

No. _____

25-7265

ORIGINAL

IN THE

SUPREME COURT OF THE UNITED STATES

Billy Bond

(Your Name)

— PETITIONER

FILED

FEB 05 2026

OFFICE OF THE CLERK
SUPREME COURT, U.S.

VS.

— 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):

☒ Petitioner has **not** previously been granted leave to proceed *in forma pauperis* in any other court. (*none remembered at least*)

☐ 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: _____
_____, or

☐ a copy of the order of appointment is appended.

Billy Bond

(Signature)

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

I, Billy Bond, 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>enharatance</u> current balance \$ 11,707.68 <u>\$ 11,373.68</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>11,707.68</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
NONE	—	—	\$ —
			\$
			\$

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
NONE	—	—	\$ —
			\$
			\$

4. How much cash do you and your spouse have? \$ ~~11,307.~~ 11,373.68
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
Texas Department of Criminal Justice	\$ 11,373.68	\$ —
Inmate Trust Fund account	\$	\$
	\$	\$

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 Year, make & model _____ Value _____	☐ Motor Vehicle #2 Year, make & model _____ Value _____
☐ Other assets Description <u>NONE</u> 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

NONE

\$

\$

\$

\$

\$

\$

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

NONE

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)

\$ NONE

\$ —

Are real estate taxes included? ☐ Yes ☐ No

Is property insurance included? ☐ Yes ☐ No

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

\$ NONE

\$ —

Home maintenance (repairs and upkeep)

\$ NONE

\$ —

Food

\$ NONE

\$ —

Clothing

\$ NONE

\$ —

Laundry and dry-cleaning

\$ NONE

\$ —

Medical and dental expenses

\$ NONE

\$ —

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>NONE</u>	\$ <u>—</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>NONE</u>	\$ <u>—</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>NONE</u>	\$ <u>—</u>
Life	\$ <u>NONE</u>	\$ <u>—</u>
Health	\$ <u>NONE</u>	\$ <u>—</u>
Motor Vehicle	\$ <u>NONE</u>	\$ <u>—</u>
Other: _____	\$ <u>NONE</u>	\$ <u>—</u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ <u>NONE</u>	\$ <u>—</u>
Installment payments		
Motor Vehicle	\$ <u>NONE</u>	\$ <u>—</u>
Credit card(s)	\$ <u>NONE</u>	\$ <u>—</u>
Department store(s)	\$ <u>NONE</u>	\$ <u>—</u>
Other: _____	\$ <u>NONE</u>	\$ <u>—</u>
Alimony, maintenance, and support paid to others	\$ <u>NONE</u>	\$ <u>—</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>NONE</u>	\$ <u>—</u>
Other (specify): _____	\$ <u>NONE</u>	\$ <u>—</u>
Total monthly expenses:	\$ <u>NONE</u>	\$ <u>—</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? _____

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? _____

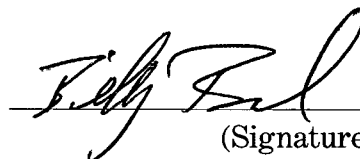
If yes, state the person's name, address, and telephone number:

12. Provide any other information that will help explain why you cannot pay the costs of this case.

I have been incarcerated for 24 years and, except for my mother passing away, have had no monetary gain as the prison system does not pay inmates and due to the fact that I never prepared for prison when I was working.

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

Executed on: March 5, _____, 2026


(Signature)

Attached Sheet for Question 9

My monthly expenses are based on the prison commissary and outside purchases. I have no income except for the enharataunce that my mother left to me. I expect the amount to change also for the set-up of release with a half-way house in a few months, to be prepared for release if it should be granted ~~or~~ by this court or by parol if ever granted, in the amount of \$1,800 and a gift sent to my children and grandchildren in the amount of \$1,500 again to help with their bills and other needs.

CSINIB02/CINIB02 TEXAS DEPARTMENT OF CRIMINAL JUSTICE 03/06/26
1RCQ/BC00341 IN-FORMA-PAUPERIS DATA 09:02:41
TDCJ#: 01068620 SID#: 04056226 LOCATION: TERRELL INDIGENT DTE:
NAME: BOND, BILLY BEGINNING PERIOD: 09/01/25

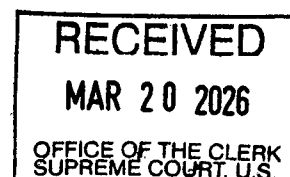
PREVIOUS TDCJ NUMBERS:

CURRENT BAL:	11,373.93	TOT HOLD AMT:	0.00	3MTH TOT DEP:	0.00
6MTH DEP:	0.00	6MTH AVG BAL:	16,057.28	6MTH AVG DEP:	0.00
MONTH HIGHEST BALANCE TOTAL DEPOSITS			MONTH HIGHEST BALANCE TOTAL DEPOSITS		
02/26	12,542.23	0.00	11/25	17,911.80	0.00
01/26	15,371.08	0.00	10/25	18,730.25	0.00
12/25	15,936.48	0.00	09/25	19,233.30	0.00

STATE OF TEXAS COUNTY OF BRAZORIA
ON THIS THE 6th DAY OF March 2026 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: _____

Carolyn Brinkley

CAROLYN BRINKLEY
Notary Public-State of Texas
Notary ID #13440959-5
Commission Exp. JUNE 02, 2027
Notary without Bond



**TEXAS DEPARTMENT OF CRIMINAL JUSTICE
RECORDS RELEASE
AUTHORIZATION**

I, the below named and numbered offender, hereby authorize the Texas Department of Criminal Justice to release records pertaining to my trust fund account, as requested by U.S. Supreme Court 11st str NE Washington DC 20453-0001 (Identify Court, Attorney, or entity as defined in Rule 3.9.2.1 – Special Correspondence Rules).

I, Offender Billy Bond, TDCJ # 1068620,
being presently incarcerated at the C.T. Terrell Unit/Facility of the
Texas Department of Criminal Justice, in Brazoria County, Texas
declare under penalty of perjury that the foregoing is true and correct.

Executed on this the 6 day of March 2026.

By: Billy Bond (Offender Signature) Witness: Carolyn Bintlley (Approved- Witnessing Authority Signature)

INSTRUCTIONS:

1. The offender will complete the above information, then sign and date the Records Release Authorization in the presence of the approved Witnessing Authority (Access to Courts Representative).
2. The Witnessing Authority will identify the offender by ID card or records and, upon verification, witnesses the offender's signature by signing the Records Release Authorization, which Witnessing Authority will maintain.
3. The Witnessing Authority will print a copy of the offender's "TFBA" computer screen, certify it, and retain a duplicate copy for their records.
4. The offender is required to have an addressed, stamped envelope prepared for mailing. The Witnessing Authority will place a copy of the certified "TFBA" printout in the addressed, stamped envelope, the envelope will be sealed and placed in the outgoing mail.