

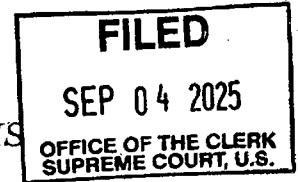
25-5661  
Case No.

ORIGINAL

IN THE  
SUPREME COURT OF THE UNITED STATES

In re RONALD FREEMAN

MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*



The petitioner/applicant asks leave to file the attached petition for writ of habeas corpus without prepayment of cost and to proceed *in forma pauperis*.

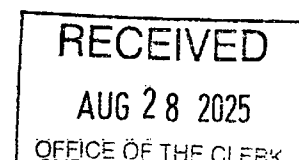
Petitioner has previously been granted leave to proceed in forma pauperis with the appointment of a Public Defender in the following court:

United States District Court,  
Western District of Tennessee 2:20-cr-20169-SHL-1

Petitioner's affidavit or declaration in support of this motion is attached hereto.

Date; 7-10-2025

  
Signature



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

I, Ronald Freeman, 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	\$ <u>NA</u>	\$ <u>NA</u>	\$ <u>NA</u>	\$ <u>NA</u>
Self-employment	\$ _____	\$ _____	\$ _____	\$ _____
Income from real property (such as rental income)	\$ _____	\$ _____	\$ _____	\$ _____
Interest and dividends	\$ _____	\$ _____	\$ _____	\$ _____
Gifts	\$ _____	\$ _____	\$ _____	\$ _____
Alimony	\$ _____	\$ _____	\$ _____	\$ _____
Child Support	\$ _____	\$ _____	\$ _____	\$ _____
Retirement (such as social security, pensions, annuities, insurance)	\$ _____	\$ _____	\$ _____	\$ _____
Disability (such as social security, insurance payments)	\$ _____	\$ _____	\$ _____	\$ _____
Unemployment payments	\$ _____	\$ _____	\$ _____	\$ _____
Public-assistance (such as welfare)	\$ _____	\$ _____	\$ _____	\$ _____
Other (specify): _____	\$ _____	\$ _____	\$ _____	\$ _____
<b>Total monthly income:</b>	\$ <u>V</u>	\$ <u>V</u>	\$ <u>V</u>	\$ <u>V</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	N/A	N/A	\$ 0
			\$ 0
			\$ 0

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	N/A	N/A	\$ 0
			\$ 0
			\$ 0

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
N/A	\$ 0	\$ 0
	\$ 0	\$ 0
	\$ 0	\$ 0

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 \_\_\_\_\_

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

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

Person owing you or your spouse money

NA  
✓

Amount owed to you

\$ NA  
\$ ✓  
\$ ✓

Amount owed to your spouse

\$ NA  
\$ ✓  
\$ ✓

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  
NA  
✓

Relationship  
NA  
✓

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.

Rent or home-mortgage payment  
(include lot rented for mobile home)

Are real estate taxes included? ☐ Yes ☐ No  
Is property insurance included? ☐ Yes ☐ No

You

\$ NA

Your spouse

\$ NA

Utilities (electricity, heating fuel,  
water, sewer, and telephone)

\$ NA

\$ NA

Home maintenance (repairs and upkeep)

\$ NA

\$ NA

Food

\$ NA

\$ NA

Clothing

\$ NA

\$ NA

Laundry and dry-cleaning

\$ NA

\$ NA

Medical and dental expenses

\$ NA

\$ 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:

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

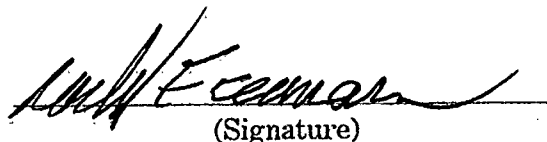
If yes, how much? \_\_\_\_\_

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: 7/10, 20 25

  
(Signature)

**UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF TENNESSEE  
Western Division**

**UNITED STATES OF AMERICA**

**-vs-**

**Case No. 2:20-cr-20169-SHL-1**

**RONALD FREEMAN,**

**ORDER APPOINTING COUNSEL PURSUANT TO  
THE CRIMINAL JUSTICE ACT**

This Court has determined that the above-named defendant is financially unable to obtain adequate representation in the above-styled case, and is otherwise qualified for appointment of counsel. Accordingly, the Court makes the following appointment pursuant to the Criminal Justice Act (18 U.S.C. § 3006A):

**APPOINTMENT OF COUNSEL**

- The Federal Public Defender is appointed as counsel for the Defendant.

**TYPE OF APPOINTMENT**

- All purposes including trial and appeal.

**DONE and ORDERED** in 167 North Main, Memphis, this 25<sup>TH</sup> day of September 2020.

s/ Annie Christoff  
**ANNIE CHRISTOFF**  
**UNITED STATES MAGISTRATE JUDGE**

**Copies furnished to:**

United States Attorney  
United States Marshal  
Pretrial Services Office  
Assistant Federal Public Defender  
Intake