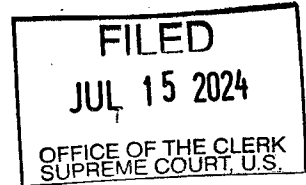


24-5344

No. _____

ORIGINAL



IN THE
SUPREME COURT OF THE UNITED STATES

JOSE ADOLPHO CASTILLO
Petitioner

vs.

BOBBY LUMPKIN
Director, Texas Department of Criminal Justice,
Correctional Institutions Division
Respondent

MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

The petitioner asks leave to file the attached Petition for a Writ of Certiorari and to proceed in forma pauperis.

Petitioner has previously been granted leave to proceed in forma pauperis in the U.S. Court of Appeals for the Fifth Circuit.

Petitioner's Declaration in Support of this Motion is attached hereto.

JOSE CASTILLO
JOSE ADOLPHO CASTILLO, Pro Se
TDCJ-CID #2019371
Connally Unit
899 FM 632
Kenedy, Texas 78119

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

I, Jose Castillo, 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>No spouse</u> | \$ <u>0</u> | \$ <u>No spouse</u> |
| Self-employment | \$ <u>0</u> | \$ <u>No spouse</u> | \$ <u>0</u> | \$ <u>No spouse</u> |
| Income from real property (such as rental income) | \$ <u>0</u> | \$ <u>No spouse</u> | \$ <u>0</u> | \$ <u>No spouse</u> |
| Interest and dividends | \$ <u>0</u> | \$ <u>No spouse</u> | \$ <u>0</u> | \$ <u>No spouse</u> |
| Gifts | \$ <u>0</u> | \$ <u>No spouse</u> | \$ <u>0</u> | \$ <u>No spouse</u> |
| Alimony | \$ <u>0</u> | \$ <u>No spouse</u> | \$ <u>0</u> | \$ <u>No spouse</u> |
| Child Support | \$ <u>0</u> | \$ <u>No spouse</u> | \$ <u>0</u> | \$ <u>No spouse</u> |
| Retirement (such as social security, pensions, annuities, insurance) | \$ <u>0</u> | \$ <u>No spouse</u> | \$ <u>0</u> | \$ <u>No spouse</u> |
| Disability (such as social security, insurance payments) | \$ <u>0</u> | \$ <u>No spouse</u> | \$ <u>0</u> | \$ <u>No spouse</u> |
| Unemployment payments | \$ <u>0</u> | \$ <u>No spouse</u> | \$ <u>0</u> | \$ <u>No spouse</u> |
| Public-assistance (such as welfare) | \$ <u>0</u> | \$ <u>No spouse</u> | \$ <u>0</u> | \$ <u>No spouse</u> |
| Other (specify): <u>None</u> | \$ <u>0</u> | \$ <u>No spouse</u> | \$ <u>0</u> | \$ <u>No spouse</u> |
| Total monthly income: | \$ <u>0</u> | \$ <u>No spouse</u> | \$ <u>0</u> | \$ <u>No spouse</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 |
|----------|---------|---------------------|-------------------|
| None | None | None | \$ 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 |
|-----------|-----------|---------------------|-------------------|
| No spouse | No spouse | No spouse | \$ No spouse |
| _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ |

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 |
|---|-----------------|------------------------|
| Prison commissary trust fund | \$ 0.48 | \$ No spouse |
| _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ |

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

I do not own any assets, and I do not have a spouse.

☐ Home Value NA

☐ Other real estate Value NA

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

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

☐ Other assets Description NA. I do not own any assets. And I do not have a spouse.
Value NA

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 |
|---------------------------------------|--------------------|----------------------------|
| No one _____ | \$ No one _____ | \$ No spouse _____ |
| _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ |

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 |
|--------------|--------------|----------|
| No one _____ | None _____ | NA _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

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 _____ | \$ No spouse _____ |
| 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 _____ | \$ No spouse _____ |
| Home maintenance (repairs and upkeep) | \$ 0 _____ | \$ No spouse _____ |
| Food | \$ 0 _____ | \$ No spouse _____ |
| Clothing | \$ 0 _____ | \$ No spouse _____ |
| Laundry and dry-cleaning | \$ 0 _____ | \$ No spouse _____ |
| Medical and dental expenses | \$ 0 _____ | \$ No spouse _____ |

| | You | Your spouse |
|--|-------------|---------------------|
| Transportation (not including motor vehicle payments) | \$ <u>0</u> | \$ <u>No spouse</u> |
| Recreation, entertainment, newspapers, magazines, etc. | \$ <u>0</u> | \$ <u>No spouse</u> |
| Insurance (not deducted from wages or included in mortgage payments) | | |
| Homeowner's or renter's | \$ <u>0</u> | \$ <u>No spouse</u> |
| Life | \$ <u>0</u> | \$ <u>No spouse</u> |
| Health | \$ <u>0</u> | \$ <u>No spouse</u> |
| Motor Vehicle | \$ <u>0</u> | \$ <u>No spouse</u> |
| Other: <u>None</u> | \$ <u>0</u> | \$ <u>No spouse</u> |
| Taxes (not deducted from wages or included in mortgage payments) | | |
| (specify): <u>None</u> | \$ <u>0</u> | \$ <u>No spouse</u> |
| Installment payments | | |
| Motor Vehicle | \$ <u>0</u> | \$ <u>No spouse</u> |
| Credit card(s) | \$ <u>0</u> | \$ <u>No spouse</u> |
| Department store(s) | \$ <u>0</u> | \$ <u>No spouse</u> |
| Other: <u>None</u> | \$ <u>0</u> | \$ <u>No spouse</u> |
| Alimony, maintenance, and support paid to others | \$ <u>0</u> | \$ <u>No spouse</u> |
| Regular expenses for operation of business, profession, or farm (attach detailed statement) | \$ <u>0</u> | \$ <u>No spouse</u> |
| Other (specify): <u>None</u> | \$ <u>0</u> | \$ <u>No spouse</u> |
| Total monthly expenses: | \$ <u>0</u> | \$ <u>No spouse</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? 0

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? 0

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.

I'm in prison with a life-without-parole-sentence, and prison officials do not pay me for the work I do here.

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

Executed on: 7-15-, 2024

JOSE CASTILLO

(Signature)

CSINIB02/CINIB02 TEXAS DEPARTMENT OF CRIMINAL JUSTICE 07/15/24
1M7H/RV00022 IN-FORMA-PAUPERIS DATA 12:45:56
TDCJ#: 02019371 SID#: 08810201 LOCATION: CONNALLY INDIGENT DTE: 04/17/24
NAME: CASTILLO, JOSE ADOLPHO BEGINNING PERIOD: 01/01/24
PREVIOUS TDCJ NUMBERS:
CURRENT BAL: 0.48 TOT HOLD AMT: 0.00 3MTH TOT DEP: 0.00
6MTH DEP: 0.00 6MTH AVG BAL: 51.56 6MTH AVG DEP: 0.00
MONTH HIGHEST BALANCE TOTAL DEPOSITS MONTH HIGHEST BALANCE TOTAL DEPOSITS
06/24 0.48 0.00 03/24 102.38 0.00
05/24 0.48 0.00 02/24 127.83 0.00
04/24 57.98 0.00 01/24 127.83 0.00

STATE OF TEXAS COUNTY OF *Karnes*
ON THIS THE *15* DAY OF *July*, *24*, I CERTIFY THAT THIS DOCUMENT IS A TRUE,
COMPLETE, AND UNALTERED COPY MADE BY ME OF INFORMATION CONTAINED IN THE
COMPUTER DATABASE REGARDING THE OFFENDER'S ACCOUNT. NP SIG: *Stephanie Bradley*
PF1-HELP PF3-END ENTER NEXT TDCJ NUMBER: _____ OR SID NUMBER: _____

