

No.

IN THE  
SUPREME COURT OF THE UNITED STATES

SHERMAN L. WASHINGTON. — PETITIONER

VS.

CARMEN PALMER. — RESPONDENT(S)

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

The petitioner asks leave to file the attached petition for a writ of certiorari  
Without prepayment of costs and to proceed *in forma pauperis*.

[X] Petitioner has previously been granted leave to proceed in forma pauperis  
in the following Court(s): 30<sup>th</sup> Circuit Court for the County of Ingham  
, Michigan Court of Appeals, Michigan Supreme Court,  
, U.S. Court of Appeals Sixth Circuit, U.S. District Court E.D,

[ ] Petitioner has **not** previously been granted leave to proceed *in forma*  
*Pauperis* in any other court.

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

Sherman L. Washington # 207519

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

I, Sherman L. Washington, am the 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	\$ 00 none	\$	\$	\$
Self-employment	\$ 00 none	\$	\$	\$
Income from real property (such as rental income)	\$ 00 none	\$	\$	\$
Interest and dividends	\$ 00 none	\$	\$	\$
Gifts	\$ 00 none	\$	\$	\$
Alimony	\$ 00 none	\$	\$	\$
Child Support	\$ 00 none	\$	\$	\$
Retirement (such as social security, pensions, annuities, insurance)	\$ 00 none	\$	\$	\$
Disability (such as social security, insurance payments)	\$ 00 none	\$	\$	\$
Unemployment payments	\$ 00 none	\$	\$	\$
Public assistance (such as welfare)	\$ 00 None	\$	\$	\$

Other (specify):	\$ 00 none	\$ NONE	\$	\$
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Total monthly income:	\$ 00 none	\$ NONE	\$	\$
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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
NONE			\$ 0.00 NONE
NONE			\$ NONE
NONE			\$ NONE

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
NONE			\$ 0.00 NONE
NONE			\$ NONE
NONE			\$ NONE

4. How much cash do you and your spouse \$ 0.00 NONE

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
NONE		\$	\$ NONE
NONE		\$	\$ NONE
NONE		\$	\$ NONE

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

<input type="checkbox"/> Home	NONE	<input type="checkbox"/> Other real estate	NONE
Value		Value	
<input type="checkbox"/> Motor Vehicle #1	NONE	<input type="checkbox"/> Motor Vehicle #2	NONE
Year, make & model		Year, make & model	
Value		Value	

<input type="checkbox"/> Other assets		NONE	
Description			
Value			

**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	
NONE	\$	00 NONE	\$	00 NONE	
NONE	\$	NONE	\$	NONE	
NONE	\$	NONE	\$	NONE	

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

Name		Relationship		Age	
NONE					

**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)	\$ NONE		\$
Are real estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No	none		
Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No	none		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ NONE 00		\$
Home maintenance (repairs)	\$ NONE 00		\$
Food	\$ NONE 00		\$

Laundry and dry-cleaning	\$ NONE 00	\$
Medical and dental expenses	\$ NONE 00	\$

	You N/A	Your spouse
Transportation (not including motor vehicle payments)	\$ 00 NONE	\$
Recreation, entertainment, newspapers, magazines, etc.	\$ 00 NONE	\$
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ 00 NONE	\$
Life	\$ 00 NONE	\$
Health	\$ 00 NONE	\$
Motor Vehicle	\$00 NONE	\$
Other:	\$00 NONE	\$
Taxes (not deducted from wages or included in mortgage payments)		
(specify):	\$00 NONE	\$
Installment payments		
Motor Vehicle	\$00 NONE	\$
Credit card(s)	\$00 NONE	\$
Department store(s)	\$00 NONE	\$
Other:	\$00 NONE	\$
Alimony, maintenance, and support paid to others	\$ 00 NONE	\$

Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 00 NONE	\$
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Other: (specify)	\$ 00 NONE	\$
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Total monthly expenses:	\$ 00 NONE	\$
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9. Do you expect any major changes to your monthly income or expenses or in your assets or Liabilities during the next 12 months?
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<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, describe on an attached sheet.
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10. Have you paid - or will you be paying - an attorney any money for services in connection
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With this case, including the completion of this form?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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If yes, how much?
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If yes, state the attorneys name, address, and telephone number:
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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?
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<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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If yes, how much?
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If yes, state the attorneys name, address, and telephone number:
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12. Provide any other information that will help explain why you cannot pay the costs of  
this case.

I am indigent and I cannot afford to pay fees and costs of any procedure. I am unemployed and do not have any source of income. I'm an Inmate in a Mental Correctional Facility

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

Executed on: September 3, 2018

S. Lence Washington  
SHERMAN L. WASHINGTON #207519