

**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

United States of America

22-3084

USCA No.

v.

Lucas Denney

22-cr-00070

USDC No.

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

I, Lucas Denney, 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.)*

Signature



Name of *Pro Se* Litigant

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



**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

United States of America

22-3084

USCA No. \_\_\_\_\_

v.

Lucas Denney

22-cr-00070

USDC No. \_\_\_\_\_

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

**Affidavit in Support of Motion**

**Instructions**

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.)

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: \_\_\_\_\_

1-4-2023

My issues on appeal are:

This Court sentenced Defendant Denney to 52-months of imprisonment applying 4-point enhancement under U.S.S.G. § 2A2.2(b)(2)(B) and a 2-point enhancement under U.S.S.G. § 2A2.2(b)(1). Defendant Denney still takes the same position as he did during sentencing—the 4-point and 2-point enhancements do not apply. Thus, Defendant Denney wishes to raise those issues on appeal.



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



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
<u>None</u>	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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
<u>N/A</u>	_____	_____	_____
_____	_____	_____	_____

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 _____ (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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

Name [or, if under 18, initials only]	Relationship	Age
<u>PD</u>	<u>Son</u>	<u>16</u>
<u>TD</u>	<u>Daughter</u>	<u>14</u>
_____	_____	_____

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 type="radio"/> No	
Is property insurance included?	<input type="radio"/> Yes <input type="radio"/> No	
	You	Spouse
Utilities (electricity, heating fuel, water, sewer, and telephone)	_____	_____
Home maintenance (repairs and upkeep)	_____	_____





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



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.

---

---

---

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

---

Your daytime phone number: ( 817 ) 988-8348

Your age: 45 Your years of schooling: \_\_\_\_\_

31, 2019

2019

2019