

18-7935

IN THE SUPREME COURT OF THE UNITED STATES

KAHRI SMITH, Petitioner,

vs.

BONITA HOFFNER, Respondent.

ORIGINAL

MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

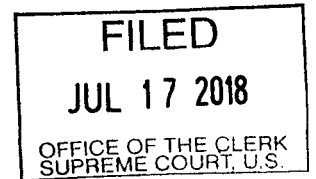
The petitioner, Kahri Smith asks leave to file the attached petition for a writ of certiorari without prepayment of costs and to proceed *in forma pauperis*.

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

United States District Court, Eastern District Michigan

United States Court of Appeals for the Sixth Circuit

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



Respectfully submitted,

Dated: September 19<sup>th</sup>, 2018

A handwritten signature in black ink, appearing to read "Kahri Smith".

Kahri Smith, 238692  
G. Robert Cotton Correctional Facility  
3510 N. Elm Road  
Jackson, MI 49201

**NOTICE**

**This document was prepared with the assistance of a non-attorney inmate with the Michigan Department of Corrections Legal Writer Program.**

NO. 18-1035

**IN THE SUPREME COURT OF THE UNITED STATES**

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KAHRI SMITH, Petitioner,

vs.

BONITA HOFFNER, Respondent.

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

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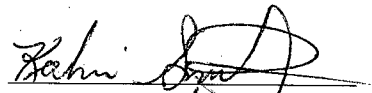
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Respectfully submitted,

Dated: September 19<sup>th</sup>, 2018

  
Kahri Smith, #38692

G. Robert Cotton Correctional Facility  
3510 N. Elm Road  
Jackson, MI 49201

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NO. \_\_\_\_\_

**IN THE SUPREME COURT OF THE UNITED STATES**

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KAHRI SMITH, Petitioner,

vs.

BONITA HOFFNER, Respondent.  
\_\_\_\_\_

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

I, Kahri Smith, 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	\$ 0.00	\$ N/A	\$ None	\$ N/A
Self-employment	\$ None	\$ N/A N/A	\$ None	\$ N/A
Income from real property (such as rental income)	\$ None	\$ N/A	\$ None	\$ N/A
Interest and dividends	\$ None	\$ N/A	\$ None	\$ N/A
Gifts	\$ None	\$ N/A	\$ None	\$ N/A

Alimony	\$ None	\$ N/A	\$ None	\$ N/A
Child Support	\$ None	\$ N/A	\$ None	\$ N/A
Retirement (such as social security, pensions, annuities, insurance)	\$ None	\$ N/A	\$ None	\$ N/A
Disability (such as social security, insurance payments)	\$ None	\$ N/A	\$ None	\$ N/A
Unemployment payments	\$ None	\$ N/A	\$ None	\$ N/A
Public-assistance (such as welfare)	\$ None	\$ N/A	\$ None	\$ N/A
Other (specify): MDOC PRISONER PAY	\$ 39.53	\$ N/A	\$ 39.53	\$ N/A
Total monthly income:	\$ 39.53	\$ N/A	\$ 39.53	\$ N/A

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	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
Not Married	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.

Financial institution	Type of account	Amount you have	Amount your spouse has
None	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.

<input type="checkbox"/>	Home	None	<input type="checkbox"/>	Other real estate	None
Value	N/A		Value	N/A	

<input type="checkbox"/>	Motor Vehicle #1	None	<input type="checkbox"/>	Motor Vehicle #2	None
	Year, make & model	N/A		Year, make & model	N/A
Value	N/A		Value	N/A	

<input type="checkbox"/>	Other assets	None
	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	None	Amount owed to you	None	Amount owed to your spouse
				N/A
	\$0		\$0	N/A
	\$0		\$0	N/A
	\$0		\$0	N/A

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

Name	Relationship	Age
None	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 None

Your spouse N/A

Rent or home-mortgage payment					
(include lot rented for mobile home)			\$ None		\$ N/A
Are real estate taxes included?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		N/A	
Is property insurance included?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		N/A	
Utilities (electricity, heating fuel, water, sewer, and telephone)			\$ None		\$ N/A
Home maintenance (repairs)			\$ None		\$ N/A
Food			\$ None		\$ N/A
Laundry and dry-cleaning			\$ None		\$ N/A
Medical and dental expenses			\$ None		\$ N/A

	You	Your spouse
Transportation (not including motor vehicle payments)	\$None	\$N/A
Recreation, entertainment, newspapers, magazines, etc.	\$None	\$N/A
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$None	\$N/A
Life	\$None	\$N/A
Health	\$None	\$N/A
Motor Vehicle	\$None	\$N/A
Other:	\$None	\$N/A
Taxes (not deducted from wages or included in mortgage payments)		
(specify): None	\$None	\$N/A

Installment payments		
Motor Vehicle	\$None	\$N/A
Credit card(s)	\$None	\$N/A
Department store(s)	\$None	\$N/A
Other:	\$None	\$N/A
Alimony, maintenance, and support paid to others		
Regular expenses for operation of business, profession, or farm (attach detailed statement)		
Other: (specify)	\$None	\$N/A
<b>Total monthly expenses:</b>	<b>\$0.00</b>	<b>\$0.00</b>

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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☐ 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?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how much?		\$5,000	

If yes, state the attorneys name, address, and telephone number:  
 David W. Jones (p 57103)  
 400 Monroe St, Ste 220  
 Detroit, MI  
 (313) 962-7777

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?
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, how much?	
N/A	

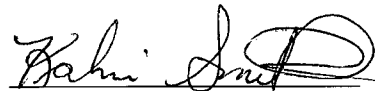
If yes, state the attorneys name, address, and telephone number: N/A

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

I am a prisoner in the MDOC with my main source of income coming from temporal work assignment.

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

Dated; November 1<sup>st</sup>, 2018



Kahri Smith, 438692

G. Robert Cotton Correctional Facility  
3510 N. Elm Road  
Jackson, MI 49201

Subscribed and sworn to before me on 11/2/18, in Jackson County, Michigan

My commission expires: April 14, 2021

Signature: Hatatu Elum  
Notary Public

HATATU ELUM  
NOTARY PUBLIC, STATE OF MI  
COUNTY OF INGHAM  
MY COMMISSION EXPIRES Apr 14, 2021  
ACTING IN COUNTY OF Jackson

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