vo. 25 - 5785

Supreme Court, U.S. FILED

SEP 3 0 2025

OFFICE OF THE CLERK

IN THE

SUPREME COURT OF THE UNITED STATES

(Your Name)

VS.

Tarrowt County st. M. - 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):
United Stoles Distaict Court for Northern Distaict of Texas
·
☐ Petitioner has not previously been granted leave to proceed <i>in forma</i> 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.
(Signature)

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

I, Aution 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.

	age monthly amo past 12 months	onthly amount during 2 months		ected
	You	Spouse	You	Spouse
Employment	\$N/A	s WA	\$ N/2	\$
Self-employment	\$ N/ A	\$	\$ A A	\$
Income from real property (such as rental income)	\$N/A	\$ N 	\$ M A	\$
Interest and dividends	\$N/A	\$	\$ # H	\$ 24 41
Gifts	\$N/A	\$ N A	\$	\$
Alimony	\$NA	\$	\$	s NA
Child Support	\$N/A	\$	\$	\$_AA_
Retirement (such as social security, pensions, annuities, insurance)	\$MA	\$_ N	\$ AA	\$
Disability (such as social security, insurance paymen	\$ N A	\$	\$	\$ MA
Unemployment payments	\$ <u>N/a</u>	\$ N A	\$ NA_	\$
Public-assistance (such as welfare)	\$_\n/\rho_	\$_ H	\$	\$
Other (specify):	_ \$_ <i>WA</i> _	\$	\$ NA	\$
Total monthly incom	e: \$ <u>N/A</u>	s N/4-	\$ N A	\$

Employer	Address	Dates of Employment	Gross monthly pay
NA		N/A	\$ \$ \$
	use's employment histor y pay is before taxes or		, most recent employer first
Employer	Address	Dates of Employment	Gross monthly pay
NA	NA	$=\frac{N/\rho}{N}$	\$
4. How much cash Below, state a institution.	h do you and your spous ny money you or your s	e have? \$spouse have in bank accor	unts or in any other financia
Type of account (e.g., checking or savings	S Amount you have \$ \$ \$ \$ \$	Amount your spouse has \$ \$ \$ \$
	s, and their values, which	ch you own or your spous	e owns. Do not list clothing
		ch you own or your spous Other real esta Value	
and ordinary h ☐ Home	#1	□ Other real esta	te

2. List your employment history for the past two years, most recent first. (Gross monthly pay

6. State every person, bus amount owed.	iness, or organization o	owing you or your	spouse money, and the
Person owing you or your spouse money	Amount owed to yo	ou Amour	t owed to your spouse
MA	\$ \$ \$	\$ \$/	
7. State the persons who relinstead of names (e.g. "J."			ninor children, list initials
Name	Relationship)	Age
M/A	-N/p		NA
8. Estimate the average morpaid by your spouse. A annually to show the mor	djust any payments tha		
		You	Your spouse
Rent or home-mortgage pay (include lot rented for mobil Are real estate taxes included Is property insurance included	e home) ded? □Yes XNo	\$ N/47	s N/9
Utilities (electricity, heating water, sewer, and telephone		\$N/A_	\$_NA_
Home maintenance (repairs	and upkeep)	\$N/A	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Food		\$ N/A	\$_N/A
Clothing		\$	\$ N/A
Laundry and dry-cleaning		\$ <i>N/A</i>	. \$_ <i>N/A</i>

Medical and dental expenses

•		`
	You	Your spouse
Transportation (not including motor vehicle payments)	\$ N/A	\$_WA
Recreation, entertainment, newspapers, magazines, etc.	\$	\$X/A
Insurance (not deducted from wages or included in mortg	gage payments)	l
Homeowner's or renter's	\$ N/A	\$ N/A
Life	\$N/A	\$ W/A
Health	\$N/A	\$ N/A
Motor Vehicle	\$N/A	\$_W/A_
Other:	\$N/A	\$_N/A_
Taxes (not deducted from wages or included in mortgage	payments)	,
(specify):	\$W/A	\$ N/A
Installment payments		
Motor Vehicle	\$N/A	\$ N/A
Credit card(s)	\$N/A	\$N/A
Department store(s)	\$N/A	\$ N/41
Other:	\$N/A	\$_N/A_
Alimony, maintenance, and support paid to others	\$WA	\$_ W/A
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <i>N</i> /A	\$_W/A
Other (specify):	\$WA	\$ MA
Total monthly expenses:	\$ W/A	\$ N/A

<i>.</i>			next 12 months?		income or	expenses or	m your assets or
	□Yes	No	If yes, descri	be on an attac	hed sheet.		
			•	•			
10.			vill you be payin ing the completi				ces in connection
	If yes, how	much?	-0				
	If yes, state	e the atto	ney's name, add	dress, and tele	phone numl	oer:	
11.							ch as a paralegal or e completion of this
	☐ Yes	Γ X No) ·	·			
	If yes, how	much?	· ·				
If	yes, state the	e person's	name, address,	and telephone	number:		
12.	Provide any	other inf	ormation that w	ill help explain	why you ca	annot pay th	ne costs of this case
I d	eclare under	penalty o	of perjury that th	he foregoing is	strue and o	correct.	
Ex	ecuted on:	SEPTEM	BED-17	, 20 <u>25</u>	<u> </u>		
					1		
					'/	(Signat	ture)

CSINIB02/CINIB02 TEXAS DEPARTMENT OF CRIMINAL JUSTICE 09/17/25 1AHO/RS00164 IN-FORMA-PAUPERIS DATA 11:59:52 TDCJ#: 01419836 SID#: 05665753 LOCATION: J. DALE WAINWRI INDIGENT DTE: 03/20/25 NAME: STEPHENS, ANTOINE DEMONE BEGINNING PERIOD: 03/01/25 PREVIOUS TDCJ NUMBERS: CURRENT BAL: 0.00 TOT HOLD AMT: 0.00 3MTH TOT DEP: 0.00 6MTH DEP: 36.01 6MTH AVG BAL: 0.15 6MTH AVG DEP: 6.00 MONTH HIGHEST BALANCE TOTAL DEPOSITS MONTH HIGHEST BALANCE TOTAL DEPOSITS 0.00 0.00 05/25 0.01 0.00 07/25 0.01 0.00 04/25 0.01 0.00

03/25

30.00

0.00

06/25

0.01

STATE OF TEXAS COUNTY OF TOUSION
ON THIS THE 17 DAY OF September 15 I CERTIFY THAT THIS DOCUMENT IS A TRUE,
COMPLETE, AND UNALTERED COPY MADE BY ME OF INFORMATION CONTAINED IN THE
COMPUTER DATABASE REGARDING THE OFFENDER'S ACCOUNT. NP SIG:
PF1-HELP PF3-END ENTER NEXT TDCJ NUMBER: _______ OR SID NUMBER:

Stephanie E. Renfo
1D# 13165281-6
Notary Public, State of Texas
My Commission Expires
04/12/2026
Notary Without Bond

36.01