and dental 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.

I HAVE TO PAY TO RELOCATE DAUGHTER AFTER GRADUATION IN DECEMBER AND ASSIST HER WITH RENT AND OTHER BILLS

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.

SEE ATTACHED AFFIDAVIT OF INDEBTEDNESS

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

Executed on: MAY 6, 2024

Lauren Weller  
(Signature)

|   | You            | Your spouse |
|---|----------------|-------------|
| Transportation (not including motor vehicle payments)                                       | \$ 100         | \$ 0        |
| Recreation, entertainment, newspapers, magazines, etc.                                      | \$ 100         | \$ 0        |
| Insurance (not deducted from wages or included in mortgage payments)                        |                |             |
| Homeowner's or renter's   | \$ 0           | \$ 0        |
| Life  | \$ 70          | \$ 0        |
| Health  | \$ 102         | \$ 0        |
| Motor Vehicle   | \$ 0           | \$ 0        |
| Other: _____  | \$ 0           | \$ 0        |
| Taxes (not deducted from wages or included in mortgage payments)                            |                |             |
| (specify): _____  | \$ 0           | \$ 0        |
| Installment payments  |                |             |
| Motor Vehicle   | \$ 0           | \$ 0        |
| Credit card(s) MISC   | \$ 500         | \$ 0        |
| Department store(s) PHENIX Pawn   | \$ 116         | \$ 0        |
| Other: STORAG   | \$ 110         | \$ 0        |
| Alimony, maintenance, and support paid to others  | \$ 135         | \$ 0        |
| Regular expenses for operation of business, profession, or farm (attach detailed statement) | \$ 0           | \$ 0        |
| Other (specify): ELASTIC (LOAN)   | \$ 265         | \$ 0        |
| <b>Total monthly expenses:</b>  | <b>\$ 3845</b> |             |

SUPREME COURT OF THE UNITED STATES

NO. 16

LAWRENCE WATSON

Petitioner

V

JAMES DOLAN AND DIANE FASANO

Respondent

**PETITIONER'S STATEMENT IN SUPPORT OF HIS MOTION FOR LEAVE TO**

**FILE IN FORMA PAUPERIS, PURSUANT TO RULE 39**

Pursuant to Supreme Court Rule 39, Petitioner is requesting leave to file in forma pauperis his petition for a writ of certiorari.

On February 9, 2022 in the U. S. District Court for the Eastern District in Louisiana Petitioner was denied leave to file informa pauperis for a petition for a writ of habeas corpus in the matter of Docket 2:22-cv-00151 Watson v Dolan. On February 14, 2022 Petitioner paid the filing fee. The matter was transferred to the U. S. District Court in Boston, which denied the petition. Petitioner appealed and the Court of Appeals for the First Circuit affirmed the denial. 23-1635 Watson v Fasano

On February 8, 2022 in the U. S. District Court for the Eastern District in Louisiana Petitioner was denied leave to file informa pauperis for a petition for a writ of habeas corpus

in the matter of Docket 2:22-cv-00156 Watson v Dolan. On February 14, 2022 Petitioner paid the filing fee. The matter was transferred to the U. S. District Court in Boston, which denied the petition. Petitioner appealed and the Court of Appeals for the First Circuit affirmed the denial. 23-1053 Watson v Dolan

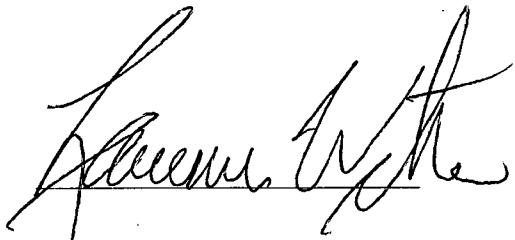
Petitioner borrowed monies to pay the filing fees in the aforementioned matters and just recently paid off the loan at over 300% of the amount borrowed.

For 30 years Petitioner has been persecuted by Massachusetts for opposing its discriminatory practices. As a result of the persecution, Petitioner has been forced to resign from jobs, has been denied employment, has had his business ruined, has had his home illegally seized, has had his monies illegally seized, has been falsely imprisoned several times, and remains subject to an onerous, unconstitutional order for child support.

Petitioner is the primary provider of his daughter's college education, including but not limited to, educational fees, housing, and car maintenance. Petitioner has to prepare financially to relocate his daughter after her upcoming graduation. Petitioner's sole source of income is veteran's disability payments; the Veterans Affairs classifies Petitioner as 90% disabled and unemployable.

Massachusetts has forced Petitioner into impoverishment in order to impede and to prevent his ability to address the wrongs committed against him; Petition has recovered recently from being in debt monthly. Petitioner cannot afford to pay the filing fee in this matter without struggling to maintain the basic necessities of life. The denial of this motion will deny Petitioner his due process right to be heard.

Petitioner is enclosing copies of his previous requests to proceed in forma pauperis and a completed current application. Petitioner requests that This Court grant this motion



Lawrence Watson

P.O. Box 1331

Metairie, LA 70004

Date: May 6, 2024

**UNITED STATES DISTRICT COURT**  
 for the  
 Eastern District of Louisiana

|                                    |   |  |
|------------------------------------|---|--|
| _____<br>Lawrence Watson           | ) | _____<br>Civil Action No. <i>22-CV-00151</i> |
| Plaintiff/Petitioner               | ) |  |
| v.                                 | ) |  |
| _____<br>Commissioner Edward Dolan | ) |  |
| Defendant/Respondent               | ) |  |

**APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS**  
**(Short Form)**

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested.

In support of this application, I answer the following questions under penalty of perjury:

1. *If incarcerated.* I am being held at: \_\_\_\_\_.

If employed there, or have an account in the institution, I have attached to this document a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months for any institutional account in my name. I am also submitting a similar statement from any other institution where I was incarcerated during the last six months.

2. *If not incarcerated.* If I am employed, my employer's name and address are: \_\_\_\_\_.

My gross pay or wages are: \$ 3,660.00, and my take-home pay or wages are: \$ 3,660.00 per  
 (specify pay period) month.

3. *Other Income.* In the past 12 months, I have received income from the following sources (check all that apply):

- |  |                                     |     |                                     |    |
|--|-------------------------------------|-----|-------------------------------------|----|
| (a) Business, profession, or other self-employment | <input type="checkbox"/>            | Yes | <input checked="" type="checkbox"/> | No |
| (b) Rent payments, interest, or dividends          | <input type="checkbox"/>            | Yes | <input checked="" type="checkbox"/> | No |
| (c) Pension, annuity, or life insurance payments   | <input type="checkbox"/>            | Yes | <input checked="" type="checkbox"/> | No |
| (d) Disability, or worker's compensation payments  | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/>            | No |
| (e) Gifts, or inheritances                         | <input type="checkbox"/>            | Yes | <input checked="" type="checkbox"/> | No |
| (f) Any other sources                              | <input type="checkbox"/>            | Yes | <input checked="" type="checkbox"/> | No |

*If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.*

Veterans Affairs  
 1250 Poydras St  
 New Orleans, LA 70013  
 Disability - \$3660.00/month (Expected - Annual cost of living increase)

4. Amount of money that I have in cash or in a checking or savings account: \$ 39.96 .

5. Any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value that I own, including any item of value held in someone else's name (*describe the property and its approximate value*):

0.00

6. Any housing, transportation, utilities, or loan payments, or other regular monthly expenses (*describe and provide the amount of the monthly expense*):

Rent - \$1237.00      Laundry - \$20  
Credit Cards - \$765      Transportation - \$20  
Loans - \$765      Cleaning Supplies - \$20  
Uhaul - \$149  
Utilities - \$180  
Groceries - \$150  
Insurance - \$105

7. Names (or, if under 18, initials only) of all persons who are dependent on me for support, my relationship with each person, and how much I contribute to their support:

Shanai L. Watson - Daughter  
Cellphone - \$150/month  
College - \$1000/month

8. Any debts or financial obligations (*describe the amounts owed and to whom they are payable*):

Credit Cards - \$11000  
Loans - \$6000  
Uhaul - \$1300

*Declaration:* I declare under penalty of perjury that the above information is true and understand that a false statement may result in a dismissal of my claims.

Date: 01/18/2022

*Applicant's signature*

Lawrence Watson

*Printed name*

**UNITED STATES DISTRICT COURT**  
for the  
**District of Massachusetts**

|   |   |                          |
|---|---|--------------------------|
| <u>Lawrence Watson</u><br><i>Plaintiff</i><br>v.<br><u>Edward Dolan ; Andrea Campbell</u><br><i>Defendant</i> | ) | )                        |
|   |   | )                        |
|   |   | Civil Action No. 23-1635 |
|   |   | )                        |

**APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS**  
**(Short Form)**

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested.

In support of this application, I answer the following questions under penalty of perjury:

*1. If incarcerated.* I am being held at: \_\_\_\_\_

If employed there, or have an account in the institution, I have attached to this document a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months for any institutional account in my name. I am also submitting a similar statement from any other institution where I was incarcerated during the last six months.

*2. If not incarcerated.* If I am employed, my employer's name and address are: \_\_\_\_\_

My gross pay or wages are: \$ \_\_\_\_\_ 0.00 , and my take-home pay or wages are: \$ \_\_\_\_\_ 0.00 per  
(specify pay period) \_\_\_\_\_ 0.00 .

*3. Other Income.* In the past 12 months, I have received income from the following sources (check all that apply):

- |  |   |  |
|--|---|--|
| (a) Business, profession, or other self-employment | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| (b) Rent payments, interest, or dividends          | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| (c) Pension, annuity, or life insurance payments   | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| (d) Disability, or worker's compensation payments  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| (e) Gifts, or inheritances                         | <input type="checkbox"/> Yes            | <input type="checkbox"/> No            |
| (f) Any other sources                              | <input type="checkbox"/> Yes            | <input type="checkbox"/> No            |

*If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.*

VA Disability - \$3946.00 per month

Expected Cost of Living Increase

4. Amount of money that I have in cash or in a checking or savings account: \$ 21.00 .

5. Any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value that I own, including any item of value held in someone else's name (*describe the property and its approximate value*):  
0.00

6. Any housing, transportation, utilities, or loan payments, or other regular monthly expenses (*describe and provide the amount of the monthly expense*):  
Rent -\$1277.00, NetCredit - \$405.00, Elastic Loan - \$180.00, PhoeniX Pawn - \$120.00, Electricity - \$70.00, Internet - \$90.00, Storage -\$155.00, Cell Phone - \$360.00, Insurance - \$120.00, Food - \$200.00, Travel - \$50.00

7. Names (or, if under 18, initials only) of all persons who are dependent on me for support, my relationship with each person, and how much I contribute to their support:

Shanai Lauryn Watson

Daughter

\$760.00/month

8. Any debts or financial obligations (*describe the amounts owed and to whom they are payable*):

Multiple Credit Cards

\$10,000.00

Immediate payment in full requested

( Destiny, Indigo Platinum, premiere Bank, First Savings Bank, Credit One, Merrick Bank, Fortiva, Surge, Care Credit, Legacy, Milestone, Aspire, Taz, Fit, Revvi)

*Declaration:* I declare under penalty of perjury that the above information is true and understand that a false statement may result in a dismissal of my claims.

Date: 08/24/2023

*Applicant's signature*

Lawrence B Watson

*Printed name*

**UNITED STATES DISTRICT COURT**  
 for the  
 Eastern District of Louisiana

|                                    |   |  |
|------------------------------------|---|--|
| _____<br>Lawrence Watson           | ) | _____<br>Civil Action No. <i>22-CV-00156</i> |
| _____<br>Plaintiff/Petitioner      | ) |  |
| v.                                 |   |  |
| _____<br>Commissioner Edward Dolan | ) |  |
| _____<br>Defendant/Respondent      | ) |  |

**APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS**  
**(Short Form)**

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested.

In support of this application, I answer the following questions under penalty of perjury:

*1. If incarcerated.* I am being held at: \_\_\_\_\_.

If employed there, or have an account in the institution, I have attached to this document a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months for any institutional account in my name. I am also submitting a similar statement from any other institution where I was incarcerated during the last six months.

*2. If not incarcerated.* If I am employed, my employer's name and address are: \_\_\_\_\_.

My gross pay or wages are: \$ 3,660.00, and my take-home pay or wages are: \$ 3,660.00 per  
 (specify pay period) month.

*3. Other Income.* In the past 12 months, I have received income from the following sources (check all that apply):

- |  |                                     |     |                                     |    |
|--|-------------------------------------|-----|-------------------------------------|----|
| (a) Business, profession, or other self-employment | <input type="checkbox"/>            | Yes | <input checked="" type="checkbox"/> | No |
| (b) Rent payments, interest, or dividends          | <input type="checkbox"/>            | Yes | <input checked="" type="checkbox"/> | No |
| (c) Pension, annuity, or life insurance payments   | <input type="checkbox"/>            | Yes | <input checked="" type="checkbox"/> | No |
| (d) Disability, or worker's compensation payments  | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/>            | No |
| (e) Gifts, or inheritances                         | <input type="checkbox"/>            | Yes | <input checked="" type="checkbox"/> | No |
| (f) Any other sources                              | <input type="checkbox"/>            | Yes | <input checked="" type="checkbox"/> | No |

*If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.*

Veterans Affairs  
 1250 Poydras St  
 New Orleans, LA 70013  
 Disability - \$3660.00/month (Expected - Annual cost of living increase)

4. Amount of money that I have in cash or in a checking or savings account: \$ 39.96 .

5. Any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value that I own, including any item of value held in someone else's name (*describe the property and its approximate value*):

0.00

6. Any housing, transportation, utilities, or loan payments, or other regular monthly expenses (*describe and provide the amount of the monthly expense*):

Rent - \$1237.00 Laundry - \$20  
Credit Cards - \$765 Transportation - \$20  
Loans - \$765 Cleaning Supplies - \$20  
Uhaul - \$149  
Utilities - \$180  
Groceries - \$150  
Insurance - \$105

7. Names (or, if under 18, initials only) of all persons who are dependent on me for support, my relationship with each person, and how much I contribute to their support:

Shanai L. Watson - Daughter  
Cellphone - \$150/month  
College - \$1000/month

8. Any debts or financial obligations (*describe the amounts owed and to whom they are payable*):

Credit Cards - \$11000  
Loans - \$6000  
Uhaul - \$1300

*Declaration:* I declare under penalty of perjury that the above information is true and understand that a false statement may result in a dismissal of my claims.

Date: 01/18/2022

*Applicant's signature*

Lawrence Watson

*Printed name*

**AFFIDAVIT ACCOMPANYING MOTION  
FOR PERMISSION TO APPEAL IN FORMA PAUPERIS**

Lawrence Watson

District Court No. 22-11287-AK

Appeal No. 23-1053

v.

Edward Dolan

**Affidavit in Support of Motion**

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. 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.)

Signed: \_\_\_\_\_

**Instructions**

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is “0,” “none,” or “not applicable (N/A),” write in that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case’s docket number, and the question number.

Date: 02/12/2023

My issues on appeal are:

Violation of constitutional rights and Title 28 U.S.C. 2254

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   | \$0  | \$N/A  | \$0                        | \$N/A  |
| Self-employment  | \$0  | \$N/A  | \$0                        | \$N/A  |
| Income from real property (such as rental income)                    | \$0  | \$N/A  | \$0                        | \$N/A  |
| Interest and dividends   | \$0  | \$N/A  | \$0                        | \$N/A  |
| Gifts  | \$0  | \$N/A  | \$0                        | \$N/A  |
| Alimony  | \$0  | \$N/A  | \$0                        | \$N/A  |
| Child support  | \$0  | \$N/A  | \$0                        | \$N/A  |
| Retirement (such as social security, pensions, annuities, insurance) | \$0  | \$N/A  | \$0                        | \$N/A  |
| Disability (such as social security, insurance payments)             | \$3946   | \$     | \$3946                     | \$N/A  |
| Unemployment payments  | \$0  | \$N/A  | \$0                        | \$N/A  |

|                                     |               |            |               |            |
|-------------------------------------|---------------|------------|---------------|------------|
| Public-assistance (such as welfare) | \$0           | \$N/A      | \$0           | \$N/A      |
| Other (specify):                    | \$0           | \$N/A      | \$0           | \$N/A      |
| <b>Total monthly income:</b>        | <b>\$3946</b> | <b>\$0</b> | <b>\$3946</b> | <b>\$0</b> |

2. List your 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 |
|----------|---------|---------------------|-------------------|
| N/A      |         |                     | \$                |
|          |         |                     | \$                |
|          |         |                     | \$                |

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 |
|----------|---------|---------------------|-------------------|
| 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.

| Financial Institution | Type of Account | Amount you have | Amount your spouse has |
|-----------------------|-----------------|-----------------|------------------------|
| METAIRIE BANK         | CHECKING        | \$50.00         | \$N/A                  |
|                       |                 | \$              | \$                     |
|                       |                 | \$              | \$                     |

If you are a prisoner seeking to appeal a judgment in a civil action or proceeding, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

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

| Home        | Other real estate | Motor vehicle #1 |
|-------------|-------------------|------------------|
| (Value) \$0 | (Value) \$0       | (Value) \$0      |
|             |                   | Make and year:   |
|             |                   | Model:           |
|             |                   | Registration #:  |

| <b>Motor vehicle #2</b> | <b>Other assets</b> | <b>Other assets</b> |
|-------------------------|---------------------|---------------------|
| (Value) \$              | (Value) \$          | (Value) \$          |
| Make and year:          |                     |                     |
| Model:                  |                     |                     |
| Registration #:         |                     |                     |

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

| <b>Person owing you or your spouse money</b> | <b>Amount owed to you</b> | <b>Amount owed to your spouse</b> |
|--|---------------------------|-----------------------------------|
| N/A  | \$                        | \$                                |
|  | \$                        | \$                                |
|  | \$                        | \$                                |
|  | \$                        | \$                                |

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

| <b>Name [or, if under 18, initials only]</b> | <b>Relationship</b> | <b>Age</b> |
|--|---------------------|------------|
| SHANAI L WATSON                              | DAUGHTER            | 20         |
|  |                     |            |
|  |                     |            |

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, semiannually, or annually to show the monthly rate.

|   | <b>You</b> | <b>Your Spouse</b> |
|---|------------|--------------------|
| Rent or home-mortgage payment (include lot rented for mobile home)                                  | \$1237     | \$ N/A             |
| Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |            |                    |
| Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |            |                    |
| Utilities (electricity, heating fuel, water, sewer, and telephone)                                  | \$500      | \$ N/A             |
| Home maintenance (repairs and upkeep)   | \$25       | \$ N/A             |
| Food  | \$250      | \$ N/A             |
| Clothing  | \$100      | \$ N/A             |
| Laundry and dry-cleaning  | \$50       | \$ N/A             |
| Medical and dental expenses   | \$0        | \$ N/A             |
| Transportation (not including motor vehicle payments)   | \$50       | \$ N/A/N/A         |
| Recreation, entertainment, newspapers, magazines, etc.  | \$150      | \$ N/A             |
| Insurance (not deducted from wages or included in mortgage payments)                                |            |                    |
| Homeowner's or renters:   | \$ N/A     | \$ N/A             |
| Life:   | \$75       | \$ N/A             |
| Health:   | \$         | \$ N/A             |
| Motor vehicle:  | \$         | \$ N/A             |
| Other: STORAGE  | \$80       | \$ N/A             |
| Taxes (not deducted from wages or included in mortgage payments) (specify):                         | \$0        | \$ N/A             |

|   |                |             |
|---|----------------|-------------|
| Installment payments  |                |             |
| Motor vehicle:  | \$ 0           | \$ N/A      |
| Credit card (name):   | \$ 1000        | \$ N/A      |
| Department store (name):  | \$             | \$ N/A      |
| Other: LOANS  | \$ 535         | \$ N/A      |
| Alimony, maintenance, and support paid to others  | \$ 135         | \$ N/A      |
| Regular expenses for operation of business, profession, or farm (attach detailed statement) | \$ 0           | \$ N/A      |
| Other (specify): DOG CARE   | \$ 75          | \$ N/A      |
| <b>Total monthly expenses:</b>  | <b>\$ 4262</b> | <b>\$ 0</b> |

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 spent — or will you be spending — any money for expenses or attorney fees in connection with this lawsuit?

Yes  No If yes, how much? \_\_\_\_\_

11. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.

I have been denied employment since 1995 and exist on disability only. I have been forced to accept predatory loans to try to maintain existence. My debts exceed my income every month

12. State the city and state of your legal residence: Metairie, LA

Your daytime phone number: 617 708501

Your age: 58 Your years of schooling: 4

Last four digits of your social-security number: 3084