

UNITED STATES COURT OF APPEALS

DISTRICT OF COLUMBIA CIRCUIT

333 Constitution Avenue, NW
Washington, DC 20001-2866
Phone: 202-216-7000 | Facsimile: 202-219-8530

USA

USCA No. 23-3142

v.

Dan Phipps

USDC No. 1:21-cr-00044-CJN-1

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

I, Dan Phipps, 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. Attach an additional sheet if necessary.)*

To challenge the finding of aggravated assault

Signature

Name of *Pro Se* Litigant Dan Phipps

Address

Submit original with a certificate of service to:

Clerk of Court
United States Court of Appeals
for the District of Columbia Circuit
E. Barrett Prettyman U.S. Courthouse, Room 5523
333 Constitution Avenue, N.W.
Washington, DC 20001

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**AFFIDAVIT ACCOMPANYING MOTION FOR
PERMISSION TO APPEAL IN FORMA PAUPERIS**

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: _____



Date: _____

My issues on appeal are: To challenge the finding of aggravated assault

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>-</u>	<u>0</u>	<u>-</u>
Self-employment	<u>0</u>	<u></u>	<u>0</u>	<u></u>
	You	Spouse	You	Spouse
Income from real property (such as rental income)	<u>0</u>	<u></u>	<u>0</u>	<u></u>
Interest and dividends	<u>0</u>	<u></u>	<u>0</u>	<u></u>
Gifts	<u>0</u>	<u></u>	<u>0</u>	<u></u>
Alimony	<u>0</u>	<u></u>	<u>0</u>	<u></u>
Child support	<u>0</u>	<u></u>	<u>0</u>	<u></u>
Retirement (such as social security, pensions, annuities, insurance)	<u>0</u>	<u></u>	<u>0</u>	<u></u>
Disability (such as social security, insurance payments)	<u>0</u>	<u></u>	<u>0</u>	<u></u>
Unemployment payments	<u>0</u>	<u></u>	<u>0</u>	<u></u>
Public-assistance (such as welfare)	<u>0</u>	<u></u>	<u>0</u>	<u></u>
Other (specify): _____	<u>0</u>	<u></u>	<u>0</u>	<u></u>
Total monthly income:	<u>0</u>	<u></u>	<u>0</u>	<u></u>

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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. How much cash do you and your spouse have? ○

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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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)	Other real estate(Value)	Motor Vehicle #1 <u> </u> (Value)	
_____	_____	Make & Year: _____	
_____	_____	Model: _____	
_____	_____	Registration #: _____	
Motor Vehicle #2	Other Assets (Value)	Other Assets (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
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. State every person, business, or organization to whom you or your spouse owes money, the nature of the indebtedness, and the amount owed.

Person to whom you or your spouse owe money	Nature of indebtedness (e.g., mortgage, credit card)	Amount owed	
		by you	by spouse
TEXAS AG	CHILD SUP	250/mo	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

Name [or, if under 18, initials only]	Relationship	Age
ADP	SON	15
_____	_____	_____
_____	_____	_____

9. 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	Spouse
Rent or home-mortgage payment (include lot rented for mobile home)	_____	_____
Are real-estate taxes included?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Is property insurance included?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
	You	Spouse
Utilities (electricity, heating fuel, water, sewer, and telephone)	_____	_____
Home maintenance (repairs and upkeep)	_____	_____

	You	Spouse
Food	0	
Clothing	0	
Laundry and dry-cleaning	0	
Medical and dental expenses	0	
Transportation (not including motor vehicle payments)	0	
Recreation, entertainment, newspapers, magazines, etc.	0	
Insurance (not deducted from wages or included in mortgage payments)	0	
Homeowner's or renter's	0	
Life	0	
Health	0	
Motor Vehicle	0	
Other: _____	0	
Taxes (not deducted from wages or included in mortgage payments)	0	
(specify) _____		
Installment payments	0	
Motor Vehicle	0	
Credit card (name): _____	0	
Department store	0	
(name): _____		
Other: _____	0	
Alimony, maintenance, and support paid to others	250	
Regular expenses for operation of business, profession, or farm (attach detailed statement)		
Other(specify): _____		
Total monthly expenses:	250	

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 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:

12. 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? _____

If yes, how much? _____

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

13. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.

UNEMPLOYABLE SINCE
JAN '21

14. State the city and state of your legal residence.

CARLAND, TX

Your daytime phone number: 214 469 5450

Your age: 50 Your years of schooling: 12