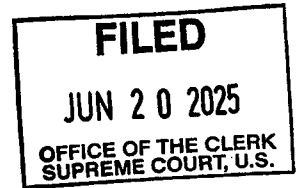


No. 24-7516

ORIGINAL

IN THE  
SUPREME COURT OF THE UNITED STATES



DARYL ALAN HESS. — PETITIONER  
(Your Name)

VS.

STATE OF OKLAHOMA — 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):

1. oklahoma court of criminal appeals

2. Tulsa county district Court

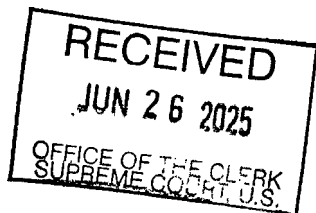
☐ Petitioner has **not** previously been granted leave to proceed *in forma pauperis* in any other court.

☒ 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.



Daryl Hess  
(Signature)

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

I, DARYL ALAN HESS, 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>None</u>	\$ <u>N/A</u>	\$ <u>None</u>	\$ <u>N/A</u>
Self-employment	\$ <u>None</u>	\$ <u>N/A</u>	\$ <u>None</u>	\$ <u>N/A</u>
Income from real property (such as rental income)	\$ <u>None</u>	\$ <u>N/A</u>	\$ <u>None</u>	\$ <u>N/A</u>
Interest and dividends	\$ <u>None</u>	\$ <u>N/A</u>	\$ <u>None</u>	\$ <u>N/A</u>
Gifts	\$ <u>None</u>	\$ <u>N/A</u>	\$ <u>None</u>	\$ <u>N/A</u>
Alimony	\$ <u>None</u>	\$ <u>N/A</u>	\$ <u>None</u>	\$ <u>N/A</u>
Child Support	\$ <u>None</u>	\$ <u>N/A</u>	\$ <u>None</u>	\$ <u>N/A</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>None</u>	\$ <u>N/A</u>	\$ <u>None</u>	\$ <u>N/A</u>
Disability (such as social security, insurance payments)	\$ <u>None</u>	\$ <u>N/A</u>	\$ <u>None</u>	\$ <u>N/A</u>
Unemployment payments	\$ <u>None</u>	\$ <u>N/A</u>	\$ <u>None</u>	\$ <u>N/A</u>
Public-assistance (such as welfare)	\$ <u>None</u>	\$ <u>N/A</u>	\$ <u>None</u>	\$ <u>N/A</u>
Other (specify): <u>GANG</u>	\$ <u>25.00</u>	\$ <u>N/A</u>	\$ <u>25.00</u>	\$ <u>N/A</u>
<u>PAY</u>				
<b>Total monthly income:</b>	\$ <u>25.00</u>	\$ <u>None</u>	\$ <u>25.00</u>	\$ <u>None</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
INMATE	OSP	2007 - PRESENT	\$ 25.00
			\$
			\$
			\$

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	N/A	N/A	\$ N/A
			\$
			\$
			\$

4. How much cash do you and your spouse have? \$ None  
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
INMATE MANDATORY SAVINGS	\$ 242.38	\$ N/A
	\$	\$
	\$	\$

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

☐ Home  
Value None

☐ Other real estate  
Value None

☐ Motor Vehicle #1  
Year, make & model None  
Value None

☐ Motor Vehicle #2  
Year, make & model None  
Value None

☐ Other assets  
Description None  
Value None

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
None	\$ None	\$ None
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

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	None	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)	\$ None	\$ N/A
Are real estate taxes included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is property insurance included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ None	\$ N/A
Home maintenance (repairs and upkeep)	\$ None	\$ N/A
Food	\$ None	\$ N/A
Clothing	\$ None	\$ None
Laundry and dry-cleaning	\$ None	\$ N/A
Medical and dental expenses	\$ None	\$ N/A

	<b>You</b>	<b>Your spouse</b>
Transportation (not including motor vehicle payments)	\$ <u>None</u>	\$ <u>N/A</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>None</u>	\$ <u>N/A</u>
<b>Insurance (not deducted from wages or included in mortgage payments)</b>		
Homeowner's or renter's	\$ <u>None</u>	\$ <u>N/A</u>
Life	\$ <u>None</u>	\$ <u>N/A</u>
Health	\$ <u>None</u>	\$ <u>N/A</u>
Motor Vehicle	\$ <u>None</u>	\$ <u>N/A</u>
Other: <u>None</u>	\$ <u>None</u>	\$ <u>N/A</u>
<b>Taxes (not deducted from wages or included in mortgage payments)</b>		
(specify): <u>None</u>	\$ <u>None</u>	\$ <u>N/A</u>
<b>Installment payments</b>		
Motor Vehicle	\$ <u>None</u>	\$ <u>N/A</u>
Credit card(s)	\$ <u>None</u>	\$ <u>N/A</u>
Department store(s)	\$ <u>None</u>	\$ <u>N/A</u>
Other: <u>None</u>	\$ <u>None</u>	\$ <u>N/A</u>
Alimony, maintenance, and support paid to others	\$ <u>None</u>	\$ <u>N/A</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>None</u>	\$ <u>N/A</u>
Other (specify): <u>None</u>	\$ <u>None</u>	\$ <u>N/A</u>
<b>Total monthly expenses:</b>	\$ <u>None</u>	\$ <u>N/A</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? None

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

None

NOTE: Attorney James Hankins was paid in 2013, to file post conviction application, \$8,500, by petitioners ex-wife, who is now incarcerated.

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? Only law library fees, listed in printout.

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

Law library fees not paid to inmate, or person, but owed to the Oklahoma department of corrections.

12. Provide any other information that will help explain why you cannot pay the costs of this case.

Indigent inmate, housed at the Oklahoma State penitentiary, a maximum security facility, petitioner is on administrative segregation, single cell, no physical access to the law library, petitioner receives "gang pay" which is a monthly \$25 payment from the Oklahoma department of corrections, for mandatory Savings are taken out, around \$4.50 each month. No family or outside support.

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

Executed on: May 7, 2025

Daryl Hess  
(Signature)

## REQUIRED CERTIFICATION

You must attach to this motion and affidavit a certified copy of your trust fund account statement (or institutional equivalent) for the six-month period immediately preceding the filing of this action. You must obtain the certified copy of your trust fund account statement (or institutional equivalent) from the appropriate official of each penal institution at which you are or were confined during the six-month period.

This certification must be completed by the appropriate institutional officer, and a copy of your trust account history must be included.

## STATEMENT OF INSTITUTIONAL ACCOUNTS

Prisoner's Name Hess, Darrell DOC # 262508

I hereby certify that on the 5th day of May, 2025, this prisoner had a total of \$ 242.38 in his/her institutional account(s):

Draw Account: \$ 0.00

Savings Account: \$ 242.38

I further certify that the amounts listed below are correct:

1. Average monthly *deposits* to the prisoner's account(s) for the 6-month period immediately preceding the filing of this action:

AVG \$25.00 X 20% \$5.00

2. Average monthly *balance* in the prisoner's account(s) for the 6-month period immediately preceding the filing of this action:

AVG. \$0.00. x 20%. \$0.00

I FURTHER CERTIFY THAT THE ABOVE AMOUNTS WERE CALCULATED PURSUANT TO THE PRISONERS INSTITUTIONAL ACCOUNT(S), A COPY OF WHICH IS ATTACHED HERETO.

Adam Post  
Authorized Prison Official

Law Library Supervisor  
Title



Numbers for Paupers Affidavit appear in  
bold below.

	Deposit	Balance
NOV 2024	\$25.00	\$219.12
DEC 2024	\$25.00	\$223.79
JAN	\$25.00	\$228.56
FEB	\$25.00	\$233.76
MAR	\$25.00	\$237.41
APR	\$25.00	\$242.38
<b>Avg</b>	<b>\$ 25.00</b>	<b>231.51</b>
<b>20%</b>	<b>\$ 5.00</b>	<b>46.30</b>

Months

6

HESS, DARRELL

SE-8-II



Date\Time: 5/05/2025 10:55:34

AM institution: OSP

## ODOC

## Offender Statement Report

Offender#	Offender/Group Name	Institution	Unit	Cell/Bed
0262508	HESS, DARRELL	OSP	UNIT H-SE-6 T	BED 11 LT(L)

Transaction List

Transaction Date	Transaction Type	Source Document #	Receipt#/Check#	Sender Name	Amount	Account Balance
	BEGINNING BALANCE					\$216.91
10/02/2024	MEDICAL	0000000171742541			\$20.00	\$216.91
10/05/2024	MEDICAL	97			(\$18.42)	\$216.91
10/08/2024	LEGAL COPAY	OSP 8/9/24			(\$0.69)	\$216.91
10/12/2024	MEDICAL	76			(\$18.83)	\$216.91
10/15/2024	LEGAL COPAY	OSP 8/12/24			(\$1.30)	\$216.91
10/22/2024	LEGAL COPAY	OSP 8/22/24			(\$0.62)	\$216.91
10/31/2024	GANG PAY				\$25.00	\$219.12
10/31/2024	LEGAL COPAY	OSP 8/22/24			(\$5.12)	\$219.12
10/31/2024	LEGAL COPAY	OSP 8/19/24			(\$2.20)	\$219.12
10/31/2024	LEGAL COPAY	OSP 8/21/24			(\$2.00)	\$219.12
10/31/2024	LEGAL COPAY	OSP 8/21/24			(\$3.20)	\$219.12
10/31/2024	LEGAL COPAY	OSP 8/27/24			(\$1.80)	\$219.12
10/31/2024	MEDICAL	0000000172468913			\$20.00	\$219.12
11/02/2024	MEDIC	0000000172529306			\$75.00	\$219.12
11/03/2024	MEDICAL	73			(\$22.62)	\$219.12
11/04/2024	LEGAL COPAY	8/29/24 OSP			(\$1.30)	\$219.12
11/04/2024	LEGAL COPAY	OSP 9/4/24			(\$1.38)	\$219.12
11/06/2024	LEGAL COPAY	OSP 9/5/24			(\$10.50)	\$219.12
11/09/2024	MEDICAL	71			(\$39.88)	\$219.12
11/09/2024	LEGAL COPAY	LCC 9/9/24			(\$5.18)	\$219.12
11/09/2024	LEGAL COPAY	LCC 9/9/24			\$5.18	\$219.12
11/09/2024	LEGAL COPAY	OSP 9/9/24			(\$5.18)	\$219.12
11/02/2024	LEGAL COPAY	OSP 9/9/24			(\$2.00)	\$219.12
11/12/2024	LEGAL COPAY	OSP 9/12/24			(\$13.50)	\$219.12
11/06/2024	LEGAL COPAY	OSP 9/13/24			(\$4.32)	\$219.12
11/24/2024	MEDICAL	0000000173141688			\$100.00	\$219.12
11/24/2024	LEGAL COPAY	OSP 9/13/24			(\$0.86)	\$219.12
11/24/2024	LEGAL COPAY	OSP 9/17/24			(\$0.69)	\$219.12
11/24/2024	LEGAL COPAY	OSP 9/19/24			(\$2.63)	\$219.12
11/25/2024	LEGAL COPAY	OSP 9/19/24			(\$5.30)	\$219.12
11/30/2024	LEGAL COPAY	OSP 9/24/24			(\$1.66)	\$219.12
11/30/2024	GANG PAY				\$25.00	\$232.79
11/30/2024	LEGAL COPAY	79			(\$107.06)	\$232.79
12/03/2024	LEGAL COPAY	9/30/24 ENV/PAPER			(\$1.80)	\$232.79
12/03/2024	MEDICAL	0000000173397570			\$140.00	\$232.79
12/07/2024	LEGAL COPAY	9/30/24 ENV/PAPER			(\$0.20)	\$232.79
12/07/2024	LEGAL COPAY	2			(\$3.38)	\$232.79
12/09/2024	LEGAL COPAY	45			(\$105.68)	\$232.79
12/14/2024	LEGAL COPAY	OSP 10/8/24			(\$1.38)	\$232.79
12/18/2024	MEDICAL	0000000173717427			\$92.00	\$232.79
12/18/2024	LEGAL COPAY	43			(\$106.14)	\$232.79
12/21/2024	MEDICAL	0000000173829118			\$150.00	\$232.79
12/23/2024	LEGAL COPAY	101			(\$106.60)	\$232.79
12/23/2024	LEGAL COPAY	OSP 10/22/24			(\$1.38)	\$232.79

Date/Time: 5/05/2025 10:35 14 AM In

Institution: OSP

ODOC

## Offender Statement Report

Transaction Date	Transaction Type	Source Document #	Receipt#/Check#	Sender Name	Amount	Account Balance
12/24/2024	LEGAL COPAY	OSP 10/25/24			(\$0.20)	\$223.79
12/24/2024	LEGAL COPAY	000000174089076			\$100.00	\$223.79
12/26/2024	MEDICAL	25			(\$108.14)	\$223.79
12/30/2024	MEDICAL	000000174137230			\$20.00	\$223.79
12/31/2024	GANG PAY				\$25.00	\$228.58
01/01/2025	LEGAL COPAY	OSP 10/31/24			(\$3.80)	\$228.58
01/01/2025	MEDICAL	000000174309083			\$101.00	\$228.58
01/04/2025	MEDICAL	25			(\$106.04)	\$228.58
01/04/2025	DISBURS POSTAGE		13738517		(\$51.56)	\$228.58
01/04/2025	DISBURS POSTAGE				(\$0.60)	\$228.58
01/04/2025	LEGAL COPAY	OSP 11/1/24			(\$1.38)	\$228.58
02/06/2025	LEGAL COPAY	OSP 11/5/24			(\$5.46)	\$228.58
02/06/2025	MEDICAL	49			(\$22.83)	\$228.58
02/22/2025	LEGAL COPAY	OSP 11/18/24			(\$0.13)	\$228.58
02/25/2025	MEDICAL	000000174906271			\$157.00	\$228.58
02/25/2025	LEGAL COPAY	OSP 11/18/24			(\$14.77)	\$228.58
02/25/2025	LEGALCOPAY LEGAL	OSP 11/22/24			(\$5.46)	\$228.58
02/25/2025	COPAY	60			(\$105.10)	\$228.58
02/27/2025	LEGAL COPAY	OSP 11/26/24			(\$1.84)	\$237.41
02/30/2025	GANG PAY				\$25.00	\$237.41
03/02/2025	LEGAL COPAY	000000175094			\$100.00	\$237.41
03/02/2025	MEDICAL	764 84			(\$106.06)	\$237.41
05/05/2025	MEDICAL	262508 TO OSP			(\$41.20)	\$237.41
03/09/2025	LEGAL COPAY	34			(\$2.01)	\$237.41
03/09/2025	MEDICAL	35			(\$0.06)	\$237.41
03/09/2025	LEGAL COPAY	000000175513798			\$100.00	\$237.41
03/16/2025	LEGAL COPAY	3			(\$100.06)	\$237.41
03/19/2025	LEGAL COPAY	OSP 12/17/24			(\$0.34)	\$237.41
03/20/2025	MEDICAL	000000175652562			\$100.00	\$237.41
03/20/2025	LEGAL COPAY	OSP 12/17/24			(\$1.04)	\$237.41
03/23/2025	MEDICAL	50			(\$98.22)	\$237.41
03/27/2025	LEGAL COPAY	OSP 12/26/24			(\$0.74)	\$237.41
03/30/2025	LEGAL COPAY	000000175911090			\$94.00	\$237.41
03/30/2025	LEGAL COPAY	OSP 12/26/24			(\$0.64)	\$237.41
03/30/2025	MEDICAL	46			(\$93.04)	\$237.41
03/31/2025	GANG PAY				\$25.00	\$242.38
04/06/2025	MEDICAL	000000176126834			\$93.00	\$242.38
04/06/2025	MEDICAL	42			(\$106.24)	\$242.38
04/07/2025	LEGAL COPAY	OSP 1/3/25			(\$0.69)	\$242.38
04/07/2025	LEGAL COPAY	OSP 1/6/25			(\$6.39)	\$242.38
04/20/2025	MEDICAL	000000176509891			\$93.00	\$242.38
04/20/2025	LEGAL COPAY	OSP 1/6/25			(\$3.36)	\$242.38
04/21/2025	LEGAL COPAY	42			(\$88.80)	\$242.38
04/27/2025	LEGAL COPAY	OSP 1/24/25			(\$0.84)	\$242.38
04/27/2025	GANG PAY				\$25.00	\$242.38
04/30/2025	LEGAL COPAY	OSP 1/24/25			(\$6.02)	\$242.38
04/30/2025	LEGAL COPAY	OSP 1/22/25			(\$3.50)	\$242.38
04/30/2025	LEGAL COPAY	64			(\$10.43)	\$242.38

Date/Time: 5/05/2025 10:55:34

AM Institution: OSP

Offender Statement Report

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Transaction Date	Transaction Type	Source Document #	Receipt/Check#	Sender Name	Amount	Account Balance
04/10/2025	MEDICAL	0000000177254650			\$0.00	\$242.38
04/10/2025	LEGAL COPY	73			(DEBIT)	\$242.38
Summary Balances						
Available Balance						\$0.00
Banking Balance						\$242.38
Data Encumbrance						\$242.38
Clear Encumbrance						\$0.00
Outstanding						\$0.00
Administrative Hold						\$0.00
Account Balance						\$242.38