No. _____

IN THE

SUPREME COURT OF THE UNITED STATES

JOSUE MARQUEZ AREVALO
_____ — PETITIONER
(Your Name)

VS.

RANDY WHITE, WARDEN
_____ — RESPONDENT(S)
ANDY BRESHEAR, ATTORNEY GENERAL

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.*

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

Fayette County Circuit Court, Kentucky Court Of Appeals, Kentucky Supreme Court, United States District Court, eastern district of kentucky, sixth circuit court of appeals

[ ] 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.

_____
(Signature)

FORM 6. Motion and Declaration for Leave to Proceed in Forma Pauperis

UNITED STATES COURT OF APPEALS FOR THE FEDERAL CIRCUIT

JOSUE MARQUEZ AREVALO v. RANDY WHITE, WARDEN

No. _____

Motion and Declaration for Leave to Proceed in Forma Pauperis

INSTRUCTIONS: If you do not pay the fee, file this completed form with your petition for review or notice of appeal within 14 days of the date of docketing. 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 docket number, and the question number. Failure to fully answer the questions may result in a denial of the motion.

Petitioner/Appellant hereby moves for leave to proceed in forma pauperis, pursuant to 28 U.S.C. § 1915, in this case and submits the following declaration in support thereof:

I, Josue Marquez Arevalo, am the Petitioner/Appellant in the above-entitled case. In support of my motion to proceed on appeal without being required to pay the docketing fee, I state that I am unable to pay the fee because of my poverty; that I believe that I am entitled to redress; and that the issues which I desire to present on appeal are the following:

I further declare that the responses which I have made to the questions and instructions below relating to my ability to pay the docketing fee are true.

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	$_____	$0.00	$_____	$0.00
Self-employment	$0.00	$0.00	$0.00	$0.00
Income from real property (such as rental income)	$0.00	$0.00	$0.00	$0.00

FORM 6. Motion and Declaration for Leave to Proceed in Forma Pauperis (continued)

	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Interest and dividends	$0.00	$0.00	$0.00	$0.00
Gifts	$	$ 0.00	$	$ 0.00
Alimony	$0.00	$0.00	$0.00	$0.00
Child support	$0.00	$0.00	$0.00	$0.00
Retirement (such as social security, pensions, annuities, insurance)	$0.00	$0.00	$0.00	$0.00
Disability (such as social security, insurance payments)	$0.00	$0.00	$0.00	$0.00
Unemployment payments	$0.00	$0.00	$0.00	$0.00
Public assistance (such as welfare)	$0.00	$0.00	$0.00	$0.00
Other (specify) _____	$0.00	$0.00	$0.00	$0.00
Total monthly income:	$0.00	$0.00	$0.00	$0.00

2. List your employment history for the past two years, most recent employer first. (Gross monthly pay is pay before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	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 pay before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A

4. Are you presently incarcerated? [XX] Yes [ ] No If so, 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.

FORM 6. Motion and Declaration for Leave to Proceed in Forma Pauperis (continued)

5. 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. State the average monthly balance.

Financial institution	Type of account	Amount you have	Amount your spouse has
N/A		$ 0.00	$ 0.00
N/A		$ 0.00	$ 0.00

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

Home	(Value)	Other real estate	(Value)	Other assets	(Value)
N/A	0.00	N/A	0.00	N/A	0.00
N/A	0.00	N/A	0.00	N/A	0.00
N/A	0.00	N/A	0.00	N/A	0.00

Other assets	(Value)	Motor vehicle #1	Motor vehicle #2
N/A	0.00	Make, model & year: N/A	Make, model & year: N/A
N/A		Value: N/A	Value: N/A
N/A		Registration #: N/A	Registration #: N/A

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

Person, business or organization owing you or your spouse money	Amount owed to you	Amount owed to your spouse
N/A	0.00	0.00
N/A	0.00	0.00
N/A	0.00	0.00

FORM 6. Motion and Declaration for Leave to Proceed in Forma Pauperis (continued)

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

Name	Relationship	Age

9. 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)	$ 0.00	$ 0.00
	0.00	0.00
Are real estate taxes included? ☐ Yes ☒ No		
Is property insurance included? ☐ Yes ☒ No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	$ 0.00	$ 0.00
Home maintenance (repairs and upkeep)	0.00 $	0.00 $
Food	$ 0.00	$ 0.00
Clothing	$ 0.00	$ 0.00
Laundry and dry cleaning	$ 0.00	$ 0.00
Medical and dental expenses	$ 0.00	$ 0.00
Transportation (not including motor vehicle payments)	$ 0.00	$ 0.00
Recreation, entertainment, newspapers, magazines, etc.	$ 0.00	$ 0.00
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	$ 0.00	$ 0.00
Life	$ 0.00	$ 0.00
Health	$ 0.00	$ 0.00
Motor vehicle	$ 0.00	$ 0.00
Other: N/A	$ 0.00	$ 0.00
Taxes (not deducted from wages or included in mortgage payments) (specify): N/A	$ 0.00	$ 0.00

FORM 6. Motion and Declaration for Leave to Proceed in Forma Pauperis (continued)

	You	Your spouse
Installment payments		
Motor vehicle N/A	$ 0.00	$ 0.00
Credit card (name): N/A	$ 0.00	$ 0.00
Department store (name): N/A	$ 0.00	$ 0.00
Other: N/A	$ 0.00	$ 0.00
Alimony, maintenance, and support paid to others	$ 0.00	$ 0.00
Regular expenses for operation of business, profession or farm (attach detailed statement)	$ 0.00	$ 0.00
Other (specify): N/A	$ 0.00	$ 0.00
Total monthly expenses:	$ 0.00	$ 0.00

10. 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.

11. 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? $ 0.00

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

12. 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? $ 0.00

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

13. Provide any other information that will help explain why you cannot pay the docketing fees for your appeal or petition for review.

FORM 6. Motion and Declaration for Leave to Proceed in Forma Pauperis (continued)

14. Have you ever filed a motion for leave to proceed in forma pauperis in any other case in this court? ☐ Yes ☒ No If yes, state the name and docket number of that case.

N/A

15. State the address of your legal residence:

Kentucky State Penitentiary
266 Water Street
Eddyville, Kentucky 42038

Your daytime phone number: (270) (388) 2211

Your social security number: N/A

Your age: 32 Your years of schooling: 8th Grade

You must sign and date the declaration under penalty of perjury.

DECLARATION UNDER PENALTY OF PERJURY

I declare under penalty of perjury, under the laws of the United States, that my answer on this form are true and correct.

12/22/17
Date

Petitioner's/Appellant's signature

cc:

ORDER OF THE COURT

The motion to proceed in forma pauperis is DENIED. The docketing fee must be paid within 14 days.

Circuit Judge Date

The motion to proceed in forma pauperis is GRANTED. Let the applicant proceed without prepayment of the docketing fee.

Circuit Judge or Clerk Date

FORM 6A. Supplemental in Forma Pauperis Form for Prisoners

SUPPLEMENTAL IN FORMA PAUPERIS FORM FOR PRISONERS

AUTHORIZATION FORM

I, JOSUE MARQUEZ AREVALO, request and authorize the agency holding me in custody, to send to the Clerk of the United States Court of Appeals for the Federal Circuit a certified copy of the statement for the past six months of my trust fund account (or institutional equivalent) at the institution where I am incarcerated. I further request and authorize the agency holding me in custody to calculate and disburse funds from my trust fund account (or institutional equivalent) in the amounts specified by 28 U.S.C. § 1915(b). This authorization is furnished in connection with an appeal, and I understand that the total appellate filing fees for which I am obligated are $450 or $455. I also understand that these fees will be debited from my account regardless of the outcome of my appeal. This authorization shall apply to any other agency into whose custody I may be transferred.

12/20/17
Date

Petitioner's Signature

You must sign and date above. You must also complete the following Disclosure and sign and date the Declaration Under Penalty of Perjury below.

DISCLOSURE OF PRIOR FEDERAL ACTIONS

If you are presently incarcerated, have you ever before brought an action or appeal in a federal court while you were incarcerated or detained? [ ] Yes [XXXX] No

If so, how many times? 0

Were any of the actions or appeals dismissed because they were frivolous, malicious, or failed to state a claim upon which relief may be granted? [ ] Yes [XXXX] No

If so, how many of them? 0

DECLARATION UNDER PENALTY OF PERJURY

I declare under penalty of perjury, under the laws of the United States, that the foregoing is true and correct.

12/20/17
Date

Petitioner's Signature