No.

IN THE
SUPREME COURT OF THE UNITED STATES

JEFFERY DAY RIEBER,
Petitioner,

v.

JOHN Q. HAMM
COMMISSIONER, ALABAMA DEPARTMENT OF CORRECTIONS,
Respondent.

ON PETITION FOR A WRIT OF CERTIORARI TO THE UNITED STATES COURT OF APPEALS FOR THE ELEVENTH CIRCUIT COURT OF APPEALS
CASE NO. 23-13958

MOTION TO PROCEED *IN FORMA PAUPERIS*

Petitioner Jeffery Day Rieber, pursuant to Rule 39 of the Supreme Court Rules, respectfully requests leave to file the attached petition for a writ of certiorari without prepayment of costs and to proceed *in forma pauperis*. Mr. Rieber is presently incarcerated and indigent. Undersigned counsel's representation of Mr. Rieber is Pro Bono. Mr. Rieber was granted leave to proceed *in forma pauperis* in the Circuit Court of Madison County, Alabama (Case No. CC90-2177.60 WB). In June of 2018, Mr. Rieber moved for leave to proceed *in forma pauperis* in the U.S. Supreme Court (Case No. 18-5103). Mr. Rieber's motion to proceed *in forma pauperis* in this Court was neither granted nor denied, as Mr. Rieber's petition for a writ of certiorari was denied.

Mr. Rieber requests *in forma pauperis* status before this Court because he cannot afford the costs of filing a petition for a writ of certiorari. In support of this motion, Mr. Rieber has attached a Declaration in Support of Motion for Leave to Proceed *In Forma Pauperis* as Appendix A.

For these reasons, Mr. Rieber respectfully requests that this Court grant him leave to proceed *in forma pauperis*.

Respectfully submitted this 2nd day of May, 2025.

/s/ David R. Konkel
DAVID R. KONKEL*****
EMMA J. JEWELL
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*****Counsel of Record

Counsel for Petitioner Jeffery Day Rieber

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

I, Jeffery Day Rieber, 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	$ 348.47	$ N/A	$ 200.00	$ 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): Stimulus check $2108.55	$ 175.71	$ N/A	$ N/A	$ N/A
Total monthly income:	$ 524.18	$ N/A	$ 200.00	$ 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
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			$
			$
			$

4. How much cash do you and your spouse have? $_____
Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Type of account (e.g., checking or savings)	Amount you have	Amount your spouse has
	$	$
Prison PMOD Account.	$ 0.11	$
	$	$

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

☐ Home
Value N/A

☐ Other real estate
Value N/A

☐ Motor Vehicle #1
Year, make & model N/A
Value

☐ Motor Vehicle #2
Year, make & model N/A
Value

☐ Other assets
Description N/A
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
N/A	$	$
	$	$
	$	$

7. State the persons who rely on you or your spouse for support. For minor children, list initials instead of names (e.g. "J.S." instead of "John Smith").

Name	Relationship	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.

	You	Your spouse
Rent or home-mortgage payment (include lot rented for mobile home) Are real estate taxes included? ☐ Yes ☐ No Is property insurance included? ☐ Yes ☐ No	$ 0	$ N/A
Utilities (electricity, heating fuel, water, sewer, and telephone)	$ 0	$ N/A
Home maintenance (repairs and upkeep)	$ 0	$ N/A
Food	$ 150	$ N/A
Clothing	$ 20	$ N/A
Laundry and dry-cleaning	$ 0	$ N/A
Medical and dental expenses	$ 0	$ N/A

	You	Your spouse
Transportation (not including motor vehicle payments)	$ 0	$ N/A
Recreation, entertainment, newspapers, magazines, etc.	$ 0	$ N/A
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	$ 0	$ N/A
Life	$ 0	$ N/A
Health	$ 0	$ N/A
Motor Vehicle	$ 0	$ N/A
Other: _____	$ 0	$ N/A
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	$ 0	$ N/A
Installment payments		
Motor Vehicle	$ 0	$ N/A
Credit card(s)	$ 0	$ N/A
Department store(s)	$ 0	$ N/A
Other: _____	$ 0	$ N/A
Alimony, maintenance, and support paid to others	$ 0	$ N/A
Regular expenses for operation of business, profession, or farm (attach detailed statement)	$ 0	$ N/A
Other (specify): Cigarettes	$ 50.00	$ N/A
Total monthly expenses:	$ 220.00	$ N/A

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: 3-17-2025, 2025

Jeff Richer
(Signature)

Alabama Department of Corrections

Average Inmate Deposit Balances for RIEBER, JEFFERY DAY AIS# 0000Z540

	Average Balance	Gross Deposits
02/28/2025	$0.11	$0.00
01/31/2025	$0.11	$0.00
12/31/2024	$79.96	$0.00
11/30/2024	$555.40	$0.00
10/31/2024	$1,304.09	$805.27
09/30/2024	$1,562.63	$400.00
08/31/2024	$2,320.71	$476.00
07/31/2024	$2,278.92	$924.41
06/30/2024	$1,508.89	$2,108.55
05/31/2024	$363.79	$300.00
04/30/2024	$268.93	$976.00
03/31/2024	$252.03	$300.00
	$874.63	$6,290.23

I certify that this is a true and correct copy of inmate Rieber's average balance and gross deposits.

Bianca McBride

PRISON ACCOUNT CERTIFICATE

I hereby certify that Jeffery Rieber, AIS #Z540, has the sum of $0 on account to his credit at Holman Correctional Facility, in Atmore, Alabama, where he is confined. I further certify that the amount on account to his credit at Holman Correctional Facility for the previous twelve (12) months is as follows:

February 2025	$ 0.11
January 2025	$ 0.11
December 2024	$ 79.96
November 2024	$ 555.40
October 2024	$ 1304.09
September 2024	$ 1562.63
August 2024	$ 2320.71
July 2024	$ 2278.92
June 2024	$ 1508.89
May 2024	$ 363.79
April 2024	$ 268.93
March 2024	$ 252.03

I declare (or certify, verify, or state) under penalty of perjury that the foregoing is true and correct. Executed on 3/21/2025 (date).

Bianca M. Brodie

AUTHORIZED OFFICER OF INSTITUTION