

No. **23-7638**

ORIGINAL

OFFICE OF THE CLERK

IN THE

SUPREME COURT OF THE UNITED STATES

WASHINGTON D.C. 20543

Supreme Court, U.S.
FILED

JAN 31 2024

OFFICE OF THE CLERK

In Re DEAN C. RIVA PRO-SE -- 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):

IN THE CIRCUIT COURT OF HENRIS COUNTY, MISS. AND THE U.S. DISTRICT COURT SOUTHERN DISTRICT OF MISS. WERE PREVIOUSLY GRANTED LEAVE TO PROCEED IN FORMA PAUPERIS. SEE AS AN ATTACHED HERETO NOTARIZED AFFIDAVIT TO THIS MOTION, SEE APPENDIX-I

☐ 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.


(Signature)

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

I, DEAN L. BOYD, 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 N/A</u>	\$ <u>0 N/A</u>	\$ <u>N/A 0</u>	\$ <u>N/A 0</u>
Self-employment	\$ <u>0 N/A</u>	\$ <u>0 N/A</u>	\$ <u>0 N/A</u>	\$ <u>0 N/A</u>
Income from real property (such as rental income)	\$ <u>0 N/A</u>	\$ <u>0 N/A</u>	\$ <u>0 N/A</u>	\$ <u>0 N/A</u>
Interest and dividends	\$ <u>0 N/A</u>	\$ <u>0 N/A</u>	\$ <u>0 N/A</u>	\$ <u>0 N/A</u>
Gifts	\$ <u>0 N/A</u>	\$ <u>0 N/A</u>	\$ <u>0 N/A</u>	\$ <u>0 N/A</u>
Alimony	\$ <u>0 N/A</u>	\$ <u>0 N/A</u>	\$ <u>0 N/A</u>	\$ <u>0 N/A</u>
Child Support	\$ <u>0 N/A</u>	\$ <u>0 N/A</u>	\$ <u>0 N/A</u>	\$ <u>0 N/A</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0 N/A</u>	\$ <u>0 N/A</u>	\$ <u>0 N/A</u>	\$ <u>0 N/A</u>
Disability (such as social security, insurance payments)	\$ <u>0 N/A</u>	\$ <u>0 N/A</u>	\$ <u>0 N/A</u>	\$ <u>N/A 0</u>
Unemployment payments	\$ <u>0 N/A</u>	\$ <u>0 N/A</u>	\$ <u>0 N/A</u>	\$ <u>N/A 0</u>
Public-assistance (such as welfare)	\$ <u>0 N/A</u>	\$ <u>0 N/A</u>	\$ <u>0 N/A</u>	\$ <u>N/A 0</u>
Other (specify): <u>N/A 0</u>	\$ <u>0 N/A</u>	\$ <u>0 N/A</u>	\$ <u>0 N/A</u>	\$ <u>N/A 0</u>
Total monthly income:	\$ <u>0 N/A</u>	\$ <u>0 N/A</u>	\$ <u>0 N/A</u>	\$ <u>N/A 0</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
<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 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.

Type of account (e.g., checking or savings)	Amount you have	Amount your spouse has
<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.

☐ Home
Value N/A

☐ Other real estate
Value N/A

☐ Motor Vehicle #1
Year, make & model N/A
Value N/A

☐ Motor Vehicle #2
Year, make & model N/A
Value _____

☐ Other assets
Description N/A
Value 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 money

Amount owed to you

Amount owed to your spouse

N/A

\$ N/A

\$ N/A

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

N/A

N/A

N/A

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)

\$ N/A

\$ N/A

Are real estate taxes included? ☐ Yes ☒ No

Is property insurance included? ☐ Yes ☒ No

Utilities (electricity, heating fuel,
water, sewer, and telephone)

\$ N/A

\$ N/A

Home maintenance (repairs and upkeep)

\$ N/A

\$ N/A

Food

\$ N/A

\$ N/A

Clothing

\$ N/A

\$ N/A

Laundry and dry-cleaning

\$ N/A

\$ N/A

Medical and dental expenses

\$ N/A

\$ N/A

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

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? 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.

N/A

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

Executed on: MAY, 20 24

[Signature]
(Signature)

STATE OF MISSISSIPPI
COUNTY OF Sumner

AFFIDAVIT OF POVERTY

Personally appeared before me the undersigned authority in and for the aforesaid jurisdiction, DEAN C. BOYD, M.D.O.C.# 167698, who, being duly sworn on his/her oath, does depose and sayeth:

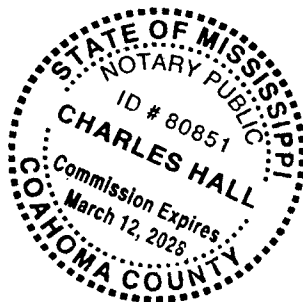
I, DEAN C. BOYD, do solemnly swear/affirm that I am a citizen of the State Of Mississippi, and because of my poverty I am not able to pay the same in the suits, Petition for a writ of habeas corpus which I am (or has been commenced) about to commence, and that, to the best of my belief, I am entitled to the redress which I seek by such sort.

Respectfully Submitted,

[Signature]
Petitioner

SWORN TO AND SUBSCRIBED BEFORE ME, this the 28th day of may, 2021

[Signature]
Notary Public



APPENDIX "I" AFFIDAVIT OF POVERTY
AND FINANCIAL AUTHORIZATION
FORM

**FINANCIAL AUTHORIZATION
TO BE COMPLETED BY PETITIONER**

Authorization for Release of Institution Account Information
and Payment of the Filing Fees

I, Boyd D. Paul, MDOC# 16623,
authorize the Clerk of Court to obtain, from the agency having custody of my person,
information about my institutional account, including balances, deposits and withdrawals.
The Clerk of Court may obtain my account information from the past six (6) months and
in the future, until the filing fee is paid. I also, authorize the agency having custody of
my person to withdraw funds from my account and forward payments to the Clerk of
Court, in accord with section 47-5-76 of the Mississippi Code Annotated.

4-8-79
Date

[Signature]
Signature of Petitioner

IT IS THE PETITIONER'S RESPONSIBILITY TO HAVE THE APPROPRIATE
PRISON OFFICIAL COMPLETE AND CERTIFY THE CERTIFICATE BELOW

**CERTIFICATE
(Inmate Accounts Only)
TO BE COMPLETED BY AUTHORIZED OFFICER**

I certify that the Petitioner named herein has the sum of \$ 0
on account to his credit at MS, MDOC Facility, where
he is confined. I further certify that the Petitioner has the following securities to his
credit according to the records of said institution: NA

I further certify that during the last six (6) months the
Petitioner's average monthly balance was \$ 0

I further certify that during the last six (6) months the
Petitioner's average monthly deposit was \$ 0

I further certify that Petitioner has made the following withdrawals within
the past thirty (30) days: 6.00 / 6.00 / 6.00 / 32.79

662-145-6611
Telephone Number

4-15-79
Date

Appeal State

[Signature]
Authorized Officer of Inmate Accounts

Boyd D. Paul
Print Name of Authorized Officer

Appendix - 'I' - Affidavit of Poverty
AND FINANCIAL AUTHORIZATION
FORM