Application to Appeal In Forma Pauperis



CoreyMENEIL. Loretta Kelly

Appeal No. 1:10-CV-01400-TSE-TCB District Court or Agency No. 11-6075

A. 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.)

Signed Color P. M. Dol

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.

Date: 1 20 11

B. My issues on appeal are (required):

Request a certificate of Appealability from a Circuit Justice or Judge.

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>\$_O</u> _	<u>\$</u>	<u>\$_</u>	<u>\$</u>
Self-employment	<u>\$_O</u>	<u>\$_O_</u>	<u>\$</u>	<u>\$</u>
Income from real property (such as rental income)	s_O_	<u>\$_O</u>	<u>\$_</u>	<u>\$</u>
Interest and dividends	<u>\$</u>	\$ <u></u>	<u>\$</u>	<u>\$_O</u>
Gifts	<u>, </u>	s_ <u>O</u> _	<u>₅ 5∂</u>	\$ <u></u>
Alimony	<u>s</u> <u>O</u>	<u>\$</u>	<u>\$_O</u>	\$ <u> </u>
Child support	\$ <u></u>	s_ <u> </u>	s_O_	\$
Retirement (such as social security, pensions, annuities, insurance)	\$	<u>\$</u>	<u>\$</u>	<u>S</u>

Rev. 12/10

Income source	Average monthly amount during the past 12 months		Amount expected next mont		h
	You	Spouse	You	Spouse	
Disability (such as social security, insurance payments)	\$	\$ <u></u>	\$ <u></u>	<u>\$</u>	
Unemployment payments	<u>\$</u>	<u>\$</u>	<u>\$</u>	s <u> </u>	
Public-assistance (such as welfare)	s_O	<u>\$</u>	s	<u>\$</u>	
Other (specify):	<u>\$</u>	\$ <u></u>	<u>\$</u>	\$ <u>C</u>	
Total monthly income:	\$ 20 00	<u>s_O</u>	<u>\$ 50</u>	<u>\$_O</u>	
2. List your employment history, m Employer	oost recent employer j Addre		pay is before taxes of Employm		actions.) Gross monthly pay
N/A	N/	<u>A</u>	N/A		N/A
3. List your spouse's employment of Employer	history, most recent e Addre		s monthly pay is befo Dates of employn		other deductions.) Gross monthly pay
N/A	N/A	*	N/A		N/A
4. How much cash do you and your s Below, state any money you or your		Accounts or in any of	her financial institut	ion.	
Financial institution T	Type of account	Amoun	it you have	Amo:	unt your spouse has
N/A -	N/A	\$ O	 !	\$ <u>0</u>	<u> </u>

If you are a prisoner, 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 o Home (Value)	wn or your spouse ow Other real estate	ns. Do not list cloi (Value)	thing and ordinary househo Motor vehicle #1	old furnishings. (Value)
N/A	N/A		Make & year:	'/A
Motor vehicle #2 (Value)	Other assets	(Value)	Registration #: Other assets	(Value)
Make & year: N/A Model: N/A Registration #: N/A	N/A		N/A	
6. State every person, business, or organization Person owing you or your spouse money	owing you or your sp Amount owed to y			d to your spouse
NIA	N/	4	_ N/	Ά
7. State the persons who rely on you or your spo Name [or, if under 18, initials only]	ouse for support. Relation	onship	A	Age
N/A	N	/A		<u>/</u>
8. Estimate the average monthly expenses of Adjust any payments that are made weekly, bis	of you and your fami veekly, quarterly, semi	ly. Show separate iannually, or annu	ly the amounts paid by yo ally to show the monthly r	our spouse. ate.
	You		Your Spouse	
Rent or home-mortgage payment (include lot ren for mobile home)	s _	-	<u>\$_</u>	
Are real-estate taxes included?	s [] No			
Is property insurance included? [] Ye				
Utilities (electricity, heating fuel, water, sewer, a telephone)	nd \$	_	<u>.</u> O	

	You	Your Spouse
Home maintenance (repairs and upkeep)	<u>\$</u>	s_ <u>()</u>
Food	<u>s_O</u>	\$
Clothing	\$ <u></u>	s_ <u>O</u> _
Laundry and dry-cleaning	\$ <u>O</u>	\$ <u>O</u>
Medical and dental expenses	\$ <u>U</u>	\$ 矣
Transportation (not including motor vehicle payments)	s_D_	\$
Recreation, entertainment, newspapers, magazines, etc.	<u>\$</u>	<u>\$</u>
Insurance (not deducted from wages or included in Mortgage payments)	\$ <u>0</u>	\$ <u>\times_*</u>
Homeowner's or renter's	\$ 0	\$ <u>O</u> _
Life	\$_ \	\$ ()
Health	\$ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	<u>\$ O</u>
Motor Vehicle	\$	\$
Other:	\$_ 	<u>\$</u>
Taxes (not deducted from wages or included in Mortgage payments) (specify):	<u>\$</u>	\$
Installment payments	*	\sim
Motor Vehicle	\$ <u>O</u>	\$ <u> </u>
Credit card (name):	\$ <u>O</u>	\$
Department Store (name):	\$ <u>\(\frac{\cappa}{\cappa}\)</u>	\$ <u> </u>
Other:	\$_ <u>\</u>	<u>\$</u>
Alimony, maintenance, and support paid to others	<u>5</u>	<u>\$</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	<u>\$</u>	\$
Other (specify):	\$ 0	\$_ <u>\</u>
Total monthly expenses:	<u>\$_O</u> _	<u>\$_'O</u> _

10. Have you paid — or will you be paying — in 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. I'm incorce ated and recieve gifts
From time to time from family, but no
13. Identify the Gry and state of your legal residence.
City Waverly State VA
Your daytime phone number: N/A
Your age: 34 Your years of schooling: 12th (graduate)
Last four digits of your social security number: 0321