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# United States Court of Appeals

FOR THE DISTRICT OF COLUMBIA CIRCUIT

UNITED STATES COURT OF APPEALS FOR THE DISTRICT OF COLUMBIA CIRCUIT	
FILED	MAY 25 2007
CLERK	

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United States Court of Appeals  
District of Columbia Circuit

Derwin Powers

USCA No. ~~06-cv-00665~~ 07-5137

v.

United States Of America

USDC No. 06cv00665

## MOTION FOR LEAVE TO PROCEED ON APPEAL IN FORMA PAUPERIS

I, Derwin W. Powers, declare that I am the  
 appellant/petitioner  appellee/respondent in the above-entitled proceeding. In  
 support of this motion to proceed on appeal without being required to prepay fees,  
 costs or give security therefor, I state that because of my poverty I am unable to prepay  
 the costs of said proceeding or to give security therefor. My affidavit or sworn  
 statement is attached. I believe I am entitled to relief. The issues that I desire to  
 present on appeal/review are as follows: *(Provide a statement of the issues you will  
 present to the court. You may continue on the other side of this sheet if necessary.)*

Signature Derwin W. Powers

Name of Pro Se Litigant (PRINT) Derwin W. Powers

Address FCC Petersburg, P.O. Box 90043

Petersburg, Virginia 23804

Submit original with a certificate of service to:

Clerk  
 U.S. Court of Appeals for the D.C. Circuit  
 333 Constitution Avenue, N.W.  
 Rm. 5423, E. Barrett Prettyman U.S. Courthouse  
 Washington, DC 20001

**Affidavit Accompanying Motion for Leave  
to Proceed on Appeal in Forma Pauperis**

United States Court of Appeals for the  
District of Columbia Circuit

Drerwin W. Powers

Case No. 06cv00665

v.

United States Of America

**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.)

**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.

Signed: Drerwin W. Powers

Date: 5/16/2007

My issues on appeal are:

Parole erred in using erroneous information, that was unreliable, incorrect in making its decision[s] in instant case, Pursuant to title 5 U.S.C. 552(a).

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	\$ 40.00	\$ none	\$ 25.00	\$ none
Self-employment	\$ none	\$ none	\$ none	\$ none
Income from real property (such as rental income)	\$ none	\$ none	\$ none	\$ none
Interest and dividends	\$ none	\$ none	\$ none	\$ none
Gifts	\$ 100.	\$ none	\$ none	\$ none
Alimony	\$ none	\$ none	\$ none	\$ none
Child support	\$ none	\$ none	\$ none	\$ none
Retirement (such as social security, pensions, annuities, insurance)	\$ none	\$ none	\$ none	\$ none
Disability (such as social security, insurance payments)	\$ none	\$ none	\$ none	\$ none
Unemployment payments	\$ none	\$ none	\$ none	\$ none
Public-assistance (such as welfare)	\$ none	\$ none	\$ none	\$ none
Other (specify): <u>none</u>	\$ none	\$ none	\$ none	\$ none
<b>Total monthly income:</b>	<b>\$ 140.00</b>	<b>\$ none</b>	<b>\$ none</b>	<b>\$ 125.00</b>


2. List your 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
FCC Petersburg		Correctional Officials	140.00

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
( SAME AS ABOVE )			

4. How much cash do you and your spouse have? \$ NONE

*acc. Balance is*   
24.00

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
none		\$ none	\$ none
		\$	\$
		\$	\$

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, that you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Home (Value) none	Other real estate (Value) none	Motor vehicle # 1 none (Value) Make & year: _____ Model: _____ Registration #: _____
Motor vehicle #2 none (Value) Make & year _____ Model _____ Registration #: _____	Other Assets (Value) none	Other Assets (Value) none

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	none	none

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

Name	Relationship	Age
none	none	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, semi-annually, or annually to show the monthly rate.

	<b>You</b>	<b>Spouse</b>
Rent or home-mortgage payment (include lot rented for mobile home)	\$ <u>none</u>	\$ <u>none</u>
Are real-estate taxes included?	[ ] Yes [x] No	
Is property insurance included?	[ ] Yes [x] No	
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <u>none</u>	\$ <u>none</u>
Home maintenance (repairs and upkeep)	\$ <u>none</u>	\$ <u>none</u>
Food	\$ <u>50.00</u>	\$ <u>none</u>
Clothing	\$ <u>60.00</u>	\$ <u>none</u>
Laundry and dry-cleaning	\$ <u>none</u>	\$ <u>none</u>
Medical and dental expenses	\$ <u>20.00</u>	\$ <u>none</u>
Transportation (not including motor vehicle payments)	\$ <u>none</u>	\$ <u>none</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>none</u>	\$ <u>none</u>
Insurance (not deducted from wages or included in mortgage payments)	\$ <u>none</u>	\$ <u>none</u>
Homeowner's or renter's	\$ <u>none</u>	\$ <u>none</u>
Life	\$ <u>none</u>	\$ <u>none</u>
Health	\$ <u>20.00</u> Co-payment )	\$ <u>none</u>
Motor Vehicle	\$ <u>none</u>	\$ <u>none</u>
Other: <u>                    no one</u>	\$ <u>none</u>	\$ <u>none</u>
Taxes (not deducted from wages or included in mortgage payments) (specify): <u>                    none</u>	\$ <u>none</u>	\$ <u>none</u>
Installment payments	\$ <u>none</u>	\$ <u>none</u>
Motor Vehicle	\$ <u>none</u>	\$ <u>none</u>
Credit card (name): <u>          none</u>	\$ <u>none</u>	\$ <u>none</u>
Department store (name): <u>          none</u>	\$ <u>none</u>	\$ <u>none</u>
Other: <u>          none</u>	\$ <u>none</u>	\$ <u>none</u>
Alimony, maintenance, and support paid to others	\$ <u>none</u>	\$ <u>none</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>none</u>	\$ <u>none</u>
Other (specify): <u>          none</u>	\$ <u>none</u>	\$ <u>none</u>
 Total monthly expenses:	 \$ <u>none</u>	 \$ <u>          none</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? \$ none

If yes, state the attorney's name, address, and telephone number:  
none

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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? \$ none

If yes, state the person's name, address, and telephone number:  
none

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Provide any other information that will help explain why you cannot pay the docket fees for your appeal. Presently I am suffering from two chronic diseases that requires me to have to buy all my medications from institutional commissary ...especially athritis in my back. Also I can't salt so I must buy non salt foods, as well my blood pressure problem. Also we are not provided with any shoes but one pair boot so we must purchase shoes from commissary, all toilet items...etc.

13. State the address of your legal residence.

FCC Petersburg P.O.Box 90043

Petersburg, VA. 23804

Your daytime phone number: ( ) none

Your age: 50 Your years of schooling: 12 /G.E.D. 2 YEARS AA. Accounting

Your social-security number: 213-68-3199