UNITED STATES COURT OF APPEALS
FOR THE FEDERAL CIRCUIT

MOTION AND DECLARATION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

Case Number: 18-4371

Short Case Caption: Stanley v. McDonough

Petitioner/Appellant: Stanley L. Davis

Instructions: If you would like to have your case considered without paying the docketing fee, please complete and file this within 14 days after the date of docketing of your petition for review or notice of appeal.

Complete all questions; if the answer to a question is 0, none, or not applicable, write in that response. When calculating totals, use gross amounts (i.e., amounts before any deductions for taxes or otherwise). If you need more space to answer a question or to explain your answer, attach additional pages as needed. Failure to fully answer the questions may result in a denial of the motion.

DECLARATION

I hereby move for leave to proceed in forma pauperis, pursuant to 28 U.S.C. § 1915, in this case and submit the following declaration in support thereof:

I, Stanley L. Davis, am the Petitioner / Appellant in the above-entitled case. In support of my motion to proceed on appeal without being required to pay the docketing fee, I state (1) that I am unable to pay the fee because of my poverty; (2) that I believe that I am entitled to redress; and (3) that the issues which I desire to present on appeal are the following:

entitlement to an earlier effective date under § 3.156(b).

1. For both you and your spouse, estimate the average amount of money received from the following sources during the past 12 months. Adjust annual, biweekly, weekly, or daily amounts to a monthly rate.

Income Source	Monthly Amount (Past 12 Months)		Amount Expected Next Month	
	You	Spouse	You	Spouse
Employment	$ 3100 cc	$	$ 3100 cc	$ 2000. cc
Self-employment	$	$ 300 cc	$	$
Income from real property	$ 0	$ 0	$ 0	$ 0
Interest and dividends	$ 0	$ 0	$ 0	$ 0
Gifts	$ 0	$ 0	$ 0	$ 0
Alimony	$ 0	$ 0	$ 0	$ 0
Child support	$ 0	$ 0	$ 0	$ 0
Retirement (social security, pensions, annuities, insurance)	$ 1200 cc	$ 0	$ 1200 cc	$ 0
Disability (SSI or insurance)	$ 1300. cc	$ 0	$ 1300 cc	$ 0
Unemployment payments	$ 0	$ 0	$ 0	$ 0
Public assistance or welfare	$ 0	$ 0	$ 0	$ 0
Other (specify): _____	$	$	$	$
Total monthly income:	$ 5600 cc	$ 2000 cc	$ 5600 cc	$ 2000 cc

2. List your employment history for the past two years, with your most recent employer first.

Employer	Address	Employment Dates	Gross Monthly Pay
Retired			$
			$
			$

3. List your spouse's employment history for the past two years, most recent employer first.

Employer	Address	Employment Dates	Gross Monthly Pay
New Life Home Dept	1602 Rat Street	6/21 - to present	$ 3,000.00
			$
			$

4. Are you currently incarcerated?

☐ Yes ☒ No

If yes, you must (1) complete and submit Form 6A (Supplemental In Forma Pauperis Form for Prisoners Authorization) and (2) 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, attach one certified statement of each account.

5. How much cash on hand do you and your spouse have? $ _____

State the average monthly balance 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
Wellsfargo	Checking	$	$
		$	$
		$	$
		$	$

6. List the assets and their values for any property that you or your spouse own. Do not list clothing and ordinary household furnishings.

Home	Other Real Estate	Other Assets	Other Assets
$ 0	$ 0	$ 0	$ 0
$	$	$	$
$	$	$	$
Motor Vehicle #1		**Motor Vehicle #2**	
Value: $ 30,000 00		Value: $ 2,000 . 00	
Make, model, & year: Escalade White 2016		Make, model, & year: Chevy Suburban 2015	
Registration #:		Registration #:	

7. List every person, business, or organization owing you or your spouse money, and the amount owed.

Person, Business or Organization Owing Money	Owed to You	Owed to Your Spouse
0	$ 0	$ 0
	$	$
	$	$

8. List any person who relies on you or your spouse for support.

Initials of Person	Relationship	Age
JD	Son	23
HD	Daughter	24
RD	Wife	55

9. Estimate the average monthly expenses of you and your family.
Adjust payments to a monthly rate.

	You	Your Spouse
Rent or home mortgage payment (include lot rented for mobile home)	$ 1700 ea	$
Are real estate taxes included? ☐ Yes ☒ No Is property insurance included? ☑ Yes ☐ No		
Utilities (electricity, heating fuel, water, sewer, telephone)	$ 200 ea	$

	You	Your Spouse
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	$ 100.00	$
Life	$ 165.00	$ 145.00
Health	$ 0	$ 0
Motor vehicle	$ 650.00	$ 0
Other (specify):	$ 0	$ 0
Home maintenance (repairs and upkeep)	$	$
Food	$ 300.00	$
Clothing	$ 300.00	$
Laundry and dry cleaning	$	$
Medical and dental expenses	$	$
Transportation (not including motor vehicle payments)	$	$
Loan repayments	650.00	
Student loans	$	$ 110.00
Other (specify):	$	$
Taxes (not deducted from wages or included in mortgage payments)		
Property	$	$
Income	$	$
Other:	$	$
Installment Payments		
Motor vehicle	$	$ 550.00

	You	Your Spouse
Credit card	$ 500 00	$ 400 00
Other (specify):	$	$
Alimony, maintenance, and support paid to others	$ Ø	$
Regular expenses for operation of business, profession, or farm (attach detailed statement)	$	$
Recreation, entertainment, subscriptions, etc.	$ 200 00	$
Other (specify):	$	$
Total monthly expenses:	$ 2865 00	$ 1205 00

10. 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.

11. Have you paid, or will you be paying, an attorney 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:

12. Have you paid, or will you be paying, anyone other than an attorney (such as a paralegal or a typist) money for services in connection with this case, including the completion of this form?

☐ Yes ☒ No If yes, how much? $_____

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

13. Provide any other information that will help explain why you cannot pay the docketing fees for your appeal or petition for review.

I am on a fixed Budget that help take care of my family & Bills. I need a waiver request for the filing because my Budget is fixed.

14. Have you ever filed a motion for leave to proceed in forma pauperis in any other case in this court?

☐ Yes ☒ No

If yes, state the name and docket number of that case.

DECLARATION UNDER PENALTY OF PERJURY

I declare under penalty of perjury under the laws of the United States that my answers on this form are true and correct. *See* 28 U.S.C § 1746.

Date: 8/5/2021

Signature: Stanley L Davis Sr

Name: Stanley L. Davis Sr

Save for Filing