

Application No. \_\_\_\_\_

**IN THE SUPREME COURT OF THE UNITED STATES**

\* \* \* \* \*

JOSHUA HOLMAN

*Petitioner,*

v.

JENNIFER SACHSE

*Respondent.*

\* \* \* \* \*

**ON PETITION FOR WRIT OF CERTIORARI TO  
THE MISSISSIPPI SUPREME COURT**

**APPLICATION FOR LEAVE TO PROCEED IN FORMA PAUPERIS**

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COMES NOW the petitioner, by and through counsel, and moves the Court for its order permitting him to file the attached petition for a writ of certiorari *in forma pauperis*. A supporting declaration is attached. Petitioner is represented by the undersigned counsel *pro bono*.

Respectfully submitted,

/s/ Kathryn B. Parish  
Carlyle Parish LLC  
Kathryn B. Parish  
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ATTORNEYS FOR PETITIONER

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

I, Joshua Holman, 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<br>the past 12 months |                   | Amount expected<br>next month |                   |
|----------------------------------------------------------------------------|-----------------------------------------------------|-------------------|-------------------------------|-------------------|
|                                                                            | You                                                 | Spouse            | You                           | Spouse            |
| Employment                                                                 | \$ <u>0</u>                                         | \$ <u>4096.00</u> | \$ <u>0</u>                   | \$ <u>4096.00</u> |
| Self-employment                                                            | \$ <u>0</u>                                         | \$ <u>0</u>       | \$ <u>0</u>                   | \$ <u>0</u>       |
| Income from real property<br>(such as rental income)                       | \$ <u>0</u>                                         | \$ <u>0</u>       | \$ <u>0</u>                   | \$ <u>0</u>       |
| Interest and dividends                                                     | \$ <u>0</u>                                         | \$ <u>0</u>       | \$ <u>0</u>                   | \$ <u>0</u>       |
| Gifts                                                                      | \$ <u>400.00</u>                                    | \$ <u>0</u>       | \$ <u>400.00</u>              | \$ <u>0</u>       |
| Alimony                                                                    | \$ <u>0</u>                                         | \$ <u>0</u>       | \$ <u>0</u>                   | \$ <u>0</u>       |
| Child Support                                                              | \$ <u>0</u>                                         | \$ <u>0</u>       | \$ <u>0</u>                   | \$ <u>0</u>       |
| Retirement (such as social<br>security, pensions,<br>annuities, insurance) | \$ <u>0</u>                                         | \$ <u>0</u>       | \$ <u>0</u>                   | \$ <u>0</u>       |
| Disability (such as social<br>security, insurance payments)                | \$ <u>0</u>                                         | \$ <u>0</u>       | \$ <u>0</u>                   | \$ <u>0</u>       |
| Unemployment payments                                                      | \$ <u>0</u>                                         | \$ <u>0</u>       | \$ <u>0</u>                   | \$ <u>0</u>       |
| Public-assistance<br>(such as welfare)                                     | \$ <u>0</u>                                         | \$ <u>0</u>       | \$ <u>0</u>                   | \$ <u>0</u>       |
| Other (specify): <u>State Tip</u>                                          | \$ <u>8.50</u>                                      | \$ <u>0</u>       | \$ <u>8.50</u>                | \$ <u>0</u>       |
| Total monthly income:                                                      | \$ <u>408.50</u>                                    | \$ <u>4096.00</u> | \$ <u>408.50</u>              | \$ <u>4096.00</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 |
|----------|---------|---------------------|-------------------|
| 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 |
|--------------------|-------------------------------|---------------------|-------------------|
| Twin Lakes Hospice | 725 E. Ohio Clinton, Mo 64735 | 6/2014-Present      | \$ 4096.00        |
|                    |                               |                     | \$                |
|                    |                               |                     | \$                |

4. How much cash do you and your spouse have? \$ 60.00  
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 |
|---------------------------|-----------------|-----------------|------------------------|
| Farmers Bank of Cole Camp | Checking        | \$ 0            | \$ 250.00              |
|                           | Savings         | \$ 0            | \$ 1056.00             |
|                           | Savings         | \$ 0            | \$ 11.00               |

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

|                                                      |                                                      |
|------------------------------------------------------|------------------------------------------------------|
| <input checked="" type="checkbox"/> Home             | <input type="checkbox"/> Other real estate           |
| Value 19,000.00                                      | Value                                                |
| Owe: 12,200.00                                       |                                                      |
| Double Wide                                          |                                                      |
| <input checked="" type="checkbox"/> Motor Vehicle #1 | <input checked="" type="checkbox"/> Motor Vehicle #2 |
| Year, make & model 2014 Chevy Impala                 | Year, make & model 2003 Chevy Trailblazer            |
| Value 13,500.00                                      | Value 2000.00                                        |
| Owe: 18,800.00                                       |                                                      |
| <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     |
|---------------------------------------|--------------------------------|--------------------------------|
| <u>N/A</u>                            | \$ <u>                    </u> | \$ <u>                    </u> |
| <u>                    </u>           | \$ <u>                    </u> | \$ <u>                    </u> |
| <u>                    </u>           | \$ <u>                    </u> | \$ <u>                    </u> |

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

| Name                         | Relationship                | Age                         |
|------------------------------|-----------------------------|-----------------------------|
| <u>Cassandra Fitzpatrick</u> | <u>Daughter</u>             | <u>25</u>                   |
| <u>Lucan FitzPatrick</u>     | <u>Grandson</u>             | <u>6</u>                    |
| <u>                    </u>  | <u>                    </u> | <u>                    </u> |

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<br>(include lot rented for mobile home)                               | \$ <u>  0  </u>  | \$ <u>292.00</u> |
| Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                  |                  |
| Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                  |                  |
| Utilities (electricity, heating fuel,<br>water, sewer, and telephone)                               | \$ <u>  0  </u>  | \$ <u>575.00</u> |
| Home maintenance (repairs and upkeep)                                                               | \$ <u>  0  </u>  | \$ <u>100.00</u> |
| Food                                                                                                | \$ <u>400.00</u> | \$ <u>650.00</u> |
| Clothing                                                                                            | \$ <u>  0  </u>  | \$ <u>100.00</u> |
| Laundry and dry-cleaning                                                                            | \$ <u>  0  </u>  | \$ <u>80.00</u>  |
| Medical and dental expenses                                                                         | \$ <u>  0  </u>  | \$ <u>150.00</u> |

|                                                                                                | You              | Your spouse       |
|------------------------------------------------------------------------------------------------|------------------|-------------------|
| Transportation (not including motor vehicle payments)<br>(Gas/Maintenance)                     | \$ <u>0</u>      | \$ <u>390.00</u>  |
| Recreation, entertainment, newspapers, magazines, etc.                                         | \$ <u>0</u>      | \$ <u>100.00</u>  |
| Insurance (not deducted from wages or included in mortgage payments)                           |                  |                   |
| Homeowner's or renter's                                                                        | \$ <u>0</u>      | \$ <u>57.00</u>   |
| Life                                                                                           | \$ <u>0</u>      | \$ <u>60.00</u>   |
| Health                                                                                         | \$ <u>0</u>      | \$ <u>0</u>       |
| Motor Vehicle                                                                                  | \$ <u>0</u>      | \$ <u>167.00</u>  |
| Other: _____                                                                                   | \$ <u>0</u>      | \$ <u>0</u>       |
| Taxes (not deducted from wages or included in mortgage payments)                               |                  |                   |
| (specify): <u>Property Taxes</u>                                                               | \$ <u>0</u>      | \$ <u>63.00</u>   |
| Installment payments                                                                           |                  |                   |
| Motor Vehicle                                                                                  | \$ <u>0</u>      | \$ <u>332.00</u>  |
| Credit card(s)                                                                                 | \$ <u>0</u>      | \$ <u>150.00</u>  |
| Department store(s)                                                                            | \$ <u>0</u>      | \$ <u>50.00</u>   |
| Other: _____                                                                                   | \$ <u>0</u>      | \$ <u>0</u>       |
| Alimony, maintenance, and support paid to others                                               | \$ <u>0</u>      | \$ <u>400.00</u>  |
| Regular expenses for operation of business, profession,<br>or farm (attach detailed statement) | \$ <u>0</u>      | \$ <u>0</u>       |
| Other (specify): <u>Pet Food/Supplies/Vet Services</u>                                         | \$ <u>0</u>      | \$ <u>185.00</u>  |
| Total monthly expenses:                                                                        | \$ <u>408.50</u> | \$ <u>3801.00</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? \_\_\_\_\_

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

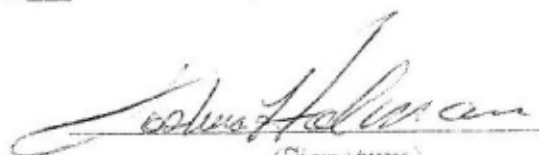
If yes, how much? \_\_\_\_\_

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.

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

Executed on: December 25th, 2017

  
(Signature)