

CAPITAL CASE

No. _____

IN THE
SUPREME COURT OF THE UNITED STATES

PERVIS TYRONE PAYNE,

Petitioner

vs.

STATE OF TENNESSEE

Respondent

ON PETITION FOR WRIT OF CERTIORARI
TO THE TENNESSEE COURT OF CRIMINAL APPEALS,
WESTERN DIVISION

MOTION TO PROCEED *IN FORMA PAUPERIS*

Petitioner Pervis Tyrone Payne respectfully moves this Court to proceed *in forma pauperis*. He is indigent and has been found indigent by the lower courts. *Payne v. State of Tennessee*, No. W2016-02326-CCA-R28-PD (Tenn. Crim. App. Aug. 1, 2017), p. 6, Pet. App. 7a. An affidavit of indigency is also attached. The motion should be granted.

Respectfully Submitted,

Paul R. Bottei *
Christopher M. Minton

Assistant Federal Public Defenders
Office of the Federal Public Defender
Middle District of Tennessee
810 Broadway, Suite 200
Nashville, Tennessee 37203
(615) 736-5047

By: /s/ *Paul R. Bottei*

*Counsel of Record

CERTIFICATE OF SERVICE

I certify that a copy of the foregoing petition to proceed *in forma pauperis* was served via first-class mail upon James Gaylord, Esq., Office of the Attorney General, P. O. Box 20207, Nashville, Tennessee 37202 this 16th day of April, 2018.

/s/ *Paul R. Bottei*

IN THE UNITED STATES SUPREME COURT

Pervis Payne

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v.

State of Tennessee

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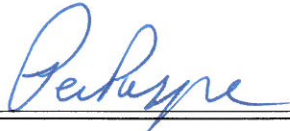
No.

**AFFIDAVIT ACCOMPANYING MOTION
TO PROCEED 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 believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)

Signed: _____



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: _____

3-20-18

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	\$ 60	\$ NA	\$ 60	\$ NA
Self-employment	\$ NA	\$ NA	\$ NA	\$ NA
Income from real property (such as rental income)	\$ NA	\$ NA	\$ NA	\$ NA
Interest and dividends	\$ NA	\$ NA	\$ NA	\$ NA
Gifts	\$ 50	\$ NA	\$ 50	\$ NA
Alimony	\$ NA	\$ NA	\$ NA	\$ NA
Child support	\$ NA	\$ NA	\$ NA	\$ NA
Retirement (such as social security, pensions, annuities, insurance)	\$ NA	\$ NA	\$ NA	\$ NA
Disability (such as social security, insurance payments)	\$ NA	\$ NA	\$ NA	\$ NA
Unemployment payments	\$ NA	\$ NA	\$ NA	\$ NA
Public-assistance (such as welfare)	\$ NA	\$ NA	\$ NA	\$ NA
Other (specify):	\$ NA	\$ NA	\$ NA	\$ NA
Total monthly income:	\$ 110	\$ 0	\$ 110	\$ 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
TDOC	7475 Cockrill Bend	- 2018	\$ 60
Riverbent	Max Security Institution		\$
	Nashville, TN		\$

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			\$
			\$
			\$

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		\$	\$
		\$	\$
		\$	\$

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) \$ NA
		Make and year:
		Model:
		Registration #:

Motor vehicle #2	Other assets	Other assets
(Value) \$ NA	(Value) \$ NA	(Value) \$ NA
Make and year:		
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	\$	\$
	\$	\$
	\$	\$
	\$	\$

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

Name [or, if under 18, initials only]	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, semiannually, or annually to show the monthly rate.*

	You	Your Spouse
Rent or home-mortgage payment (include lot rented for mobile home)	\$	\$
Are real estate taxes included? ☐ Yes ☐ No	0	NA
Is property insurance included? ☐ Yes ☐ No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 0	\$ NA
Home maintenance (repairs and upkeep)	\$ 0	\$ NA
Food	\$ 0	\$ NA
Clothing	\$ 0	\$ NA
Laundry and dry-cleaning	\$ 0	\$ NA
Medical and dental expenses	\$ 0	\$ NA
Transportation (not including motor vehicle payments)	\$ 0	\$ NA
Recreation, entertainment, newspapers, magazines, etc.	\$ 0	\$ NA
Insurance (not deducted from wages or included in mortgage payments)	0	
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
Installment payments		
Motor Vehicle:	\$ 0	\$ NA
Credit card (name):	\$ 0	\$ NA
Department store (name):	\$ 0	\$ NA
Other:	\$ 0	\$ 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):	\$ 0	\$ NA
Total monthly expenses:	\$ 0	\$ 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 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.*