

Affidavit Accompanying Motion for
Permission to Appeal In Forma Pauperis

United States District Court for the _____ District of _____

v.



Case No. 04-61167

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.)

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: JAN 4TH 2005

Signed: [Signature]

U.S. COURT OF APPEALS

FILED

JAN 11 2005

CHARLES R. FULBRUGE III
CLERK

My issues on appeal are:

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

2. List your employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross monthly pay
IN DETENTION	In Detention	In Detention	In Detention
↓	↓	↓	↓
○	○	○	○

3. List your spouse's employment history, 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, 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: MA 2000 MAZDA OWES ON IT
		Model: MAZDA
		Registration #: _____

Motor vehicle #2 (Value)	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
N/A	N/A	N/A

Name	Relationship	Age
Alexia Nwatu	child	5
Amaka Nwatu	child	3 1/2

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, semiannually, or annually to show the monthly rate.

	You	Your Spouse
Rent or home-mortgage payment (include lot rented for mobile home)	\$ <u>WIFE LIVES WITH PARENTS SINCE MY DEPENDON</u>	\$ <u>0</u>
Are real-estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and Telephone)	\$ <u>0</u>	\$ <u>0</u>
Home maintenance (repairs and upkeep)	\$ <u>0</u>	\$ <u>0</u>
Food	\$ <u>0</u>	\$ <u>0</u>
Clothing	\$ <u>0</u>	\$ <u>0</u>
Laundry and dry-cleaning	\$ <u>0</u>	\$ <u>0</u>
Medical and dental expenses	\$ <u>0</u>	\$ <u>0</u>
Transportation (not including motor vehicle payments)	\$ <u>0</u>	\$ <u>0</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>0</u>	\$ <u>0</u>
Insurance (not deducted from wages or included in Mortgage payments)	\$ <u>0</u>	\$ <u>0</u>
Homeowner's or renter's	\$ <u>0</u>	\$ <u>0</u>
Life	\$ <u>0</u>	\$ <u>0</u>
Health	\$ <u>0</u>	\$ <u>0</u>
Motor Vehicle	\$ <u>0</u>	\$ <u>0</u>
Other: _____	\$ <u>0</u>	\$ <u>0</u>
Taxes (not deducted from wages or included in Mortgage payments) (specify): _____	\$ <u>0</u>	\$ <u>0</u>
Installment payments	\$ <u>0</u>	\$ <u>0</u>
Motor Vehicle	\$ <u>0</u>	\$ <u>0</u>
Credit card (name): _____	\$ <u>0</u>	\$ <u>0</u>
Department store (name): _____	\$ <u>0</u>	\$ <u>0</u>
Other: _____	\$ <u>0</u>	\$ <u>0</u>
Alimony, maintenance, and support paid to others	\$ <u>0</u>	\$ <u>0</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>0</u>	\$ <u>0</u>
Other (specify): _____	\$ <u>0</u>	\$ <u>0</u>
Total monthly expenses:	\$ <u>0</u>	\$ <u>0</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. WHEN I COME OUT AND START WORKING

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? \$ _____ I DO NOT HAVE ANY MONEY. I AM

APPLYING TO HAVE ATTY APPOINTED FOR ME

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

I HOPE ^{AND PRAY} A COURT WILL APPOINT
COUNSEL - ON MY BEHALF

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 PREPARING CASE ALONE

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.

13. State the address of your legal residence.

208 VINES DRIVE CEDAR HILL TX 75104

Your daytime phone number: (214) 497 6816 972 291 6990

Your age: 35 Your years of schooling: POST-GRADUATE

Your social-security number: 467532463



UNITED STATES
POSTAL SERVICE

Northeast Sta.
Austin, TX 78761

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

B-2

Brightman Nuatu
P.I.S.P.C. D240
Rt. 3, Box 341
Los Fresnos, TX

78566

Document ID: 10512048 Date Filed: 01/11/2013

Nwatu - Brightman - Chicago

3. Name of person making application (If representing an organization, show title and name of organization if different from above)

4. Will this box be used for soliciting or doing business with the public? (Check one)
 a. YES b. NO

5. Address (No., Street, City, State and ZIP Code. Record address change on reverse and line out address below.)
7600 Woodhollow #202

6. Telephone No. (If any)

APPLICANT PLEASE NOTE: Execution of this application signifies your agreement to comply with all postal rules relative to Post Office boxes and caller service.

7. Signature of applicant (Same as Item 3)
See part II

8. Date of application

ITEMS 8-15: TO BE COMPLETED BY POST OFFICE

9. Type of identification (Driver's license military identification, other; show identification no.)

10. Eligibility for carrier-delivery
 CITY
 RURAL
 NONE

11. Box size needed
2

12. Dates of Service
 a. Started **5-12-92** b. Ended **MAY 29 1996**

13. Service Assigned
 Post Office-Box b. Caller
 Reserve-Number

14. Information Verified by
Update

PS Form 1093, July 1992

(PART I) APPLICATION FOR POST OFFICE BOX OR CALLER SERVICE

CUSTOMER: Complete Items 15 and 19.

SPECIAL ORDERS

15. Postmaster:
 The following named persons, or authorized representatives of the organizations listed are authorized to accept mail addressed to this (these) post office box or caller number(s). Continue on reverse if necessary.
 Check if reverse is used.

a. Applicant (Same as Item 3)
Brian Nwatu

b. Name in which box rented (Same as Item 1)

c. Other

d. Other
cl
MAY 29 1996

CUSTOMER NOTE: Possession of post office box key or combination may be considered by the Postal Service to be valid evidence that possessor is authorized to remove mail from boxes.

ITEMS 16-18: TO BE COMPLETED BY POST OFFICE

16. Post Office-Box/Caller number for which this card is applicable:
15091
 through _____

17. Check if box is to be used for Express Mail reshipment.

18. Post Office-Date Stamp

19. I have _____ comply
Brian Nwatu
 Signature of Applicant (Same as Item 3)

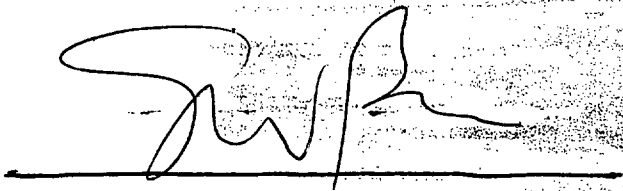
PS Form 1093, July 1992

(PART II) APPLICATION FOR POST OFFICE BOX OR CALLER SERVICE

*Mr. Nwatu,
 Sorry for the delay
 but I hope this is
 of some help. - me*

CERTIFICATE OF SERVICE

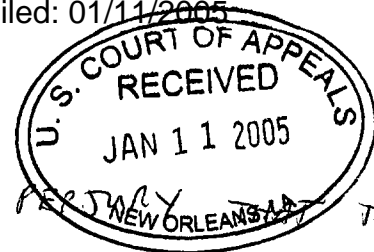
I certify that a true and correct copy of the foregoing review, motion was served this 4th day of Jan, 2004 on the INS trial attorney at SAN ANTONIO, Harlingen, Tx by first class U.S. mail, postage pepaid.



BRIGHTMAN NWATU
RESPONDENT

Jan 4, 2005

AFFIDAVIT IN SUPPORT OF MOTION



I SWEAR OR AFFIRM UNDER PENALTY OF PERJURY THAT THE IMMIGRATION AND NATURALIZATION SERVICE (INS) DID NOT SEND A COPY OF NOTICE TO APPEAR TO ME AS THE INS INDICATED; - THEY WERE AWARE THAT MY POST OFFICE BOX WAS CLOSED, THIS [INDREED], IS NOT FACTUAL AND IS UTTERLY FALSE. I HAD CONTINUOUS SERVICE FROM EARLY 1992 UNTIL LATE 1996. ATTACHED IS THE ORIGINAL APPLICATION OF A CONTRACT THAT I SIGNED IN 1992 WITH THE NORTHEAST BRANCH OF THE U.S. POSTAL SERVICE IN AUSTIN, TEXAS.

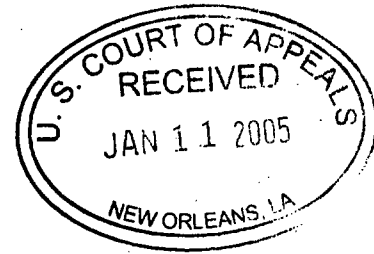
I WAS ATTENDING COLLEGE AT THE TIME AND WAS LISTED IN THE STUDENT DIRECTORY AT THE UNIVERSITY OF TEXAS THE INS DID NOT MAKE ANY EFFORT TO CONTACT BUT RATHER RELIED ON ASSUMPTION AS THEY HAVE INDICATED, THIS CRUCIAL AND NEW PIECE OF EVIDENCE WARRANTS MERITS TO REOPEN, REMAND, TERMINATION OF PROCEEDING AND CANCELLATION OF REMOVAL. AS THE SUPREME COURT SAID DEPORTATION CAN RESULT IN WHAT MAKES A LIFE WORTH LIVING.

PLEASE HELP ME.

CC: -BIA
 - 5TH CIRCUIT CT OF APPEAL
 - DIST. COUNSEL SAN ANTONIO, TX

RESPECTFULLY SUBMITTED,
 brightman Mathu
 Jan 5, 2004

04-61167



Mr Brightman Ohiagu Nwatu
PISPC
D240 - A27 174 038
Route 3
Box 341
Los Fresnos, TX 78566
