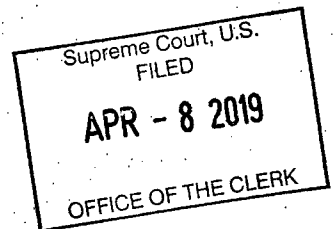


18-8868

No. \_\_\_\_\_

**ORIGINAL**

IN THE  
SUPREME COURT OF THE UNITED STATES



AMILCAR C. BUTLER — PETITIONER  
(Your Name)

VS.

UNITED STATES OF AMERICA — 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*.

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

United States Court Of Appeals For The Sixth Circuit

[ ] 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.

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(Signature) UCC1-207&1-103.6

Amilcar Cabral Butler ©

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

I, Amilcar C. Butler<sup>TM</sup>, 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	\$ NA	\$ NA	\$ NA	\$ NA
Self-employment	\$ NA	\$ NA	\$ NA	\$ NA
Income from real property (such as rental income)	\$ NA	\$ NA	\$ NA	\$ NA
Interest and dividends	\$ NA	\$ NA	\$ NA	\$ NA
Gifts	\$ NA	\$ NA	\$ NA	\$ NA
Alimony	\$ NA	\$ NA	\$ NA	\$ NA
Child Support	\$ NA	\$ NA	\$ NA	\$ NA
Retirement (such as social security, pensions, annuities, insurance)	\$ NA	\$ NA	\$ NA	\$ NA
Disability (such as social security, insurance payments)	\$ NA	\$ NA	\$ NA	\$ NA
Unemployment payments	\$ NA	\$ NA	\$ NA	\$ NA
Public-assistance (such as welfare)	\$ NA	\$ NA	\$ NA	\$ NA
Other (specify): _____	\$ NA	\$ NA	\$ NA	\$ NA
<b>Total monthly income:</b>	\$ NA	\$ NA	\$ NA	\$ NA

*Amilcar Cabral Butler*<sup>©</sup>

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
NA	NA	NA	\$ NA
			\$
			\$

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
NA	NA	NA	\$ NA
			\$
			\$

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

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

☐ Home  
Value NA

☐ Other real estate  
Value NA

☐ Motor Vehicle #1  
Year, make & model NA  
Value NA

☐ Motor Vehicle #2  
Year, make & model NA  
Value NA

☐ Other assets  
Description NA  
Value NA

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
NA	\$ NA	\$ NA
	\$	\$
	\$	\$

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

Name	Relationship	Age
NA	NA	NA

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)	\$ NA	\$ NA
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)	\$ NA	\$ NA
Home maintenance (repairs and upkeep)	\$ NA	\$ NA
Food	\$ NA	\$ NA
Clothing	\$ NA	\$ NA
Laundry and dry-cleaning	\$ NA	\$ NA
Medical and dental expenses	\$ NA	\$ NA

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

☐ 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 have been incarcerated almost nineteen years, funds are depleted and I am insolvent.

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

Executed on: April 8<sup>th</sup>, 2019

Amilcar C. Butler © All Right's Reserved  
(Signature) UCC1-207&1-103.6

## Inmate Inquiry



Inmate Reg #:	17854075	Current Institution:	Yazoo City FCI
Inmate Name:	BUTLER, AMILCAR	Housing Unit:	YAZ-A-C
Report Date:	03/27/2019	Living Quarters:	A10-021U
Report Time:	5:36:31 PM		

[General Information](#) | 
 [Account Balances](#) | 
 [Commissary History](#) | 
 [Commissary Restrictions](#) | 
 [Comments](#)

### General Information

Administrative Hold Indicator: No

No Power of Attorney: No

Never Waive NSF Fee: No

Max Allowed Deduction %: 100

PIN: 6246

PAC #: 122045412

Revalidation Date: 13th

FRP Participation Status: Completed

Arrived From: OKL

Transferred To:

Account Creation Date: 8/6/2004

Local Account Activation Date: 2/7/2017 3:15:38 AM

Sort Codes:

Last Account Update: 3/15/2019 12:11:50 AM

Account Status: Active

Phone Balance: \$0.00

### Pre-Release Plan Information

Target Pre-Release Account Balance: \$0.00

Pre-Release Deduction %: 0%

Income Categories to Deduct From: 
 ☐ Payroll 
 ☐ Outside Source Funds

### FRP Plan Information

FRP Plan Type	Expected Amount	Expected Rate
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### Account Balances

Account Balance:	\$0.13
Pre-Release Balance:	\$0.00
Debt Encumbrance:	\$0.00
SPO Encumbrance:	\$0.00
Other Encumbrances:	\$0.00
Outstanding Negotiable Instruments:	\$0.00

Administrative Hold Balance: \$0.00  
 Available Balance: \$0.13  
 National 6 Months Deposits: \$0.00  
 National 6 Months Withdrawals: \$0.00  
 Available Funds to be considered for IFRP Payments: (\$450.00)  
 National 6 Months Avg Daily Balance: \$0.13  
 Local Max. Balance - Prev. 30 Days: \$0.00  
 Average Balance - Prev. 30 Days: \$0.13  
 Inmate Qualifies for OTC Medication  
 This Inmate is Indigent

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## Commissary History

### Purchases

Validation Period Purchases: \$0.00  
 YTD Purchases: \$0.00  
 Last Sales Date: No Comm Sales

### SPO Information

SPO's this Month: 0  
 SPO \$ this Quarter: \$0.00

### Spending Limit Info

Spending Limit Override: No  
 Weekly Revalidation: No  
 Bi-Weekly Revalidation: Yes  
 Spending Limit: \$180.00  
 Expended Spending Limit: \$0.00  
 Remaining Spending Limit: \$180.00

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## Commissary Restrictions

### Spending Limit Restrictions

Restricted Spending Limit: \$0.00  
 Restricted Expended Amount: \$0.00  
 Restricted Remaining Spending Limit: \$0.00  
 Restriction Start Date: N/A  
 Restriction End Date: N/A

### Item Restrictions

List Name	List Type	Start Date	End Date	Active
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## Comments

Comments:

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