

ORIGINAL

No. 18-9816

FILED

Jan 25 2019

OFFICE OF THE CLERK
SUPREME COURT, U.S.

IN THE
SUPREME COURT OF THE UNITED STATES

KABIL ANTON DJENASEVIC — 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*.

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

4th, 9th, 11th, DC, and 2nd (Circuit and District Courts) (Pending) Granted IFP.

☐ 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.

Per: 28 U.S.C. § 1746 Kabil A Djenasevic
(Signature)

⇄41112-018⇄

Kabil A Djenasevic
Federal Correctional
- Institution Sheridan
P.O. Box 5000
Sheridan, OR 97378
United States

8-9818

ORIGINAL

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

I, Kabil A. Djenasevic, 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	\$ <u>0.12 ¢ Bor</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>300.00</u>	\$ <u>0</u>	\$ <u>300.00</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>Family/square</u>	\$ <u>0.30ve</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Total monthly income:	\$ <u>300.00</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>

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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
Incarcerated	N/A	N/A	\$ N/A
			\$
			\$

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	N/A	N/A	\$ N/A
			\$
			\$

4. How much cash do you and your spouse have? \$ 0
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	\$ 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 Incarcerated
Value N/A

☐ Other real estate Incarcerated
Value N/A

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

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

☐ Other assets
Description None- Incarcerated
Value None 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
N/A	\$ 0	\$ 0
N/A	\$ 0	\$ 0
N/A	\$ 0	\$ 0

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

Name	Relationship	Age
Nurija Kraja	Mother	76

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
INCARCERATED		
Rent or home-mortgage payment (include lot rented for mobile home)	\$ NONE	\$ 0
Are real estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No N/A		
Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No N/A		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 30.00	\$ N/A
Home maintenance (repairs and upkeep)	\$ N/A	\$ N/A
Food	\$ N/A	\$ N/A
Clothing	\$ N/A	\$ N/A
Laundry and dry-cleaning	\$ N/A	\$ N/A
Medical and dental expenses	\$ N/A	\$ N/A

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 0	\$ N/A
Recreation, entertainment, newspapers, magazines, etc.	\$ 0	\$ N/A
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ 0	\$ N/A
Life	\$ 0	\$ N/A
Health	\$ 0	\$ N/A
Motor Vehicle	\$ 0	\$ N/A
Other: <u>Personal Hygiene Items</u>	\$ 35.00	\$ N/A
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>INCARCERATED</u>	\$ N/A	\$ N/A
Installment payments		
Motor Vehicle	\$ N/A	\$ N/A
Credit card(s)	\$ 0	\$ N/A
Department store(s)	\$ 0	\$ N/A
Other: <u>STAMPS/COPY/COURT'S/TYPO/E-mil/Phone</u>	\$ 200.00	\$ N/A
Alimony, maintenance, and support paid to others	\$ 0	\$ N/A
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0	\$ N/A
Other (specify): <u>N/A</u>	\$ 0	\$ N/A
Total monthly expenses:	\$ 265.00	\$ N/A

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? 0 N/A

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? 0 N/A

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.

As this Honorable Court is well aware of, I have been incarcerated in federal prison for many, many, years. Inassuch, I have no other alternative but to rely on the generosity of others such as my mother to make ends meet during my confinement. I need to be able to use the telephone and purchase hygiene items from the commissary.

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

Executed on: January 24, 2019, 2019 per 28 U.S.C. § 1746 Kahl Jensen

Kahl Jensen
(Signature)