

25-5767
No. _____

FILED
SEP 05 2025

OFFICE OF THE CLERK
SUPREME COURT, U.S.

IN THE
SUPREME COURT OF THE UNITED STATES

Robert Draft — PETITIONER
(Your Name)

VS.

Dexter Payne, Director
Arkansas Department of Corrections — 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):

Circuit Court of White County, Arkansas, Lee County, Arkansas,
United States District Court, E.D. Arkansas, Central Division.

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.

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: _____

a copy of the order of appointment is appended. _____, or

RECEIVED
SEP 30 2025
OFFICE OF THE CLERK
SUPREME COURT, U.S.

(Signature)
SEP 11 2025
OFFICE OF THE CLERK
SUPREME COURT, U.S.

Robert Draft

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

I, Robert Draft, 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>0</u> | \$ <u>0</u> | \$ <u>0</u> | \$ <u>0</u> |
| Self-employment | \$ <u>0</u> | \$ <u>0</u> | \$ <u>0</u> | \$ <u>0</u> |
| Income from real property (such as rental income) | \$ <u>0</u> | \$ <u>0</u> | \$ <u>0</u> | \$ <u>0</u> |
| Interest 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>0</u> | \$ <u>0</u> | \$ <u>0</u> | \$ <u>0</u> |
| Total monthly income: | \$ <u>0</u> | \$ <u>0</u> | \$ <u>0</u> | \$ <u>0</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 |
|----------|---------|---------------------|-------------------|
| NA | | | \$ 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 |
|----------|---------|---------------------|-------------------|
| 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.

| Type of account (e.g., checking or savings) | Amount you have | Amount your spouse has |
|---|-----------------|------------------------|
| NA | \$ 0 | \$ |
| | \$ | \$ |
| | \$ | \$ |

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

| | | |
|--|---------------------|--|
| <input type="checkbox"/> Home Value _____ | Home Value _____ | <input type="checkbox"/> Other real estate Value _____ |
| <input type="checkbox"/> Motor Vehicle #1 Year, make & model _____ Value _____ | | <input type="checkbox"/> Motor Vehicle #2 Year, make & model _____ Value _____ |
| <input type="checkbox"/> Other assets Description _____ Value _____ | | |

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

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:

N/A

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:

N/A

12. Provide any other information that will help explain why you cannot pay the costs of this case.
I am in prison, sorry,

I declare under penalty of perjury that the foregoing is true and correct.

Executed on: 5th of September, 20²⁵, C.C.


(Signature)

CALCULATION OF INITIAL PAYMENT OF FILING FEE

(To be Completed by the Institution of Incarceration)

PLAINTIFF:

Robert Draft

ADC NUMBER:

160040

FEDERAL COURT CASE NUMBER (IF KNOWN): _____

Total deposits for last six (6) months:

\$ 200.00

Average monthly deposit (total deposits divided by 6):

\$ 33.33

Total balances for last six (6) months:

\$ 107.99

Average monthly balance:

\$ 18.00

(Total balances divided by 6)

Current account balance:

\$ 8
\$ 6.67

Initial payment of filing fee as of 8/20/25:

(The greater of the average monthly deposit
Or the average monthly balance x .20)

DATE: 8/20/25

AUTHORIZED OFFICIAL



(NO FILING FEE SHALL BE IN EXCESS OF
\$350.00 FOR A CIVIL LAWSUIT
OR
\$505.00 FOR AN APPEAL)