

18-9742  
No. \_\_\_\_\_

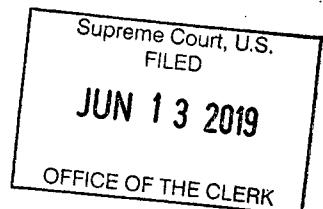
IN THE  
SUPREME COURT OF THE UNITED STATES

ORIGINAL

Mikle Anthony Butler — PETITIONER  
(Your Name)

VS.

Florence, South Carolina  
United States District Court <sup>REK 914</sup> — 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*.

Please check the appropriate boxes:

<sup>NA</sup> Petitioner has previously been granted leave to proceed *in forma pauperis* in the following court(s): N/A

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

<sup>NA</sup> Petitioner's affidavit or declaration in support of this motion is attached hereto.

<sup>NA</sup> Petitioner's affidavit or declaration is **not** attached because the court below appointed counsel in the current proceeding, and:

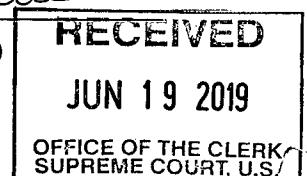
<sup>NA</sup> The appointment was made under the following provision of law: \_\_\_\_\_, or

<sup>NA</sup> a copy of the order of appointment is appended.

<sup>NA</sup> My lawyer never sent me an order of appointment

Mikle A. Butler

(Signature)



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

I, Mikle Anthony Butler, 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.

<b>Income source</b>	<b>Average monthly amount during the past 12 months</b>		<b>Amount expected next month</b>	
	<b>You</b>	<b>Spouse</b>	<b>You</b>	<b>Spouse</b>
Employment	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Self-employment	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Income from real property (such as rental income)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Interest and dividends	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Gifts	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Alimony	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Child Support	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Disability (such as social security, insurance payments)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Unemployment payments	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Public-assistance (such as welfare)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Other (specify): <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
<b>Total monthly income:</b>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>

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	\$ 0 \$ 0 \$ 0

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	\$ 0 \$ 0 \$ 0

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.

Type of account (e.g., checking or savings)	Amount you have	Amount your spouse has
0 0 0	0 0 0	0 0 0

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

Home  
Value 0

Motor Vehicle #1  
Year, make & model None  
Value 0

Other assets  
Description None  
Value 0

Other real estate  
Value 0

Motor Vehicle #2  
Year, make & model None  
Value 0

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	\$ 0	\$ 0
None	\$ 0	\$ 0
None	\$ 0	\$ 0

7. State the persons who rely on you or your spouse for support. For minor children, list initials instead of names (e.g. "J.S." instead of "John Smith").

Name	Relationship	Age
None	None	None - 0
None	None	None - 0
None	None	None - 0

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.

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

You \$ 0 Your spouse \$ 0

Are real estate taxes included?  Yes  No  
Is property insurance included?  Yes  No

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

\$ 0 \$ 0

Home maintenance (repairs and upkeep)

\$ 0 \$ 0

Food

\$ 0 \$ 0

Clothing

\$ 0 \$ 0

Laundry and dry-cleaning

\$ 0 \$ 0

Medical and dental expenses

\$ 0 \$ 0

	<b>You</b>	<b>Your spouse</b>
Transportation (not including motor vehicle payments)	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
Recreation, entertainment, newspapers, magazines, etc.	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
Life	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
Health	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
Motor Vehicle	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
Other: <u>None</u>	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>None</u>	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
Installment payments		
Motor Vehicle	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
Credit card(s)	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
Department store(s)	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
Other: <u>None</u>	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
Alimony, maintenance, and support paid to others		
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
Other (specify): <u>None</u>	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
<b>Total monthly expenses:</b>		
	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>

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.

N/A

*No*

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 for the past two years. I've only been in the federal bureau of prisons for 11 months of the two years and have now been in the 23 and 1 hour lock down unit "SHU" for 10 of those months. I have never been employed by the F.B.I. P. and i only depend on the funds that my family sends me from time to time in which immediately goes to my hygen, legal mailing Stamps, Writting Pens, Notebooks paper, medicine, phone calls and all the other sources that i need for my natural expense of everyday living.

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

Executed on: June/9, 2019

*Mark A Butler*

(Signature)

## Attachment regarding motion for leave to proceed in FORMA PAUPERIS

Please allow me to receive an extension of time to supplement my account transaction within the past 6-months of being here at the USP institution. Today is ~~is~~ June 9/19 and i have yet to receive a copy of this documentation from my appointed institution unit team though i've requested this information 3 weeks ago. For the reasons above please grant me an extension of time to submit the document to you.

I declare under penalty of perjury that the foregoing is true

Timothy Luttrell  
Signature

**Additional material  
from this filing is  
available in the  
Clerk's Office.**