

No.18-1093

IN THE
SUPREME COURT OF THE UNITED STATES

CITY OF JOLIET, ET AL.,

Petitioners,

v.

ELIJAH MANUEL,

Respondent.

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

The Respondent requests leave to file the attached brief in opposition to petition for a writ of certiorari without prepayment of costs, if any, and to proceed *in forma pauperis*.

Respondent has previously been granted leave to proceed *in forma pauperis* in the following courts:

Supreme Court of the United States, United States Court of Appeals for the Seventh Circuit, and United States District Court, Northern District of Illinois, Eastern Division.

Respondent's affidavit or declaration in support of this motion is attached hereto.



Stanley B. Eisenhammer

Counsel of Record

Pamela E. Simaga

Hodges, Loizzi, Eisenhammer, Rodick & Kohn LLP

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**AFFIDAVIT OR DECLARATION
IN SUPPORT OF MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS***

I, Elijah Manuel, am the ^{respondent} ~~petitioner~~ in the above-entitled case. In support of my motion to proceed *in forma pauperis*, I state that because of my poverty I am unable to pay the costs of this case or to give security therefor; and I believe I am entitled to redress.

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>
Income from real property (such as rental income)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Interest and dividends	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Gifts	\$ <u>25.00</u>	\$ <u>0</u>	\$ <u>25.00</u>	\$ <u>0</u>
Alimony	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Child Support	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Disability (such as social security, insurance payments)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Unemployment payments	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Public-assistance (such as welfare)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Other (specify): <u>State stipend</u>	\$ <u>10.00</u>	\$ <u>0</u>	\$ <u>10.00</u>	\$ <u>0</u>
Total monthly income:	\$ <u>35.00</u>	\$ <u>0</u>	\$ <u>35.00</u>	\$ <u>0</u>

2. List your employment history for the past two years, most recent first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross monthly pay
N/A	N/A	N/A	\$ 0
N/A	N/A	N/A	\$ 0
N/A	N/A	N/A	\$ 0

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
N/A	N/A	N/A	\$ 0
N/A	N/A	N/A	\$ 0
N/A	N/A	N/A	\$ 0

4. How much cash do you and your spouse have? \$ N/A
Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Type of account (e.g., checking or savings)	Amount you have	Amount your spouse has
Prison Account at Sheridan Correctional	\$ 26.43	\$ 0
N/A	\$ 0	\$ 0
N/A	\$ 0	\$ 0

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

☐ Home
Value N/A

☐ Other real estate
Value N/A

☐ Motor Vehicle #1
Year, make & model N/A
Value N/A

☐ Motor Vehicle #2
Year, make & model N/A
Value N/A

☐ Other assets
Description N/A
Value N/A

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
<u>N/A</u>	\$ <u>0</u>	\$ <u>0</u>
<u>N/A</u>	\$ <u>0</u>	\$ <u>0</u>
<u>N/A</u>	\$ <u>0</u>	\$ <u>0</u>

7. State the persons who rely on you or your spouse for support. For minor children, list initials instead of names (e.g. "J.S." instead of "John Smith").

Name	Relationship	Age
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

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, or annually to show the monthly rate.

	You	Your spouse
Rent or home-mortgage payment (include lot rented for mobile home)	\$ <u>0</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>

	You	Your spouse
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)		
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>N/A</u>	\$ <u>0</u>	\$ <u>0</u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>N/A</u>	\$ <u>0</u>	\$ <u>0</u>
Installment payments		
Motor Vehicle	\$ <u>0</u>	\$ <u>0</u>
Credit card(s)	\$ <u>0</u>	\$ <u>0</u>
Department store(s)	\$ <u>0</u>	\$ <u>0</u>
Other: <u>N/A</u>	\$ <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>Court Fee's filings</u>	\$ <u>1,700</u>	\$ <u>0</u>
Total monthly expenses:	\$ <u>1,700</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.

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? UNKNOWN At this time

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

Stanley B. Eisenhammer
3030 Salt Creek Lane, Ste. 202
Arlington Heights, IL 60005 Tel: (847) - 670 - 9000

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? N/A

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 costs of this case.

I am currently a inmate in the Illinois Department of Corrections at the Sheridan Correctional Center. I am unemployed and only receives \$10.00 in state stipends and \$25.00 in gifts each month. I use that money for hygienes. I am unable to pay the costs of this case.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on: March 1st, 2019

Elijah Manuel
(Signature)

C6:D:46

CERTIFICATION

(TO BE COMPLETED BY AN AUTHORIZED INSTITUTIONAL OFFICER)

Plaintiff/Petitioner: Elijah Manuel

Institution: Sheridan corr. ctr.

Register Number: R-49737

I, Lisa A. Fellows, Business Manager, hereby certify that the
(Name and Title of Authorized Officer - please print)

inmate identified above currently has the sum of \$ 26.42 on account at

Sheridan Correctional Center
(Institution where confined)

Lisa A. Fellows
Signature of Authorized Officer

Dated: 02/28/19

PURSUANT TO 28 U.S.C. § 1915(a)(2),
PLEASE ATTACH A COPY OF THE INMATE'S
TRUST FUND ACCOUNT STATEMENT
FOR THE PAST SIX MONTHS.

Please mail the statement and this completed form to:
Clerk of Court
United States District Court
District of Illinois

Date: 2/28/2019

Time: 09:09:53

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Sheridan Correctional Center

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Trust Fund

Inmate Transaction Statement

8/1/2018 to 2/28/2019

Inmate: R49737 Manuel, Elijah

Housing Unit: SHE-C6-D -46

Date	Source	Transaction Type	Batch	Reference #	Description	Amount	Balance
Beginning Balance:							0.00
08/02/18	Mail Room	10 Western Union - Not Held	214200	9246184851	Manuel, Debra	150.00	150.00
08/02/18	Mail Room	04 Intake and Transfers In	2142161	31413	Jacksonville C.C.	53.55	203.55
08/07/18	Point of Sale	60 Commissary	2197151	694485	Commissary	-137.08	66.47
08/09/18	Payroll	20 Payroll Adjustment	2211132		P/R month of 7 2018	1.36	67.83
08/10/18	Mail Room	15 JPAY	222200	89137765	Manuel, Debra	50.00	117.83
08/21/18	Point of Sale	60 Commissary	2337140	696168	Commissary	-76.46	41.37
09/06/18	Disbursements	82 Debts due to State (non-postage)	2493161	Chk #124593	82190107, DOC: 523 F, Inv. Date: 08/15/2018	-1.63	39.74
09/06/18	Disbursements	82 Debts due to State (non-postage)	2493161	Chk #124593	82190115, DOC: 523 F, Inv. Date: 08/20/2018	-1.40	38.34
09/06/18	Disbursements	81 Legal Postage	2493161	Chk #124593	81190093, DOC: 523 F, Inv. Date: 08/28/2018	-2.26	36.08
09/06/18	Disbursements	81 Legal Postage	2493161	Chk #124593	81190095, DOC: 523 F, Inv. Date: 08/28/2018	-7.70	28.38
09/06/18	Disbursements	84 Library	2493161	Chk #124593	84190093, DOC: 523 F, Inv. Date: 08/28/2018	-16.80	11.58
09/13/18	Point of Sale	60 Commissary	2567157	698008	Commissary	-3.46	8.12
09/13/18	Payroll	20 Payroll Adjustment	2561132		P/R month of 8 2018	10.00	18.12
09/28/18	Disbursements	81 Legal Postage	2713161	Chk #124771	81190101, DOC: 523 F, Inv. Date: 09/06/2018	-2.26	15.86
09/28/18	Disbursements	81 Legal Postage	2713161	Chk #124771	81190132, DOC: 523 F, Inv. Date: 09/19/2018	-.42	15.44
09/28/18	Disbursements	84 Library	2713161	Chk #124771	84190132, DOC: 523 F, Inv. Date: 09/24/2018	-5.20	10.24
09/28/18	Disbursements	81 Legal Postage	2713161	Chk #124771	81190142, DOC: 523 F, Inv. Date: 09/25/2018	-.68	9.56
10/04/18	Point of Sale	60 Commissary	2777151	699863	Commissary	-8.02	1.54
10/11/18	Payroll	20 Payroll Adjustment	2841161		P/R month of 9 2018	10.00	11.54
11/01/18	Disbursements	81 Legal Postage	3053161	Chk #125086	81190163, DOC: 523 F, Inv. Date: 10/19/2018	-2.26	9.28
11/01/18	Disbursements	81 Legal Postage	3053161	Chk #125086	81190167, DOC: 523 F, Inv. Date: 10/24/2018	-2.05	7.23
11/05/18	Mail Room	15 JPAY	309200	92608868	Manuel, Debra	50.00	57.23
11/06/18	Mail Room	10 Western Union - Not Held	310200	4127150422	Manuel, Debra	120.00	177.23
11/09/18	Point of Sale	60 Commissary	3137140	703199	Commissary	-139.02	38.21
11/14/18	Payroll	20 Payroll Adjustment	3181132		P/R month of 102018	10.00	48.21
11/27/18	Point of Sale	60 Commissary	3317152	704768	Commissary	-30.79	17.42
11/30/18	Disbursements	81 Legal Postage	3343161	Chk #125398	81190220, DOC: 523 F, Inv. Date: 11/27/2018	-.42	17.00
12/14/18	Point of Sale	60 Commissary	3487157	706321	Commissary	-3.46	13.54
12/14/18	Payroll	20 Payroll Adjustment	3481132		P/R month of 112018	10.00	23.54
12/21/18	Mail Room	15 JPAY	355200	94640529	Manuel, Debra	25.00	48.54
12/27/18	Disbursements	80 Postage	3613161	Chk #125645	80191738, U.S.P.S. C, Inv. Date: 12/13/2018	-.21	48.33
12/28/18	Point of Sale	60 Commissary	3627151	707967	Commissary	-23.31	25.02
12/31/18	Disbursements	81 Legal Postage	3653161	Chk #125658	81190253, DOC: 523 F, Inv. Date: 11/30/2018	-1.21	23.81
12/31/18	Disbursements	84 Library	3653161	Chk #125658	84190203, DOC: 523 F, Inv. Date: 12/03/2018	-.60	23.21
12/31/18	Disbursements	81 Legal Postage	3653161	Chk #125658	81190281, DOC: 523 F, Inv. Date: 12/11/2018	-.42	22.79
01/07/19	Mail Room	15 JPAY	007200	95338853	Manuel, Debra	25.00	47.79
01/10/19	Payroll	20 Payroll Adjustment	0101135		P/R month of 122018	13.14	60.93
01/18/19	Point of Sale	60 Commissary	0187140	709415	Commissary	-53.61	7.32
01/25/19	Mail Room	15 JPAY	025200	96122439	Manuel, Debra	25.00	32.32

Date : 2/28/2019
Time : 09:09:53
CHAMP

Sheridan Correctional Center
Trust Fund
Inmate Transaction Statement
8/1/2018 to 2/28/2019

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Inmate: R49737 Manuel, Elijah

Housing Unit: SHE-C6-D -46

Date	Source	Transaction Type	Batch	Reference #	Description	Amount	Balance
01/31/19	Disbursements	81 Legal Postage	0313135	Chk #125926	82190335, DOC: 523 F, Inv. Date: 01/18/2019	-.21	32.11
02/08/19	Point of Sale	60 Commissary	0397157	711073	Commissary	-24.75	7.36
02/14/19	Payroll	20 Payroll Adjustment	0451135		P/R month of 1 2019	14.55	21.91
02/22/19	Point of Sale	60 Commissary	0537140	712583	Commissary	-19.18	2.73
02/25/19	Disbursements	80 Postage	0563135	Chk #126126	80192516, U.S.P.S. C, Inv. Date: 02/20/2019	-1.30	1.43
02/28/19	Mail Room	15 JPAY	059200	97641925	Manuel, Debra	25.00	26.43

Total Inmate Funds: 26.43

Less Funds Held For Orders: .00

Less Funds Restricted: .00

Funds Available: 26.43

Total Furloughs: .00

Total Voluntary Restitutions: .00