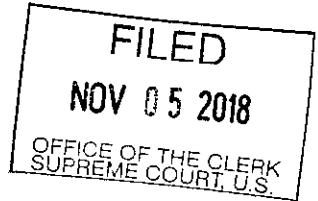


ORIGINAL

18 - 8707
No.

IN THE
SUPREME COURT OF THE UNITED STATES



Wallace G. Carlyle — PETITIONER

VS.

SHARMAN CAMPBELL. — RESPONDENT(S)

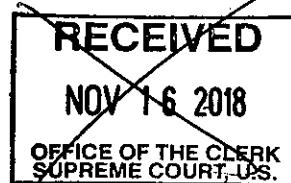
MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

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): 2nd Circuit Court for Berrien County
, 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.



18-8707 ORIGINAL

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

I, Wallace G. Carlyle , 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

FILED
NOV 05 2018
OFFICE OF THE CLERK
SUPREME COURT, U.S.

Income source	You	Spouse	You	Spouse
Employment	\$ 00 none	\$ 00 none	\$ 00 none	\$ 00 none
Self-employment	\$ 00 none	\$ 00 none	\$ 00 none	\$ 00 none
Income from real property (such as rental income)	\$ 00 none	\$ 00 none	\$ 00 none	\$ 00 none
Interest and dividends	\$ 00 none	\$ 00 none	\$ 00 none	\$ 00 none
Gifts	\$ 00 none	\$ 00 none	\$ 00 none	\$ 00 none
Alimony	\$ 00 none	\$ 00 none	\$ 00 none	\$ 00 none
Child Support	\$ 00 none	\$ 00 none	\$ 00 none	\$ 00 none
Retirement (such as social security, pensions, annuities, insurance)	\$ 00 none	\$ 00 none	\$ 00 none	\$ 00 none
Disability (such as social security, insurance payments)	\$ 00 none	\$ 00 none	\$ 00 none	\$ 00 none
Unemployment payments	\$ 00 none	\$ 00 none	\$ 00 none	\$ 00 none
Public-assistance (such as welfare)	\$ 00 None	\$ 00 none	\$ 00 none	\$ 00 none

Other (specify):	\$ 00 none	\$ NONE	\$ 00 none	\$ 00 none
------------------	------------	---------	------------	------------

Total monthly income:	\$ 00 none	\$ NONE	\$ 00 none	\$ 00 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	00 none	00 none	\$ 0.00 NONE
NONE	00 none	00 none	\$ NONE
NONE	00 none	00 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	00 none	00 none	\$ 0.00 NONE
NONE	00 none	00 none	\$ NONE
NONE	00 none	00 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	00 none	\$ 00 none	\$ NONE
NONE	00 none	\$ 00 none	\$ NONE
NONE	00 none	\$ 00 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	\$	
Home maintenance (repairs)	\$	NONE	\$	

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	\$
Other: (specify)	\$ 00	NONE	\$
Total monthly expenses:	\$ 00	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?

If yes, state the attorneys 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 attorneys 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 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: 10-31- , 2018

/s/ WALLACE GEORGE CARLYLE
Wallace George Carlyle #402465