

Motion for Permission to Appeal In Forma Pauperis and Affidavit

FILED

United States Court of Appeals for the Eleventh Circuit

2012 SEP -5 PM 1:32

v.

Court of Appeals No. _____
 District Court No. 3:06-cr-211-J21EM
CLERK, U.S. DISTRICT COURT
 THIRTEENTH JUDICIAL DISTRICT OFFICE
 JACKSONVILLE, FLORIDA

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: 09/04/2012 Signed: 

My issues on appeal are:

- 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, semi-annually, 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>720.00</u>	\$ <u>0</u>	\$ <u>720.00</u>
Self-employment	\$ <u>0</u>	\$ <u>704.00</u>	\$ <u>0</u>	\$ <u>704.00</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>2658.00</u>	\$ <u>0</u>	\$ <u>2658.00</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>2658.00</u>	\$ <u>1424.00</u>	\$ <u>2658.00</u>	\$ <u>1424.00</u>

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
DHS Border Patrol	15720 Pines Blvd., Pembroke Pines, FL. 32027	01/20/1985-08/01/2006	2658.00

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

Eraclides, Johns, Hall, and Assoc.	4811 Atlantic Blvd. Jax. FL 32207	07/31/2012-present	720.00
Friendly Face Pet Sitting Svc.	6195 Oakdale Lane MacClenny FL. 32063	11/2006-present	704.00

4. How much cash do you and your spouse have? \$ 20.00

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
TD Bank	checking	\$ 40.00	\$ 40.00
		\$	\$
		\$	\$

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.

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

Home (Value) 214,718.00	Other Real Estate (Value) 0	Motor Vehicle #1 (Value) Make & Year: value \$4,032.00 Toyota 2009 Model: Carolla LE Registration #: 811TST (tag)
Other Assets (Value)	Other Assets (Value)	Motor Vehicle #2 (Value) Make & Year: _____ Model: _____ Registration #: _____

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	N/A	N/A

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

Name	Relationship	Age
<u>Rebecca D. Henderson</u>	<u>Daughter</u>	<u>20</u>
<u>James T. Henderson</u>	<u>Son</u>	<u>19</u>
_____	_____	_____

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)	\$ <u>1244.41</u>	\$ <u>86.45</u>
Are real-estate taxes included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$ <u>0</u>	\$ <u>0</u>
Is property insurance included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$ <u>0</u>	\$ <u>0</u>
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <u>523.88</u>	\$ <u>95.43</u>
Home maintenance (repairs and upkeep)	\$ <u>115.69</u>	\$ <u>0</u>
Food	\$ <u>0</u>	\$ <u>606.76</u>
Clothing	\$ <u>0</u>	\$ <u>46.88</u>
Laundry and dry-cleaning	\$ <u>0</u>	\$ <u>0</u>
Medical and dental expenses	\$ <u>211.30</u>	\$ <u>0</u>
Transportation (not including motor vehicle payments)	\$ <u>0</u>	\$ <u>325.00</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>0</u>	\$ <u>0</u>
Insurance (not deducted from wages or included in mortgage payments)	\$ <u>0</u>	\$ <u>0</u>
Homeowner's or renter's	\$ <u>0</u>	\$ <u>0</u>
Life	\$ <u>56.34</u>	\$ <u>10.00</u>
Health	\$ <u>0</u>	\$ <u>0</u>
Motor Vehicle	\$ <u>0</u>	\$ <u>121.78</u>
Other: _____	\$ <u>0</u>	\$ <u>0</u>
Taxes (not deducted from wages or included in mortgage payments) (specify): _____	\$ <u>0</u>	\$ <u>0</u>
Installment payments	\$ <u>0</u>	\$ <u>0</u>
Motor Vehicle	\$ <u>0</u>	\$ <u>247.72</u>
Credit card (name): <u>Master Card</u>	\$ <u>100.00</u>	\$ <u>0</u>
Department store (name): <u>Belk</u>	\$ <u>0</u>	\$ <u>15.00</u>
Other: _____	\$ <u>0</u>	\$ <u>0</u>
Alimony, maintenance, and support paid to others	\$ <u>0</u>	\$ <u>0</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>0</u>	\$ <u>0</u>
Other (specify): <u>Bank Fee</u>	\$ <u>15.00</u>	\$ <u>0</u>
Total monthly expenses	\$ <u>2,266.62</u>	\$ <u>1,555.02</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 docket fees for your appeal.

My expenses exceed the income of my wife and I. I have exhausted all of my savings, monies at hand and retirement fund to maintain my family. I am disabled due to a back injury and unable to work. I do not expect to gain any other income or benefits.

13. State the address of your legal residence.

6195 Oakdale Lane

MacClenny, FL 32063

Your daytime phone number: (904) 534-3377

Your age: 51 Your years of schooling: 16

Last four digits of your Social Security number: 0049