

IN THE
SUPREME COURT OF THE UNITED STATES

FILED
NOV 29 2018
OFFICE OF THE CLERK
SUPREME COURT, U.S.

In re EFRAIN CAMPOS — PETITIONER
(Your Name)

VS.

SUE NOVAK, Warden — RESPONDENT(S)

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OFFICE OF THE CLERK
SUPREME COURT, U.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):

Milwaukee County Circuit Court, Branch #26 (Appendix #3).

Wisconsin State Court Of Appeals, District #1 (Appendix #2)

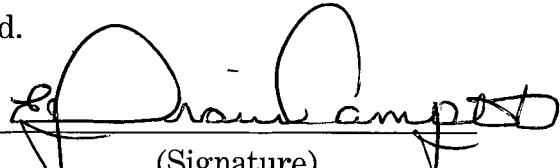
Petitioner has **not** previously been granted leave to proceed *in forma pauperis* in any other court.

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: _____, or

a copy of the order of appointment is appended.


(Signature)
Efrain Campos, Pro Se.

18-8922

ORIGINAL

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

I, Efrain Campos, 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.

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Table with 5 columns: Income source, Average monthly amount during the past 12 months (You, Spouse), and Amount expected next month (You, Spouse). Rows include Employment, Self-employment, Income from real property, Interest and dividends, Gifts, Alimony, Child Support, Retirement, Disability, Unemployment payments, Public-assistance, Other (specify), and Total monthly income.

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
<u>Prison Assignment</u>	<u>C.C.I.</u>	<u>3/25/17 - 1/3/18</u>	<u>\$ 41.60</u>
<u>" "</u>	<u>" "</u>	<u>5/3/18 - 8/3/18</u>	<u>\$ 15.20</u>
<u>Prison Assignment</u>	<u>C.C.I.</u>	<u>8/3/18 - present</u>	<u>\$ 53.76</u>

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
<u>Never Married</u>	<u>_____</u>	<u>_____</u>	<u>\$ _____</u>
<u>Never Married</u>	<u>_____</u>	<u>_____</u>	<u>\$ _____</u>

4. How much cash do you and your spouse have? \$ _____
 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
<u>Prison Release Account</u>	<u>\$309.466:</u>	<u>\$ 2,620.23</u>	<u>\$ 000.00</u>
<u>Prison General Account</u>	<u>\$309.46:</u>	<u>\$ 144.14</u>	<u>\$ 000.00</u>
<u>_____</u>	<u>_____</u>	<u>\$ _____</u>	<u>\$ _____</u>

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

- Home
Value \$000.00
- Other real estate
Value \$000.00
- Motor Vehicle #1
Year, make & model None
Value \$000.00
- Motor Vehicle #2
Year, make & model None
Value \$000.00
- Other assets
Description None.
Value \$000.00

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	\$ 000.00	\$ 000.00
"	"	"
None	\$ 000.00	\$ 000.00

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

Name	Relationship	Age
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.

	You	Your spouse
Rent or home-mortgage payment (include lot rented for mobile home)	\$ 000.00	\$ 000.00
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)	\$ 000.00	\$ 000.00
Home maintenance (repairs and upkeep)	\$ 000.00	\$ 000.00
Food	\$ 080.00	\$ 000.00
Clothing	\$ 015.00	\$ 000.00
Laundry and dry-cleaning	\$ 010.00	\$ 000.00
Medical and dental expenses	\$ 005.00	\$ 000.00

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>000.00</u>	\$ <u>000.00</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>020.00</u>	\$ <u>000.00</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>000.00</u>	\$ <u>000.00</u>
Life	\$ <u>000.00</u>	\$ <u>000.00</u>
Health	\$ <u>000.00</u>	\$ <u>000.00</u>
Motor Vehicle	\$ <u>000.00</u>	\$ <u>000.00</u>
Other: <u>Writing Supplies/E-Mail Tokens:</u>	\$ <u>010.00</u>	\$ <u>000.00</u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>None</u>	\$ <u>000.00</u>	\$ <u>000.00</u>
Installment payments		
Motor Vehicle	\$ <u>000.00</u>	\$ <u>000.00</u>
Credit card(s)	\$ <u>000.00</u>	\$ <u>000.00</u>
Department store(s)	\$ <u>000.00</u>	\$ <u>000.00</u>
Other: <u>None</u>	\$ <u>000.00</u>	\$ <u>000.00</u>
Alimony, maintenance, and support paid to others	\$ <u>000.00</u>	\$ <u>000.00</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>000.00</u>	\$ <u>000.00</u>
Other (specify): <u>None</u>	\$ <u>000.00</u>	\$ <u>000.00</u>
Total monthly expenses:	\$ <u>130.00</u>	\$ <u>000.00</u>

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? \$000.00

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? \$000.00

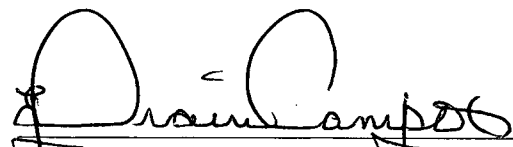
If yes, state the person's name, address, and telephone number:

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

Petitioner Efrain Campos is currently confined at the Columbia Correctional Institution, Post Office Box 900, Portage; Wisconsin. 53901-0900. Whom main source of Income is his Prison Assignment Wages, received bi-Weekly, with 10-Percent Seized for Release Account placement, and "Gift" Monies received from Family and Friends, that usually leave prisoner lacking sufficient funds for Monthly Costs.

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

Executed on: November 20th, 2018


(Signature)
Efrain Campos #374541-A.
Columbia Correctional Inst.