

No. 18-7458

IN THE
SUPREME COURT OF THE UNITED STATES

ORIGINAL

Supreme Court, U.S.
FILED

NOV 16 2018

OFFICE OF THE CLERK

SAMUEL LEWIS TAYLOR — PETITIONER
(Your Name)

VS.

TROY STEELE, ET AL., — 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*.

Please check the appropriate boxes:

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

UNITED STATES DISTRICT COURT AND EIGHTH CIRCUIT COURT OF
APPEALS AND ON REHEARING.

☒ 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.

☐ Petitioner's affidavit or declaration is **not** attached because the court below appointed counsel in the current proceeding, and:

☐ The appointment was made under the following provision of law: _____
N/A, or

☐ a copy of the order of appointment is appended.

Samuel Lewis Taylor
(Signature)

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

I, SAMUEL LEWIS TAYLOR, 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 | \$ <u>N/A</u> | \$ <u>N/A</u> | \$ <u>N/A</u> | \$ <u>N/A</u> |
| Self-employment | \$ <u>N/A</u> | \$ <u>N/A</u> | \$ <u>N/A</u> | \$ <u>N/A</u> |
| Income from real property (such as rental income) | \$ <u>N/A</u> | \$ <u>N/A</u> | \$ <u>N/A</u> | \$ <u>N/A</u> |
| Interest and dividends | \$ <u>N/A</u> | \$ <u>N/A</u> | \$ <u>N/A</u> | \$ <u>N/A</u> |
| Gifts | \$ <u>N/A</u> | \$ <u>N/A</u> | \$ <u>N/A</u> | \$ <u>N/A</u> |
| Alimony | \$ <u>N/A</u> | \$ <u>N/A</u> | \$ <u>N/A</u> | \$ <u>N/A</u> |
| Child Support | \$ <u>N/A</u> | \$ <u>N/A</u> | \$ <u>N/A</u> | \$ <u>N/A</u> |
| Retirement (such as social security, pensions, annuities, insurance) | \$ <u>N/A</u> | \$ <u>N/A</u> | \$ <u>N/A</u> | \$ <u>N/A</u> |
| Disability (such as social security, insurance payments) | \$ <u>N/A</u> | \$ <u>N/A</u> | \$ <u>N/A</u> | \$ <u>N/A</u> |
| Unemployment payments | \$ <u>N/A</u> | \$ <u>N/A</u> | \$ <u>N/A</u> | \$ <u>N/A</u> |
| Public-assistance (such as welfare) | \$ <u>N/A</u> | \$ <u>N/A</u> | \$ <u>N/A</u> | \$ <u>N/A</u> |
| Other (specify): _____ | \$ <u>N/A</u> | \$ <u>N/A</u> | \$ <u>N/A</u> | \$ <u>N/A</u> |
| Total monthly income: | \$ <u>8.50</u> | \$ <u>N/A</u> | \$ <u>N/A</u> | \$ <u>N/A</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 | \$ N/A |
| | | | \$ |
| | | | \$ |

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

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 |
|---|-----------------|------------------------|
| N/A | \$ N/A | \$ N/A |
| | \$ | \$ |
| | \$ | \$ |

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 |
|---------------------------------------|--------------------|----------------------------|
| N/A | \$ N/A | \$ N/A |
| N/A | \$ N/A | \$ N/A |
| N/A | \$ N/A | \$ N/A |

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 |
|------|--------------|-----|
| N/A | N/A | N/A |
| N/A | N/A | N/A |
| N/A | N/A | N/A |

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 | \$ 0 |
| Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Utilities (electricity, heating fuel, water, sewer, and telephone) | \$ 0 | \$ 0 |
| Home maintenance (repairs and upkeep) | \$ 0 | \$ 0 |
| Food | \$ 0 | \$ 0 |
| Clothing | \$ 0 | \$ 0 |
| Laundry and dry-cleaning | \$ 0 | \$ 0 |
| Medical and dental expenses | \$ 0 | \$ 0 |

| | You | Your spouse |
|---|-------------|-------------|
| Transportation (not including motor vehicle payments) | \$ 0 | \$ 0 |
| Recreation, entertainment, newspapers, magazines, etc. | \$ 0 | \$ 0 |
| Insurance (not deducted from wages or included in mortgage payments) | | |
| Homeowner's or renter's | \$ 0 | \$ 0 |
| Life | \$ 0 | \$ 0 |
| Health | \$ 0 | \$ 0 |
| Motor Vehicle | \$ 0 | \$ 0 |
| Other: N/A | \$ 0 | \$ 0 |
| Taxes (not deducted from wages or included in mortgage payments) | | |
| (specify): N/A | \$ 0 | \$ 0 |
| Installment payments | | |
| Motor Vehicle | \$ 0 | \$ 0 |
| Credit card(s) | \$ 0 | \$ 0 |
| Department store(s) | \$ 0 | \$ 0 |
| Other: N/A | \$ 0 | \$ 0 |
| Alimony, maintenance, and support paid to others | \$ 0 | \$ 0 |
| Regular expenses for operation of business, profession, or farm (attach detailed statement) | \$ 0 | \$ 0 |
| Other (specify): N/A | \$ 0 | \$ 0 |
| Total monthly expenses: | \$ 0 | \$ 0 |

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:

12. Provide any other information that will help explain why you cannot pay the costs of this case.

I am an incarcerated prisoner who has been blackballed from receiving premium pay opportunities and this has going on since arriving here at Western Missouri Correctional Center (WMCC) and \$8.50 is all I earn.

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

Executed on: December 23, 2018

Samuel R. Dennis Taylor
(Signature)



Missouri Department of Corrections
Offender Financial Services

Account Statement

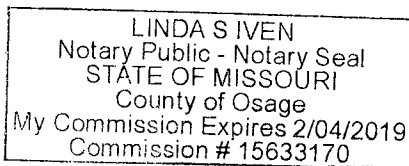
I do hereby verify that attached hereto is an original computer printout of transactions in the offender account with the Missouri Department of Corrections, Jefferson City, Missouri for Offender **TAYLOR, SAMUEL L**, No. **166914** at **WMCC** for the period of **06/01/2018** through **12/17/2018** indicating the correct opening balance, subsequent transactions, and closing balance for said account in my office.

BOCK, LYNN M

ASSISTANT OFFENDER FINANCIAL OFFICER

Subscribed and sworn before me, the undersigned Notary Public, this
18th day of December, 2018.

Notary Public





Missouri Department of Corrections

Offender Financial Services

Account Statement

Statement Range: 06/01/2018 - 12/17/2018

| | |
|----------------------------------|-------------|
| Balance Summary: Personal | 0.04 |
| Work Release Savings | 0.00 |
| Mandatory Savings | 2.00 |
| Savings Bonds | 0.00 |
| Escrow Account | 0.00 |
| Total: | 2.04 |

Account No: 166914

Account Name: TAYLOR, SAMUEL L
WMCC

Financial Cycle: 19881208-

| | | | | |
|-----------------------|---------------------------------------|--------|-----------------------|------|
| Fund: Personal | Total Deposits this Period: | 59.50 | Start Balance: | 0.11 |
| | Total Withdrawals this Period: | 59.57- | End Balance: | 0.04 |

| Date/Time | Transaction Type | Description | Amount | Balance |
|------------------|------------------|--|--------|---------|
| 12/13/2018 12:54 | Canteen Purchase | Canteen Purchase - Order No: 7367165 | 8.48- | 0.04 |
| 12/10/2018 20:14 | Payroll Tip | Location: WMCC; Payroll Cycle: 11/01/2018 : 11/30/2018; Job Category: General Laborer; Job Detail: General Laborer Level 1; | 8.50 | 8.52 |
| 11/17/2018 21:11 | Kiosk Purchase | Kiosk Purchase | 0.05- | 0.02 |
| 11/15/2018 13:45 | Canteen Purchase | Canteen Purchase - Order No: 7217665 | 8.49- | 0.07 |
| 11/10/2018 20:04 | Payroll Tip | Location: WMCC; Payroll Cycle: 10/01/2018 : 10/31/2018; Job Category: General Laborer; Job Detail: General Laborer Level 1; | 8.25 | 8.56 |
| 11/10/2018 19:47 | Payroll Tip | Location: WMCC; Payroll Cycle: 10/01/2018 : 10/31/2018; Auto Pay | 0.25 | 0.31 |
| 10/17/2018 08:29 | Canteen Purchase | Canteen Purchase - Order No: 7075459 | 8.48- | 0.06 |
| 10/10/2018 19:48 | Payroll Tip | Location: WMCC; Payroll Cycle: 09/01/2018 : 09/30/2018; Auto Pay | 8.50 | 8.54 |
| 09/25/2018 12:24 | Canteen Purchase | Canteen Purchase - Order No: 6977391 | 1.61- | 0.04 |
| 09/19/2018 13:03 | Canteen Purchase | Canteen Purchase - Order No: 6937067 | 6.90- | 1.65 |
| 09/10/2018 21:28 | Payroll Tip | Location: WMCC; Payroll Cycle: 08/01/2018 : 08/31/2018; Auto Pay | 8.50 | 8.55 |
| 08/22/2018 12:32 | Canteen Purchase | Canteen Purchase - Order No: 6846859 | 3.64- | 0.05 |
| 08/15/2018 08:45 | Canteen Purchase | Canteen Purchase - Order No: 6828230 | 4.83- | 3.69 |
| 08/10/2018 19:48 | Payroll Tip | Location: WMCC; Payroll Cycle: 07/01/2018 : 07/31/2018; Auto Pay | 8.50 | 8.52 |
| 07/16/2018 10:23 | Canteen Purchase | Canteen Purchase - Order No: 6747598 | 8.61- | 0.02 |
| 07/10/2018 20:05 | Payroll Tip | Location: WMCC; Payroll Cycle: 06/01/2018 : 06/30/2018; Job Category: Food Handler; Job Detail: | 5.70 | 8.63 |

*Confidentiality Notice: Any information contained in this document is the property of the Missouri Department of Corrections and is to be used for department purposes only. Misuse of data is strictly prohibited.



Missouri Department of Corrections Offender Financial Services

Account Statement

| Date/Time | Transaction Type | Description | Amount | Balance |
|------------------|------------------|--|--------|---------|
| | | Handler Level 1; | | |
| 07/10/2018 19:45 | Payroll Tip | Location: WMCC; Payroll Cycle: 06/01/2018 - 06/30/2018; Auto Pay | 2.80 | 2.93 |
| 06/11/2018 11:53 | Canteen Purchase | Canteen Purchase - Order No: 6668701 | 8.48- | 0.13 |
| 06/10/2018 20:05 | Payroll Tip | Location: WMCC; Payroll Cycle: 05/01/2018 - 05/31/2018; Job Category: Food Handler; Job Detail: Food Handler Level 1; | 8.50 | 8.61 |

| | | | | |
|-----------------------------------|---------------------------------------|------|-----------------------|------|
| Fund: Work Release Savings | Total Deposits this Period: | 0.00 | Start Balance: | 0.00 |
| | Total Withdrawals this Period: | 0.00 | End Balance: | 0.00 |

No Data Found

| | | | | |
|--------------------------------|---------------------------------------|------|-----------------------|------|
| Fund: Mandatory Savings | Total Deposits this Period: | 0.00 | Start Balance: | 2.00 |
| | Total Withdrawals this Period: | 0.00 | End Balance: | 2.00 |

No Data Found

| | | | | |
|----------------------------|---------------------------------------|------|-----------------------|------|
| Fund: Savings Bonds | Total Deposits this Period: | 0.00 | Start Balance: | 0.00 |
| | Total Withdrawals this Period: | 0.00 | End Balance: | 0.00 |

No Data Found

| | | | | |
|-----------------------------|---------------------------------------|------|-----------------------|------|
| Fund: Escrow Account | Total Deposits this Period: | 0.00 | Start Balance: | 0.00 |
| | Total Withdrawals this Period: | 0.00 | End Balance: | 0.00 |

No Data Found