

No. 23A1098

24-5833

IN THE

ORIGINAL
ORIGINAL

SUPREME COURT OF THE UNITED STATES

DOUGLAS L. FAUCONIER — PETITIONER
(Your Name)

FILED
JUL 10 2024
OFFICE OF THE CLERK
SUPREME COURT, U.S.

VS.

STATE OF VIRGINIA — 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):

UNITED STATES COURT OF APPEALS FOR THE FOURTH CIRCUIT (No. 23-6116)

UNITED STATES DISTRICT COURT FOR THE EASTERN DISTRICT OF VIRGINIA (No. 1:22-cv-460)

Petitioner has **not** previously been granted leave to proceed *in forma pauperis* in any other court.

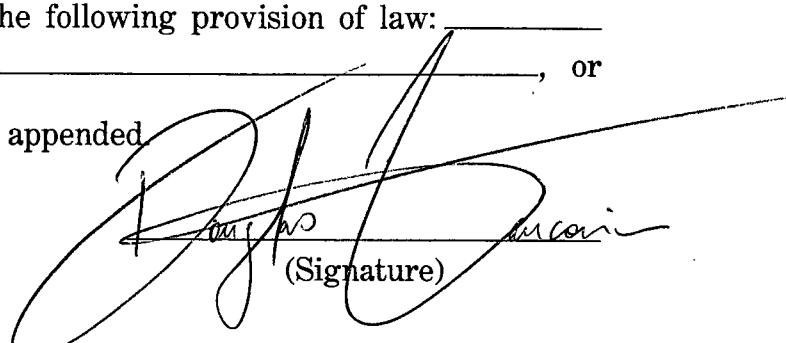
Petitioner's affidavit or declaration in support of this motion is attached hereto.

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


(Signature)

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

I, Douglas Fauconier, 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	\$ 0	\$ N/A	\$ 0	\$ N/A
Self-employment	\$ 0	\$ _____	\$ 0	\$ _____
Income from real property (such as rental income)	\$ 0	\$ _____	\$ 0	\$ _____
Interest and dividends	\$ 0	\$ _____	\$ 0	\$ _____
Gifts	\$ 0	\$ _____	\$ 0	\$ _____
Alimony	\$ 0	\$ _____	\$ 0	\$ _____
Child Support	\$ 0	\$ _____	\$ 0	\$ _____
Retirement (such as social security, pensions, annuities, insurance)	\$ 0	\$ _____	\$ 0	\$ _____
Disability (such as social security, insurance payments)	\$ 0	\$ _____	\$ 0	\$ _____
Unemployment payments	\$ 0	\$ _____	\$ 0	\$ _____
Public-assistance (such as welfare)	\$ 0	\$ _____	\$ 0	\$ _____
Other (specify): <u>support familial</u>	\$ 186.80	\$ _____	\$ 0	\$ _____
Total monthly income:	\$ 186.80	\$ _____	\$ 0	\$ _____

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
Augusta Corr. Center	1821 Estaline Valley Road Craigsville, Va. 24430	2016- October 10, 2023	\$ 54/ month
			\$
			\$
			\$

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
Not Applicable	N/A	N/A	\$ N/A
			\$
			\$
			\$

4. How much cash do you and your spouse have? \$ 196.73

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 trust account	\$	\$
	\$	\$
	\$	\$

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

<input type="checkbox"/> Home Value _____	<input type="checkbox"/> Other real estate Value _____
<input type="checkbox"/> Motor Vehicle #1 Year, make & model _____ Value _____	<input type="checkbox"/> Motor Vehicle #2 Year, make & model _____ Value _____
<input type="checkbox"/> Other assets Description _____ 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
Not applicable	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

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
None	_____	_____
_____	_____	_____
_____	_____	_____

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	\$ N/A
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	\$ _____
Home maintenance (repairs and upkeep)	\$ 0	\$ _____
Food	\$ 225.50	\$ _____
Clothing	\$ 0	\$ _____
Laundry and dry-cleaning	\$ 0	\$ _____
Medical and dental expenses	\$ 0	\$ _____

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 00	\$ _____
Recreation, entertainment, newspapers, magazines, etc.	\$ 0	\$ _____
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ 0	\$ _____
Life	\$ 0	\$ _____
Health	\$ 0	\$ _____
Motor Vehicle	\$ 0	\$ _____
Other: _____	\$ 0	\$ _____
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>Not Applicable</u>	\$ 0	\$ _____
Installment payments		
Motor Vehicle	\$ 0	\$ _____
Credit card(s)	\$ 0	\$ _____
Department store(s)	\$ 0	\$ _____
Other: _____	\$ 0	\$ _____
Alimony, maintenance, and support paid to others	\$ 0	\$ _____
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0	\$ _____
Other (specify): _____	\$ 0	\$ _____
Total monthly expenses:	\$ 225.50	\$ _____

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.
Due to difficult economic circumstances, I will not be receiving familial assistance for approximately six months.

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? \$25.00

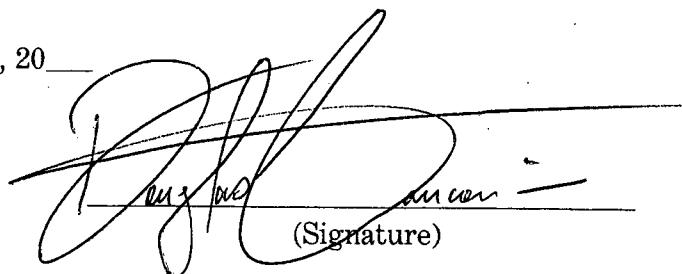


If yes, state the person's name, address, and telephone number:

12. Provide any other information that will help explain why you cannot pay the costs of this case.
None

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

Executed on: 9-26-24, 20____


(Signature)



Virginia Department of Corrections

Trust Certificate of Account History

Facility: Pocahontas State Correctional Ctr FG

Inmate: 1068864 Fauconier, Douglas Leigh

COV\zwj95632
8/29/2024 2:40:48 PM
corissnap

I hereby certify as follows with respect to this inmate's general (trust) account:

From Date: 8/1/2023

To Date: 8/31/2023

Beginning Balance on 08/01/2023	\$0.00
Ending Balance on 08/23/2024	\$196.73

Month Dates	Ending Balance of the Month
Average Monthly Balance	\$0.00
Average Monthly Deposits:	\$0.00
Average Monthly Withdrawals	\$0.00

Date: 8/29/2024

Signature: Donna Lewis

Name: Lewis, Donna

Title: Financial Tech

Authorized Institutional Official



Virginia Department of Corrections

Trust Certificate of Account History

Facility: Pocahontas State Correctional Ctr FG

Inmate: 1068864 Fauconier, Douglas Leigh

COV\zwj95632
8/29/2024 2:41:07 PM
corissnap

I hereby certify as follows with respect to this inmate's general (trust) account:

From Date: 9/1/2023

To Date: 9/30/2023

Beginning Balance on 09/01/2023	\$0.00
Ending Balance on 08/23/2024	\$196.73

Month Dates	Ending Balance of the Month
Average Monthly Balance	\$0.00
Average Monthly Deposits:	\$0.00
Average Monthly Withdrawals	\$0.00

Date: 8/29/2024

Signature: Donna Lewis

Name: Lewis, Donna

Title: Fiscal Tech

Authorized Institutional Official



Virginia Department of Corrections

Trust Certificate of Account History

Facility: Pocahontas State Correctional Ctr FG

Inmate: 1068864 Fauconier, Douglas Leigh

COV\zwj95632
8/29/2024 2:41:22 PM
corissnap

I hereby certify as follows with respect to this inmate's general (trust) account:

From Date: 10/1/2023

To Date: 10/31/2023

Beginning Balance on 10/01/2023	\$0.00
Total Deposits	\$139.84
Total Withdrawals	\$37.96
Ending Balance on 10/31/2023	\$101.88

Month Dates	Ending Balance of the Month
2023-10	\$101.88
Average Monthly Balance	\$101.88
Average Monthly Deposits:	\$139.84
Average Monthly Withdrawals	\$37.96

Date: 8/29/2024

Signature: Donna Lewis

Name: Lewis, Donna

Title: Fiscal Tech

Authorized Institutional Official



Virginia Department of Corrections

Trust Certificate of Account History

Facility: Pocahontas State Correctional Ctr FG

Inmate: 1068864 Fauconier, Douglas Leigh

COV\zwj95632
8/29/2024 2:41:39 PM
corissnap

I hereby certify as follows with respect to this inmate's general (trust) account:

From Date: 11/1/2023

To Date: 11/30/2023

Beginning Balance on 11/01/2023	\$101.88
Total Deposits	\$2.14
Total Withdrawals	\$72.98
Ending Balance on 11/30/2023	\$31.04

Month Dates	Ending Balance of the Month
2023-11	\$31.04
Average Monthly Balance	\$31.04
Average Monthly Deposits:	\$2.14
Average Monthly Withdrawals	\$72.98

Date: 8/29/2024

Signature: Donna Lewis

Name: Lewis, Donna

Title: Fiscal Tech

Authorized Institutional Official



Virginia Department of Corrections

Trust Certificate of Account History

Facility: Pocahontas State Correctional Ctr FG

Inmate: 1068864 Fauconier, Douglas Leigh

COV\zwj95632
8/29/2024 2:41:55 PM
corissnap

I hereby certify as follows with respect to this inmate's general (trust) account:

From Date: 12/1/2023

To Date: 12/31/2023

Beginning Balance on 12/01/2023	\$31.04
Total Deposits	\$398.13
Total Withdrawals	\$346.18
Ending Balance on 12/31/2023	\$82.99

Month Dates	Ending Balance of the Month
2023-12	\$82.99
Average Monthly Balance	\$82.99
Average Monthly Deposits:	\$398.13
Average Monthly Withdrawals	\$346.18

Date: 8/29/2024

Signature: Donna Lewis

Name: Lewis, Donna

Title: Asst. Tchr

Authorized Institutional Official



Virginia Department of Corrections

Trust Certificate of Account History

Facility: Pocahontas State Correctional Ctr FG

Inmate: 1068864 Fauconier, Douglas Leigh

COV\zwj95632
8/29/2024 2:42:11 PM
corissnap

I hereby certify as follows with respect to this inmate's general (trust) account:

From Date: 1/1/2024

To Date: 1/31/2024

Beginning Balance on 01/01/2024	\$82.99
Ending Balance on 01/31/2024	\$82.99

Month Dates	Ending Balance of the Month
2024-01	\$82.99
Average Monthly Balance	\$82.99
Average Monthly Deposits:	\$0.00
Average Monthly Withdrawals	\$0.00

Date: 8/29/2024

Signature: Donna Lewis

Name: Lewis, Donna

Title: Fiscal Tech

Authorized Institutional Official



Virginia Department of Corrections

Trust Certificate of Account History

Facility: Pocahontas State Correctional Ctr FG

Inmate: 1068864 Fauconier, Douglas Leigh

COV\zwj95632
8/29/2024 2:42:30 PM
corissnap

I hereby certify as follows with respect to this inmate's general (trust) account:

From Date: 2/1/2024

To Date: 2/29/2024

Beginning Balance on 02/01/2024	\$82.99
Total Deposits	\$251.49
Total Withdrawals	\$280.50
Ending Balance on 02/29/2024	\$53.98

Month Dates	Ending Balance of the Month
2024-02	\$53.98
Average Monthly Balance	\$53.98
Average Monthly Deposits:	\$251.49
Average Monthly Withdrawals	\$280.50

Date: 8/29/2024

Signature: Donna Lewis

Name: Lewis, Donna

Title: Fiscal Tech

Authorized Institutional Official



Virginia Department of Corrections

Trust Certificate of Account History

Facility: Pocahontas State Correctional Ctr FG

Inmate: 1068864 Fauconier, Douglas Leigh

COV\zwj95632
8/29/2024 2:42:50 PM
corissnap

I hereby certify as follows with respect to this inmate's general (trust) account:

From Date: 3/1/2024

To Date: 3/31/2024

Beginning Balance on 03/01/2024	\$53.98
Total Deposits	\$412.43
Total Withdrawals	\$273.46
Ending Balance on 03/31/2024	\$192.95

Month Dates	Ending Balance of the Month
2024-03	\$192.95
Average Monthly Balance	\$192.95
Average Monthly Deposits:	\$412.43
Average Monthly Withdrawals	\$273.46

Date: 8/29/2024

Signature: Donna Lewis

Name: Lewis, Donna

Title: Fiscal Tech

Authorized Institutional Official



Virginia Department of Corrections

Trust Certificate of Account History

Facility: Pocahontas State Correctional Ctr FG

Inmate: 1068864 Fauconier, Douglas Leigh

COV\zwj95632
8/29/2024 2:43:06 PM
corissnap

I hereby certify as follows with respect to this inmate's general (trust) account:

From Date: 4/1/2024

To Date: 4/30/2024

Beginning Balance on 04/01/2024	\$192.95
Total Deposits	\$328.98
Total Withdrawals	\$325.12
Ending Balance on 04/30/2024	\$196.81

Month Dates	Ending Balance of the Month
2024-04	\$196.81
Average Monthly Balance	\$196.81
Average Monthly Deposits:	\$328.98
Average Monthly Withdrawals	\$325.12

Date: 8/29/2024

Signature: Donna Lewis

Name: Lewis, Donna

Title: Fiscal Tech

Authorized Institutional Official



Virginia Department of Corrections

Trust Certificate of Account History

Facility: Pocahontas State Correctional Ctr FG

Inmate: 1068864 Fauconier, Douglas Leigh

COV\zwj95632
8/29/2024 2:43:23 PM
corissnap

I hereby certify as follows with respect to this inmate's general (trust) account:

From Date: 5/1/2024

To Date: 5/31/2024

Beginning Balance on 05/01/2024	\$196.81
Total Deposits	\$407.10
Total Withdrawals	\$342.67
Ending Balance on 05/31/2024	\$261.24

Month Dates	Ending Balance of the Month
2024-05	\$261.24
Average Monthly Balance	\$261.24
Average Monthly Deposits:	\$407.10
Average Monthly Withdrawals	\$342.67

Date: 8/29/2024

Signature: Donna Lewis

Name: Lewis, Donna

Title: Fiscal Team

Authorized Institutional Official



Virginia Department of Corrections

Trust Certificate of Account History

Facility: Pocahontas State Correctional Ctr FG

Inmate: 1068864 Fauconier, Douglas Leigh

COV\zwj95632
8/29/2024 2:43:39 PM
corissnap

I hereby certify as follows with respect to this inmate's general (trust) account:

From Date: 6/1/2024

To Date: 6/30/2024

Beginning Balance on 06/01/2024	\$261.24
Total Deposits	\$300.00
Total Withdrawals	\$152.05
Ending Balance on 06/30/2024	\$409.19

Month Dates	Ending Balance of the Month
2024-06	\$409.19
Average Monthly Balance	\$409.19
Average Monthly Deposits:	\$300.00
Average Monthly Withdrawals	\$152.05

Date: 8/29/2024

Signature: Donna Lewis

Name: Lewis, Donna

Title: Fiscal Team

Authorized Institutional Official



Virginia Department of Corrections

Trust Certificate of Account History

Facility: Pocahontas State Correctional Ctr FG

Inmate: 1068864 Fauconier, Douglas Leigh

COV\zwj95632
8/29/2024 2:44:06 PM
corissnap

I hereby certify as follows with respect to this inmate's general (trust) account:

From Date: 7/1/2024

To Date: 7/31/2024

Beginning Balance on 07/01/2024	\$409.19
Total Deposits	\$1.54
Total Withdrawals	\$288.50
Ending Balance on 07/31/2024	\$122.23

Month Dates	Ending Balance of the Month
2024-07	\$122.23
Average Monthly Balance	\$122.23
Average Monthly Deposits:	\$1.54
Average Monthly Withdrawals	\$288.50

Date: 8/29/2024

Signature: Donna Lewis

Name: Lewis, Donna

Title: Fiscal Team

Authorized Institutional Official