

25-5664

ORIGINAL

Supreme Court, U.S.  
FILED

AUG 20 2025

OFFICE OF THE CLERK

IN THE

SUPREME COURT OF THE UNITED STATES

Amy Bishop Anderson PETITIONER  
(Your Name)

VS.

State of Alabama — RESPONDENT(S)

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*.

Please check the appropriate boxes:

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

Dist. Ct. No. 5:25-cv-00210-MHH-SGC • US District Court, Northern District of A,  
Hugo L Black Courthouse, 1729 5th. Ave. N.,  
Birmingham AL 35203  
Appeal No. 25-11928-G • United States 11th Circuit Court  
56 Forsyth St. NW, Atlanta GA 30330

☐ 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.  
Was granted in forma - Dist Ct. and had in forma at 11th Circ.

☐ Petitioner's affidavit or declaration is **not** attached because the court below appointed counsel in the current proceeding, and:

☐ The appointment was made under the following provision of law: \_\_\_\_\_, or

☐ a copy of the order of appointment is appended.

Amy Bishop Anderson  
(Signature)

# U.S. Supreme Court

FRAP Form 4.

## Affidavit Accompanying Motion for Permission to Appeal In Forma Pauperis

United States District Court for the Northern District of AL District No. 5:25-cv-00210-MHH-SGC  
11th Cir. Ct. Appeal No. 25-11928-G

A. B., Plaintiff Amy Bishop Anderson

v.

Case No. \_\_\_\_\_

C. D., Defendant State of Alabama

**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.

### 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.)

Date: 8/19/25 Signed: Amy Bishop Anderson

My issues on appeal are: My new evidence confirming steroid psychosis obrogating intent.  
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. See petition to USS.Ct.

#### Income Source

#### Average monthly amount during the past 12 months

#### Amount expected next month

	You	Spouse	You	Spouse
Employment	\$ <u>0</u>	\$ <u><del>2500</del></u>	\$ <u>0</u>	\$ <u><del>2500</del></u>
Self-employment	\$ <u>0</u>	\$ <u>2500</u>	\$ <u>0</u>	\$ <u>2500</u>
Income from real property (such as rental income)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Interests and dividends	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Gifts	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</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 Security, pensions, annuities, insurance)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Disability (such as Social 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 (such as welfare)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Other (specify): <u>prison acct</u>	\$ <u>270</u>	\$ <u>0</u>	\$ <u>270</u>	\$ <u>0</u>
<b>Total monthly income:</b>	\$ <u>270</u>	\$ <u>2500</u>	\$ <u>270</u>	\$ <u>2500</u>

← prison acct & amortized amount for ake, monthly deposit sign it  
Rev.: 12/09 is sporadic

• See 12 month PMO acct (prison acct)

Use it for medical/dental copays, stamps, manila env, hygiene, phone calls etc.

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

Employer	Address	Dates of Employment	Gross Monthly Pay
Library Tutwiler Prison for Women	8966 US Highway 231 Wetumpka AL 36092	2014-2025	0

3. List your spouse's employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross Monthly Pay
Jim Anderson self employed	2103 McDowling Dr Huntsville AL	2020-25	2,500
Locksmith ~ security who hires his services to various companies. me	35803		

4. How much cash do you and your spouse have? \$ PMOD acct ~ 100 spouse: unknown but usually very little \$100

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
Redstone Credit Union	Checking	\$ 0	\$ unknown but usually very little \$100 or overdrawn

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. I will attach PMOD acct and ask Business Officer to sign.

5. 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)	Motor Vehicle #1 (Value)
~ 200K but old and in disrepair as when I was free ~ 2010 I was the bread winner	~ 200K	Make & Year: Dodge Caravan Model: ~ yr 2010 Registration #: unknown, #
Other Assets (Value)	Other Assets (Value)	Motor Vehicle #2 (Value)
		Make & Year: daughter's car Model: unknown Registration #: unknown

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
none	0	0

at home relying on spouse for free housing & food while they finish college, and start their careers

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

Name

Relationship

Age

Lily Anderson

daughter

8/11/91

Thea Anderson

daughter

5/31/93

Phaedra Anderson

daughter

5/18/95

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
For home-mortgage payment (include lot rented for mobile home)	\$ 0	\$ 2600
Are real-estate taxes included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$ included	
Is property insurance included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$ included	
Utilities (electricity, heating fuel, water, sewer, and telephone) <i>form phone only to call</i>	\$ 30	\$ 350 amortized
Home maintenance (repairs and upkeep)	\$ 0	\$ 200 to keep it running
Food	\$ 0	\$ 800 - 5 adults
Clothing	\$ 0	\$ 0
Laundry and dry-cleaning	\$ 0	\$ 0
Medical and dental expenses <i>medical/dental prescription copays</i>	\$ 8	\$ 100 including Lily's
Transportation (not including motor vehicle payments)	\$ 0	\$ 100 gas, travel
Recreation, entertainment, newspapers, magazines, etc.	\$ 0	\$ 0 to jobs
Insurance (not deducted from wages or included in mortgage payments)	\$ 0	\$ 0
Homeowner's or renter's	\$ 0	\$ 0
Life	\$ 0	\$ 0
Health	\$ 0	\$ 300 including Lily's
Motor Vehicle	\$ 0	\$ <100 minimum insurance
Other:	\$ 0	\$ 0
Taxes (not deducted from wages or included in mortgage payments) (specify):	\$ 0	\$ unknown
Installment payments	\$ 0	\$ 0
Motor Vehicle	\$ 0	\$ 0
Credit card (name):	\$ 0	\$ 0
Department store (name):	\$ 0	\$ 0
Other:	\$ 0	\$ 0
Alimony, maintenance, and support paid to others	\$ 0	\$ 0 amortized
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0	\$ 50 maintenance of van, tools, certifications
Other (specify): <i>form stamps, envelopes, hygiene, coffee (phone calls &amp; medical)</i>	\$ 70	\$ unknown
<b>Total monthly expenses</b>	\$ 98	\$ 2600

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 docket fees for your appeal.

My writer friend Rob Dinsmoor sent me money for my prison acct faithfully. Now my mother has taken over, but she does not know how much or how long she can support me as she is selling her house and buying a condo to downsize.

13. State the address of your legal residence.

Amy Bishop Anderson, AIS # 285694,  
Cutwiler Prison for Women Dorm B-13  
8966 US Highway 231  
Wetumpka AL 36092

Your daytime phone number: ( )

NA

Your age: 24/68

Your years of schooling:

Ph.D. Genetics

Your Social Security number:

unknown except for last 4 digits for PIN#. Not allowed to put PIN# on any paper work.

US Section 706

(As amended Apr. 24, 1998, eff. Dec. 1, 1998.)