

No. _____

IN THE
Supreme Court of the United States

DAVID WAYNE SIMS,
PETITIONER,
V.
STATE OF LOUISIANA,
RESPONDENT.

MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

Petitioner asks leave to file the attached petition for a writ of certiorari without prepayment of costs and to proceed *in forma pauperis*.

Petitioner was represented by counsel retained by his parents at trial, and granted leave to proceed *in forma pauperis* in in the Louisiana Third Circuit Court of Appeal, and in the Louisiana Supreme Court.

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

Respectfully submitted,



G. BEN COHEN
Counsel of Record
The Promise of Justice Initiative
636 Baronne Street
New Orleans, Louisiana 70113
Telephone: (504) 529-5955

No. _____

IN THE
SUPREME COURT OF THE UNITED STATES

DAVID WAYNE SIMS — PETITIONER
(Your Name)

VS.

WARDEN DARREL VANNOY — 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*.

[☒] Petitioner has previously been granted leave to proceed *in forma pauperis* in the following court(s):

The Fourteenth Judicial District Court, State of Louisiana, The 3rd Circuit
Court of Appeal, and the Louisiana Supreme Court

[☐] Petitioner has **not** previously been granted leave to proceed *in forma pauperis* in any other court. **N/A**

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

David W. Sims
(Signature)

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

I, David Wayne Sims, 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	\$ N/A	\$ 0	\$ N/A
Income from real property (such as rental income)	\$ 0	\$ N/A	\$ 0	\$ N/A
Interest and dividends	\$ 0	\$ N/A	\$ 0	\$ N/A
Gifts	≈ \$ 20.00	\$ N/A	\$ 0	\$ N/A
Alimony	\$ 0	\$ N/A	\$ 0	\$ N/A
Child Support	\$ 0	\$ N/A	\$ 0	\$ N/A
Retirement (such as social security, pensions, annuities, insurance)	\$ 0	\$ N/A	\$ 0	\$ N/A
Disability (such as social security, insurance payments)	\$ 0	\$ N/A	\$ 0	\$ N/A
Unemployment payments	\$ 0	\$ N/A	\$ 0	\$ N/A
Public-assistance (such as welfare)	\$ 0	\$ N/A	\$ 0	\$ N/A
Other (specify): <u>N/A</u>	\$ 0	\$ N/A	\$ 0	\$ N/A
Total monthly income:	\$ 0	\$ N/A	\$ 0	\$ N/A

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

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? \$ 0.00
Below, state any money you or your spouse have in bank accounts or in any other financial institution. None

Financial institution	Type of account	Amount you have	Amount your spouse has
N/A	N/A	\$ N/A	\$ 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 None
Value zero

☐ Other real estate None
Value zero

☐ Motor Vehicle #1 None
Year, make & model N/A
Value zero

☐ Motor Vehicle #2 None
Year, make & model N/A
Value zero

☐ Other assets
Description None
Value zero

6. State every person, business, or organization owing you or your spouse money, and the amount owed. None

Person owing you or your spouse money

Amount owed to you

Amount owed to your spouse

N/A

\$ N/A

\$ N/A

N/A

\$ N/A

\$ N/A

N/A

\$ N/A

\$ N/A

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

Name
N/A

Relationship
N/A

Age
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. None.

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

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

N/A

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.

Incarcerated, disabled, and unemployed.

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

Executed on: November 9, 2017

David W. Simo
(Signature)

STATEMENT OF ACCOUNT
(Certified Institutional Equivalent)

I hereby certify that this inmate, David Wayne Sims, DOC #271732 has a present inmate account balance of \$.01 at the Louisiana State Penitentiary Institution. I further certify that the average monthly deposits for the proceeding six months is \$ 25⁰⁰

(The average monthly deposits are to be determined by adding the deposits made during a given month and dividing that total by the number of deposits made during that month. This is repeated for each of the six months. The average from each of the six months are to be added together and the totals is to be divided by six).

I further certify that the average monthly balance for the prior six months is \$.05

(The average monthly balance is to be determined by adding each day's balance for a given month and dividing that total by the number of days in that month. This is to be repeated for each of the six prior months. The balance from each of the six months are to be added together and the total is to be divided by six).

Date Certified
DATE

NOV 13 2017

CERTIFIED

Laundrea Rosso
Authorized Officer of Institution



U.S. POSTAGE® PITNEY BOWES

 ZIP 70712 \$001.40°
 02 4W
 000003/4422 NOV 15 2017

ZIP 70712 \$001.40°
02 4W
0000914433 NOV. 15 2017

0000514423 NOV 15 2017

1.40

RECEIVED

NOV 18 2017

BY:

**From: David Wayne Sims #271732
Cypress-2, Main Prison
Louisiana State Penitentiary
Angola, LA 70712**

LEGAL MAIL

To: Calvin Duncan, Program Director
The Light of Justice Project

C/O G. Ben Cohen
Attorney at Law
636 Baronne St.
New Orleans, LA 70113

NOT CENSORED
Not Responsible For Contents
La. State Penitentiary

NOV 15 2017

LA. STATE PEN.
AN ALL MALE PENAL INSTITUTE