

No. _____

18-8529

IN THE
SUPREME COURT OF THE UNITED STATES

MICHEAL SMITH

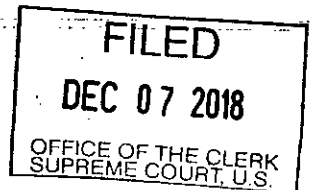
(Your Name)

— PETITIONER

VS.

LISA MADIGAN ATTORNEY GENERAL

— 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*.

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

☒ 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.

Michael C Smith B18007
(Signature)

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

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

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

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

☐ Home

Value NONE

☐ Other real estate

Value NONE

☐ Motor Vehicle #1

Year, make & model N/A

Value NONE

☐ Motor Vehicle #2

Year, make & model N/A

Value NONE

☐ Other assets

Description NONE

NONE

Value NONE

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

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

Name	Relationship	Age
NONE	NONE	NONE
NONE	NONE	NONE
NONE	NONE	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.

N/A

You

Your spouse

Rent or home-mortgage payment
(include lot rented for mobile home)

\$ NONE

\$ NONE

Are real estate taxes included? ☐ Yes ☐ No

Is property insurance included? ☐ Yes ☐ No

Utilities (electricity, heating fuel,
water, sewer, and telephone)

\$ NONE

\$ NONE

Home maintenance (repairs and upkeep)

\$ NONE

\$ NONE

Food

\$ NONE

\$ NONE

Clothing

\$ NONE

\$ NONE

Laundry and dry-cleaning

\$ NONE

\$ NONE

Medical and dental expenses

\$ NONE

\$ NONE

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ NONE	\$ NONE
Recreation, entertainment, newspapers, magazines, etc.	\$ NONE	\$ NONE
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ NONE	\$ NONE
Life	\$ NONE	\$ NONE
Health	\$ NONE	\$ NONE
Motor Vehicle	\$ NONE	\$ NONE
Other: _____	\$ NONE	\$ NONE
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____ NONE	\$ NONE	\$ NONE
Installment payments		
Motor Vehicle N/A	\$ NONE	\$ NONE
Credit card(s)	\$ NONE	\$ NONE
Department store(s)	\$ NONE	\$ NONE
Other: _____	\$ NONE	\$ NONE
Alimony, maintenance, and support paid to others	\$ NONE	\$ NONE
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ NONE	\$ NONE
Other (specify): _____ N/A	\$ NONE	\$ NONE
Total monthly expenses:	\$ NONE	\$ NONE

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? NONE

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

N/A

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? NONE

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 costs of this case.

I AM CURRENTLY INCARCERATED

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

Executed on: December 5th, 2018

Michael C. Smith B18007
(Signature)

Michael C. Smith B18007
N1 741
uppers

CERTIFICATE

TO BE COMPLETED FOR PRISONERS ONLY. THIS IS A STATEMENT BY THE PRISON
AND NOT THE PRISONER

I hereby certify that the plaintiff or petitioner in this action has
the sum of \$ 140.90 in his trust fund account
at this correctional center where he is confined.

I further certify that the plaintiff or petitioner has the following
securities to his credit according to the records of this institution:

Menard

Michelle Prange
Authorized officer

Menard
Institution

Account Technician
Title

11/13/18
Date

IMPORTANT:

THIS CERTIFICATE MUST BE ACCOMPANIED BY A COPY OF A SIX MONTH LEDGER
OF THE PLAINTIFF'S TRUST FUND ACCOUNT.