No. _____

IN THE

SUPREME COURT OF THE UNITED STATES

PIPER A. ROUNTREE,

Petitioner

VS.

HAROLD CLARKE, ET AL.,

Respondents

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:

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

United States District Court for the 4th Circuit, Roanoke Division *and* in the United States Court of Appeals for 4th Circuit.

[x] 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.

Piper Rountree

Piper A. Rountree, Petitioner *Pro Se*

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

I, Piper A. Rountree, 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 therefore, 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 expected	**Average monthly amount during the past 12 months**		**Amount next month**	
	You	Spouse	You	Spouse
Employment	$___0____	$__NA____	$___0____	$__NA____
Self-employment	$___0____	$___NA____	$___0____	$__NA____
Income from real property (such as rental income)	$___0____	$___NA____	$___0____	$__NA____
Interest & dividends	$__0___	$____NA____	$___0____	$__NA____
Gifts	$_250____	$_____NA___	$__150____	$__NA____
Alimony	$___0____	$____NA____	$___0___	$__NA___
Child Support	$___0____	$____NA____	$___0___	$__NA____
Retirement (such as social security, pensions, Annuities, insurance)	$____0____	$___NA_____	$__0____	$_NA_____
Disability (such as social security Insurance payments)	$___0____	$_____NA___	$___0__	$_NA_____
Unemployment payments	$__0____	$____NA____	$___0____	$__NA___

	You	Spouse	You	Spouse
Public-assistance				
(such as welfare)	$___0____	$__NA____	$___0__	$__NA____
Other (specify)_____	$__0_____	$____NA____	$__0___	$__NA____
Total monthly income:	$250.00_	$___NA_____	$150.00+_	$__NA____

2. List your employment history for the past two years, most recent first. (Gross monthly pay,(before I lost work from disability) was @$25.00-$30.00 before taxes or other deductions.)

Employer and Address	**Dates of Employment**	**Gross monthly pay**
Fluvanna Correctional Center for Women	@ 2010-2015	@ $25.00-$30.00/mo.
P.O. Box 1000, Troy, VA 22974		

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.)
NA

Employer	**Address**	**Dates of Employment**	**Gross monthly pay**
NA_____	_____	_____	$_____
_____	_____	_____	$_____
_____	_____	_____	$_____

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_____	_____	$_____	$_____
_____	_____	$_____	$_____
_____	_____	$_____	$_____

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

☐ Home
Value_____NA_____

☐ Other real estate
Value____NA_____

☐ Motor Vehicle #1
Year, make & model____NA_____
Value_____

☐ Motor Vehicle #2
Year, make & model___NA_____
Value_____

☐ Other assets
Description_____NA_____
Value_____

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse Your spouse money	**Amount owed to you**	**Amount owed to**
_____NA_____	$_____NA_____	$_____NA_____
_____	$_____	$_____
_____	$_____	$_____

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

Name	**Relationship**	**Age**
_____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)	$__NA_____	$_____NA_____
Are real estate taxes included?	☐Yes ☐No	
Is property insurance included?	☐ Yes ☐ No	

	You	Your spouse
Utilities (electricity, heating fuel, water, sewer, and telephone) **Phone and email**:	$__25.00___	$____NA_____
Home maintenance (repairs and upkeep)	$____0_____	$____NA__
Food	$_100.00	$___NA_____
Clothing	$____20.00_	$_NA_____
Laundry and dry-cleaning	$___0_____	$____NA____
Medical and dental expenses	$__10.00____	$__NA_____
Transportation (not including motor vehicle payments)	$___0___	$____NA___
Recreation, entertainment, newspaper, magazines, etc...	$__0____	$__NA____
Insurance (not deducted from wages or included in mortgage payments)	$___0____	$____NA___
Homeowner's or renter's	$__0____	$___NA___
Life	$___0__	$___NA____
Health	$__0____	$__NA_____
Motor Vehicle	$_0_____	$_NA_____
Other:_____	$_0___	$_NA_____

Taxes (not deducted from wages or included in mortgage payments)

(specify):_____	$___0____	$__NA_____

	You	Your spouse
Installment payments		
Motor Vehicle	$___0___	$_NA_____
Credit card(s)	$__0____	$__NA_____
Department Store(s)	$___0___	$__NA____
Other: FILING FEES, POSTAGE, COPIES	$__65.00__	$__NA_____
Alimony, maintenance, and support paid to others	$___0_____	$_NA_____
Regular expenses for operation of business, profession, or farm (attach detailed statement)	$___0____	$_NA_____
Other (specify): EDUCATIONAL COURSE MATERIALS	$_15.00___	$_NA_____
Total monthly expenses:	$_280.00___	$__NA____

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? _____

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

I am an attorney, but lost one of my licenses due to the conviction, (currently under review by the governor since the DNA exonerates me). I file as a pro se, incarcerated inmate since I am still incarcerated. Primarily, this means that I cannot conduct full research, have no ability to Shepardize case law, cannot access current case law, and have no ability to access much case law outside of Virginia cases. In short, I have limited access to resources necessary to file this.

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?_____

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

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

I am an inmate with no ability to make money outside the prison. I have had an injury that put me out of work for over a year. I have only recently been able to begin search for employment. In this time, no positions have become available.

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

Executed on: December 28, 2017.

Piper A. Rountree, Petitioner *Pro Se*