

No. _____

IN THE SUPREME COURT OF THE UNITED STATES

SHAWN JOHNSON,

Petitioner

Vs.

ADMINISTRATOR NEW JERSEY STATE PRISON, et al.


Respondent

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

COMES NOW, undersigned at 09:00 a.m. on June 20, 2018 or as soon thereafter before the Supreme Court of the United States, U.S. Supreme Court Bldg., 1 First Street, N.E., Washington, D.C. 20543. Seeking leave to proceed in forma pauperis, pursuant to Supreme Court Rule 39.1 and 28 U.S.C. § 1915(a).

Petitioner will rely upon the accompanied Affidavit, to satisfy Supreme Court Rule 39.2.

Dated: June 28, 2018


Shawn Johnson, pro se
SBI #732464C
New Jersey State Prison
3rd & Cass Street
P.O. Box 861

Trenton, N.J. 08625.

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IN THE SUPREME COURT OF THE UNITED STATES

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ADMINISTRATOR NEW JERSEY STATE PRISON, et al
Respondent

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

I SHAWN JOHNSON, swear or affirm under penalty of perjury that because I am imprisoned, and my poverty, I cannot prepay the docket fees or post a bond for them. I believe I am entitled for redress. I swear or affirm under penalty of perjury under United States laws that my answers on the following pages of this form are true and correct. (28 U.S.C. § 1746, 18 U.S.C. § 1621)

Dated: June 28, 2018

Signed: Shawn Johnson

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	\$ 0-00	\$ N/A	\$ 0-00	\$ N/A
Self-employment	\$ 0-00	\$ -	\$ 0-00	\$ -
Income from real property (such as rental income)	\$ 0-00	\$	\$ 0-00	\$
Interest and dividends	\$ 0-00	\$	\$ 0-00	\$
Gifts	\$ 0-00	\$	\$ 0-00	\$
Alimony	\$ 0-00	\$	\$ 0-00	\$
Child support	\$ 0-00	\$	\$ 0-00	\$
Retirement (such as social security, pensions, annuities, insurance)	\$ 0-00	\$	\$ 0-00	\$
Disability (such as social security, insurance payments)	\$ 0-00	\$	\$ 0-00	\$
Unemployment payments	\$ 0-00	\$	\$ 0-00	\$
Public-assistance (such as welfare)	\$ 0-00	\$	\$ 0-00	\$
Other (specify): Institutional (prison) wages	\$ 46-50	\$	\$ 46-50	\$
Total monthly income:	\$ 46-50	\$ 0-00	\$ 46-50	\$ 0-00

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
N/A			\$

S.J.

			\$
			\$

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	\$
			\$
			\$

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

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	Other real estate	Motor vehicle #1
(Value) \$ N/A	(Value) \$ N/A	(Value) \$ N/A
		Make and year:

N/A	N/A	Model: N/A
		Registration #: N/A

Motor vehicle #2	Other assets	Other assets
(Value) \$	(Value) \$	(Value) \$
Make and year: N/A		
Model: N/A	N/A	N/A
Registration #: 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
	\$	\$
	\$	\$
	\$	\$
	\$	\$

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

Name [or, if a minor (i.e., underage), initials only]	Relationship	Age
N/A while in Prison	N/A	N/A

S. J

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 (including lot rented for mobile home)	\$ 0.00	\$ N/A
Are real estate taxes included? Yes No		
Is property insurance included? Yes No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 0.00	\$
Home maintenance (repairs and upkeep) / Phone	\$ 32.00	\$
Food	\$ 19.47	\$
Clothing	\$ 0.00	\$
Laundry and dry-cleaning	\$ 0.00	\$
Medical and dental expenses	\$	\$
Transportation (not including motor vehicle payments)	\$ 0.00	\$
Recreation, entertainment, newspapers, magazines, etc.	\$ 0.00	\$
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's:	\$ 0.00	\$
Life:	\$ 0.00	\$
Health:	\$ 0.00	\$
Motor vehicle:	\$ 0.00	\$
Other:	\$ 0.00	\$
Taxes (not deducted from wages or included in mortgage payments) (specify):	\$ 0.00	\$
Installment payments		
Motor Vehicle:	\$ 0.00	\$
Credit card (name):	\$ 0.00	\$
Department store (name):	\$ 0.00	\$
Other:	\$ 0.00	\$
Alimony, maintenance, and support paid to others	\$ 0.00	\$

S. J

Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0.00	\$ 0.00
Other (specify):	\$	\$
Total monthly expenses:	\$ 91.47	\$ 0.00

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? \$

N/A

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

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:

N/A

12. Provide any other information that will help explain why you cannot pay the docket fees for your ~~petition~~ petition

I am Imprisoned

13. State the [city and state] of your legal residence.

S.J

Your daytime phone number: ()

N/A

Your age: 31

Your years of schooling: 12

[Last four digits of] your social-security number: 8382

AUTHORIZATION

14. Petitioner seeks a formal Order issues, and enters from the Supreme Court of The United States, seeks "waiver of fees" and cost by operation of N.J.S.A. 30:4-16c., to File Petition for Certiorari, and all other pleadings in this litigation. Thus, further authorizes prison officials to assess and deduct the filing fees in accordance with N.J.S.A. 30:4-16.4a.(1)-(2) and 28 U.S.C. § 1915(b).

Dated: June 19, 2018

Shawn Johnson
Shawn Johnson, Petitioner

CERTIFICATION

I, N. Jablow am a prison official, at New Jersey State Prison's Business Manager's Office. The above named account balance is \$ 20.63, please find attached a print out of his 6 month account statement. I certify under penalty of perjury in accordance with 28 U.S.C. § 1746(n).

Dated: 6/20/18

Nicole Jablow
Business Manager or Designee

**Additional material
from this filing is
available in the
Clerk's Office.**
