

18-7239  
No. \_\_\_\_\_

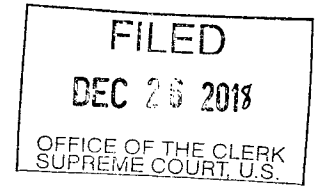
In The

**SUPREME COURT OF THE UNITED STATES**

DANIEL P. CANNON,  
*Petitioners,*

vs.

UNITED STATES OF AMERICA,  
*Respondent,*



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

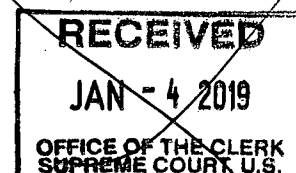
The petitioner asks leave to file the attached petition for a writ of certiorari without prepayment of costs and to proceed *in forma pauperis*.

Petitioner has previously been granted leave to proceed *in forma pauperis* in the following court(s):

- Seventh Circuit Court of Appeals
- The United States District Court for Southern Indiana

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

Daniel P. Cannon  
In Propria Persona  
Daniel P. Cannon #04287-028  
POB 33  
Terre Haute FCI  
Terre Haute, IN 47808



18-7229

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

I, DANIEL CANNON, 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	\$ 0	\$ NONE	\$ 0	\$ None
Self-employment	\$ 0	\$	\$ 0	\$
Income from real property (such as rental income)	\$ 0	\$	\$ 0	\$
Interest and dividends	\$ 0	\$	\$ 0	\$
Gifts	\$ 0	\$	\$ 0	\$
Alimony	\$ 0	\$	\$ 0	\$
Child Support	\$ 0	\$	\$ 0	\$
Retirement (such as social security, pensions, annuities, insurance)	\$ 0	\$	\$ 0	\$
Disability (such as social security, insurance payments)	\$ 0	\$	\$ 0	\$
Unemployment payments	\$ 0	\$	\$ 0	\$
Public-assistance (such as welfare)	\$ 0	\$	\$ 0	\$
Other (specify): <u>Prison Stipend</u>	\$ 19.40	\$	\$ 19.40	\$
<b>Total monthly income:</b>	\$ 19.40	\$	\$ 19.40	\$

**FILED**  
**DEC 26 2018**  
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SUPREME COURT, U.S.

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	\$ _____
_____	_____	_____	\$ _____

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	\$ _____
_____	_____	_____	\$ _____

4. How much cash do you and your spouse have? \$ 0  
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	\$ _____
_____	_____	\$ _____	\$ _____

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 Value <u>None</u>	<input type="checkbox"/> Other real estate Value _____
<input type="checkbox"/> Motor Vehicle #1 Year, make & model _____ Value _____	<input type="checkbox"/> Motor Vehicle #2 Year, make & model _____ Value _____
<input type="checkbox"/> Other assets Description _____ NONE 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 \$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

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)	\$ _____ 0	\$ _____ None
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)	\$ _____ 17.00	\$ _____
Home maintenance (repairs and upkeep)	\$ _____ 0	\$ _____
Food	\$ _____ 0	\$ _____
Clothing	\$ _____ 0	\$ _____
Laundry and dry-cleaning	\$ _____ 0	\$ _____
Medical and dental expenses	\$ _____ 2.00	\$ _____

	<b>You</b>	<b>Your spouse</b>
Transportation (not including motor vehicle payments)	\$_____0_____	\$_____None_____
Recreation, entertainment, newspapers, magazines, etc.	\$_____0_____	\$_____
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$_____0_____	\$_____
Life	\$_____0_____	\$_____
Health	\$_____0_____	\$_____
Motor Vehicle	\$_____0_____	\$_____
Other: _____	\$_____0_____	\$_____
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$_____0_____	\$_____
Installment payments		
Motor Vehicle	\$_____0_____	\$_____
Credit card(s)	\$_____0_____	\$_____
Department store(s)	\$_____0_____	\$_____
Other: _____	\$_____0_____	\$_____
Alimony, maintenance, and support paid to others	\$_____0_____	\$_____
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$_____0_____	\$_____
Other (specify): _____	\$_____0_____	\$_____
<b>Total monthly expenses:</b>	\$_____19.00_____	\$_____

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? \_\_\_\_\_

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? \_\_\_\_\_

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 imprisoned, in excess of 10 years, without income.

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

Executed on: 12/26, 2018

Daniel P. Cannon  
(Signature)