

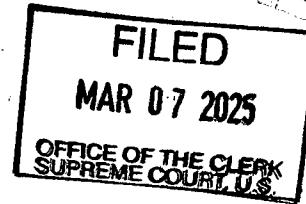
No. 24-6903

IN THE
SUPREME COURT OF THE UNITED STATES

JOHN SHELDON PICKENS,
Petitioner,

v.

UNITED STATES OF AMERICA,
Respondent.

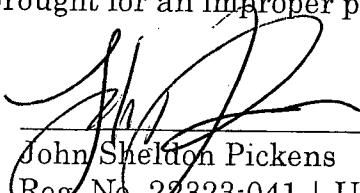


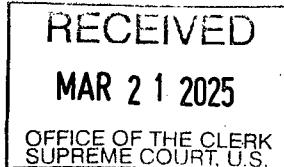
ON PETITION FOR A WRIT OF CERTIORARI
TO THE UNITED STATES COURT OF APPEALS
FOR THE EIGHTH CIRCUIT

MOTION TO PROCEED IN FORMA PAUPERIS

Petitioner John Sheldon Pickens moves the Court pursuant to Supreme Court Rule 39 to proceed in forma pauperis. Petitioner is a federal prisoner, is indigent and is unable to pay the Court's filing fee for a petition for a writ of certiorari. Petitioner's affidavit of financial condition is enclosed with this motion. Petitioner certifies that his Petition for a Writ of Certiorari is brought in good faith, has potential merit and is not brought for an improper purpose.

Dated: March 5, 2025


John Sheldon Pickens
Reg. No. 22323-041 | Unit K3
Federal Correctional Institution
P.O. Box 1000
Sandstone, MN 55072



UNITED STATES SUPREME COURT

UNITED STATES DISTRICT COURT

for the

DISTRICT OF

John Sheldon Pickens,

Plaintiff

v.

United States of America,

Defendant

Case No. _____

AFFIDAVIT ACCOMPANYING MOTION
FOR PERMISSION TO APPEAL IN FORMA PAUPERIS

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 am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on in this motion are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)

Signed: John Sheldon Pickens

My issues on appeal are:

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: 3/06/25

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 | \$ 0 | \$ 0 | \$ 0 |
| Self-employment | \$ 0 | \$ 0 | \$ 0 | \$ 0 |
| Income from real property (such as rental income) | \$ 0 | \$ 0 | \$ 0 | \$ 0 |
| Interest and dividends | \$ 0 | \$ 0 | \$ 0 | \$ 0 |
| Gifts | \$ 0 | \$ 0 | \$ 0 | \$ 0 |
| Alimony | \$ 0 | \$ 0 | \$ 0 | \$ 0 |
| Child support | \$ 0 | \$ 0 | \$ 0 | \$ 0 |
| Retirement (such as social security, pensions, annuities, insurance) | \$ 0 | \$ 0 | \$ 0 | \$ 0 |
| Disability (such as social security, insurance payments) | \$ 0 | \$ 0 | \$ 0 | \$ 0 |
| Unemployment payments | \$ 0 | \$ 0 | \$ 0 | \$ 0 |
| Public-assistance (such as welfare) | \$ 0 | \$ 0 | \$ 0 | \$ 0 |
| Other (specify): | \$ 0 | \$ 0 | \$ 0 | \$ 0 |
| Total monthly income: | \$ 0 | \$ 0 | \$ 0 | \$ 0 |

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 |
|----------|---------|---------------------|-------------------|
| NA | | | \$ 0 |
| NA | | | \$ 0 |
| NA | | | \$ 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 |
|----------|---------|---------------------|-------------------|
| NA | | | \$ 0 |
| NA | | | \$ 0 |
| NA | | | \$ 0 |

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 |
|-----------------------|-----------------|-----------------|------------------------|
| NA | | \$ 0 | \$ 0 |
| NA | | \$ 0 | \$ 0 |
| NA | | \$ 0 | \$ 0 |

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) \$ NA | (Value) \$ NA | (Value) \$ 0 |
| | | Make and year: |
| | | Model: |
| | | Registration #: |

| Motor vehicle #2 | Other assets | Other assets |
|-------------------|--------------|--------------|
| (Value) \$ 0 | (Value) \$ 0 | (Value) \$ 0 |
| Make and year: NA | | |
| Model: | | |
| Registration #: | | |

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 |
|---------------------------------------|--------------------|----------------------------|
| NA | \$ 0 | \$ 0 |
| NA | \$ 0 | \$ 0 |
| NA | \$ 0 | \$ 0 |
| NA | \$ 0 | \$ 0 |

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

| Name [or, if under 18, initials only] | Relationship | Age |
|---------------------------------------|--------------|-----|
| | | |
| | | |
| | | |

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.

| NA | You | Your Spouse |
|--|------|-------------|
| Rent or home-mortgage payment (include lot rented for mobile home) | \$ 0 | \$ 0 |
| 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) | \$ 6 | \$ 6 |
| Home maintenance (repairs and upkeep) | \$ 0 | \$ 0 |
| Food | \$ 0 | \$ 0 |
| Clothing | \$ 0 | \$ 0 |
| Laundry and dry-cleaning | \$ 0 | \$ 0 |
| Medical and dental expenses | \$ 0 | \$ 0 |
| Transportation (not including motor vehicle payments) | \$ 0 | \$ 0 |
| Recreation, entertainment, newspapers, magazines, etc. | \$ 0 | \$ 0 |
| Insurance (not deducted from wages or included in mortgage payments) | | |
| Homeowner's or renter's: | \$ 0 | \$ 0 |
| Life: | \$ 0 | \$ 0 |
| Health: | \$ 0 | \$ 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 (name): | \$ 0 | \$ 0 |
| Department store (name): | \$ 0 | \$ 0 |
| Other: | \$ 0 | \$ 0 |
| Alimony, maintenance, and support paid to others | \$ 0 | \$ 0 |
| Regular expenses for operation of business, profession, or farm (attach detailed statement) | \$ 0 | \$ 0 |
| Other (specify): | \$ 0 | \$ 0 |
| Total monthly expenses: | \$ 0 | \$ 0 |

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.

N/A

12. State the city and state of your legal residence.

St. Paul, Min

Your daytime phone number: () N/A

Your age: 39 Your years of schooling: 12

Last four digits of your social-security number: 8936