

No.

IN THE SUPREME COURT OF THE UNITED STATES

DANIEL RAUL SANTIAGO VASQUEZ,

Petitioner,

v.

THE STATE OF OKLAHOMA,

Respondent.

MOTION TO PROCEED *IN FORMA PAUPERIS*

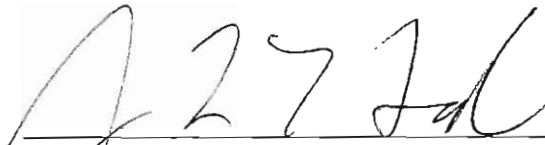
Petitioner, Daniel Raul Santiago Vasquez, moves this Court for leave to proceed *in forma pauperis* on his Petition for a Writ of Certiorari to the Oklahoma Court of Criminal Appeals pursuant to Supreme Court Rule 39.1.

Counsel was retained to represent Petitioner on direct appeal, but is proceeding in this Court on a *pro bono* basis. Petitioner has executed the attached affidavit indicating that he is house on death row currently and has no income.

WHEREFORE, because Petitioner is indigent as shown by affidavit, and counsel is proceeding on a *pro bono* basis at this point, Petitioner moves this Court for an order allowing Petitioner to proceed *in forma pauperis*.

DATED this 24th day of September, 2025.

Respectfully Submitted,

A handwritten signature in black ink, appearing to read "J L Hankins", written over a horizontal line.

James L. Hankins, Okla. Bar No. 15506

MON ABRI BUSINESS CENTER

2524 N. Broadway

Edmond, Oklahoma 73034

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E-mail: jameshankins@ocdw.com

COUNSEL FOR PETITIONER

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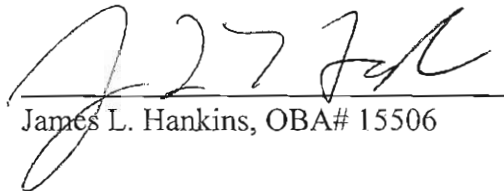
Respondent.

CERTIFICATE OF SERVICE

I, James L. Hankins, certify that I have this 24th of September, 2025, served a copy of Petitioner's Motion to Proceed *In Forma Pauperis*, via United States Postal Service, first-class postage pre-paid thereon, to:

Christina A. Burns
ASSISTANT ATTORNEY GENERAL
313 NE 21st St.
Oklahoma City, OK 73105
Telephone: 405.521.3921

All parties required to be served have been served.


James L. Hankins, OBA# 15506

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

I, DANIEL R. S. VASQUEZ, 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	\$ 3,613 ⁰⁰	\$ 0	\$ 3,613 ⁰⁰
Self-employment	\$ 0	\$ 0	\$ 0	\$ 0
Income from real property (such as rental income)	\$ 0	\$ 0	\$ 0	\$ 0
Interest and dividends	\$ 0	\$ 0	\$ 0	\$ 0
Gifts	\$ 0	\$ 0	\$ 0	\$ 0
Alimony	\$ 0	\$ 0	\$ 0	\$ 0
Child Support	\$ 0	\$ 0	\$ 0	\$ 0
Retirement (such as social security, pensions, annuities, insurance)	\$ 0	\$ 0	\$ 0	\$ 0
Disability (such as social security, insurance payments)	\$ 175 ⁰⁰	\$ 0	\$ 175 ⁰⁰	\$ 0
Unemployment payments	\$ 0	\$ 0	\$ 0	\$ 0
Public-assistance (such as welfare)	\$ 0	\$ 0	\$ 0	\$ 0
Other (specify): <u>VA.</u>	\$ 0	\$ 912 ⁰⁰	\$ 0	\$ 912 ⁰⁰
Total monthly income:	\$ 175⁰⁰	\$ 4,525⁰⁰	\$ 175⁰⁰	\$ 4,525⁰⁰

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
			\$
			\$

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
BUFFALO WILD WINGS, UNK		UNK	\$ 3,613.00
			\$
			\$

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
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

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	\$ 0	\$ 0
	\$	\$
	\$	\$

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
D.V.	SON	17
L.V.	SON	8

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)	\$ 0	\$ UNK
Are real estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 0	\$ UNK
Home maintenance (repairs and upkeep)	\$ 0	\$ UNK
Food	\$ 400 ⁰⁰	\$ UNK
Clothing	\$ 0	\$ UNK
Laundry and dry-cleaning	\$ 0	\$ UNK
Medical and dental expenses	\$ 20	\$ UNK

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>0</u>	\$ <u>UNK</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>30</u>	\$ <u>UNK</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>0</u>	\$ <u>UNK</u>
Life	\$ <u>0</u>	\$ <u>UNK</u>
Health	\$ <u>0</u>	\$ <u>UNK</u>
Motor Vehicle	\$ <u>0</u>	\$ <u>UNK</u>
Other: _____	\$ <u>0</u>	\$ <u>UNK</u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ <u>0</u>	\$ <u>UNK</u>
Installment payments		
Motor Vehicle	\$ <u>0</u>	\$ <u>UNK</u>
Credit card(s)	\$ <u>0</u>	\$ <u>UNK</u>
Department store(s)	\$ <u>0</u>	\$ <u>UNK</u>
Other: _____	\$ <u>0</u>	\$ <u>UNK</u>
Alimony, maintenance, and support paid to others	\$ <u>0</u>	\$ <u>UNK</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>0</u>	\$ <u>UNK</u>
Other (specify): _____	\$ <u>0</u>	\$ <u>UNK</u>
Total monthly expenses:	\$ <u>450⁰⁰</u>	\$ <u>UNK</u>

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? N/A

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 AM ON DEATH ROW AND RELY ON OTHERS FOR ANY MONEY I RECEIVE.

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

Executed on: Aug 26th, 2025


(Signature)