

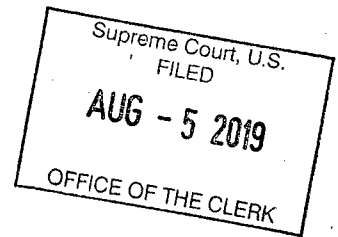
19-6347

ORIGINAL

No. _____

IN THE
SUPREME COURT OF THE UNITED STATES

Rafael Alvarado — PETITIONER
(Your Name)



VS.

Jacqueline Dashbrook (Warden) 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):

Appellate Court of Illinois Fifth Judicial District, Illinois Supreme Court.

☐ 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.

Rafael Alvarado
(Signature)

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

I, Rafael Alvarez, 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>N/A</u>	\$ _____	\$ <u>N/A</u>
Self-employment	\$ _____	\$ _____	\$ _____	\$ _____
Income from real property (such as rental income)	\$ _____	\$ _____	\$ _____	\$ _____
Interest and dividends	\$ _____	\$ _____	\$ _____	\$ _____
Gifts	\$ _____	\$ _____	\$ _____	\$ _____
Alimony	\$ _____	\$ _____	\$ _____	\$ _____
Child Support	\$ _____	\$ _____	\$ _____	\$ _____
Retirement (such as social security, pensions, annuities, insurance)	\$ _____	\$ _____	\$ _____	\$ _____
Disability (such as social security, insurance payments)	\$ _____	\$ _____	\$ _____	\$ _____
Unemployment payments	\$ _____	\$ _____	\$ _____	\$ _____
Public-assistance (such as welfare)	\$ _____	\$ _____	\$ _____	\$ _____
Other (specify): _____	\$ _____	\$ _____	\$ _____	\$ _____
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
COOKING	M.C.C.		\$ 29.00
	P.O. BOX 1000		\$
	Memphis 2162289		\$

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
N/A			\$
			\$
			\$

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

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 Value _____	N/A	<input type="checkbox"/> Other real estate Value _____
<input type="checkbox"/> Motor Vehicle #1 Year, make & model _____ Value _____		<input type="checkbox"/> Motor Vehicle #2 Year, make & model _____ Value _____
<input type="checkbox"/> Other assets 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

N/A

Amount owed to you

\$

Amount owed to your spouse

\$

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

Name

N/A

Relationship

Age

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)

\$ N/A

\$

Are real estate taxes included? ☐ Yes ☐ No

Is property insurance included? ☐ Yes ☐ No

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

\$

\$

Home maintenance (repairs and upkeep)

\$

\$

Food

\$

\$

Clothing

\$

\$

Laundry and dry-cleaning

\$

\$

Medical and dental expenses

\$

\$

You

Your spouse

Transportation (not including motor vehicle payments)

\$ N/A

\$ N/A

Recreation, entertainment, newspapers, magazines, etc.

\$ _____

\$ _____

Insurance (not deducted from wages or included in mortgage payments)

Homeowner's or renter's

\$ _____

\$ _____

Life

\$ _____

\$ _____

Health

\$ _____

\$ _____

Motor Vehicle

\$ _____

\$ _____

Other: _____

\$ _____

\$ _____

Taxes (not deducted from wages or included in mortgage payments)

(specify): _____

\$ _____

\$ _____

Installment payments

Motor Vehicle

\$ _____

\$ _____

Credit card(s)

\$ _____

\$ _____

Department store(s)

\$ _____

\$ _____

Other: _____

\$ _____

\$ _____

Alimony, maintenance, and support paid to others

\$ _____

\$ _____

Regular expenses for operation of business, profession,
or farm (attach detailed statement)

\$ _____

\$ _____

Other (specify): _____

\$ _____

\$ _____

Total monthly expenses:

\$ _____

\$ _____

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

Executed on: October 04 , 2019


(Signature)

CERTIFICATE

(TO BE COMPLETED FOR PRISONERS ONLY. THIS IS A STATEMENT BY THE PRISON AND NOT THE PRISONER)

I hereby certify that the plaintiff or petitioner in this action has the sum of \$ 180.47 in his trust fund account at this correctional center where is confined. I further certify that the plaintiff or petitioner has the following securities to his credit according to the records of this institution: Menard

Michelle Prainge
Authorized Officer

Menard
Institution

Account Tech.
Title

7/23/19
Date

IMPORTANT:

THIS CERTIFICATE MUST BE ACCOMPANIED BY A COPY OF A SIX MONTH LEDGER OF THE PLAINTIFF'S TRUST FUND ACCOUNT.

Date: 7/24/2019

Time: 9:22am

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Menard Correctional Center

Trust Fund

Inmate Transaction Statement

Page 1

REPORT CRITERIA - Date: 01/24/2019 thru End; Inmate: M01998; Active Status Only ? : No; Print Restrictions ? : Yes;
 Transaction Type: All Transaction Types; Print Furloughs / Restitutions ? : Yes; Include Inmate Totals ? : Yes; Print Balance
 Errors Only ? : No

Inmate: M01998 Alvarado, Rafael

Housing Unit: MEN-NL-03-41

Date	Source	Transaction Type	Batch	Reference #	Description	Amount	Balance
Beginning Balance:							15.20
01/24/19	Point of Sale	60 Commissary	0247160	1418755	Commissary	-15.20	.00
02/07/19	Payroll	20 Payroll Adjustment	0381277		P/R month of 1 2019	15.52	15.52
02/15/19	Disbursements	84 Library	0463113	Chk #166457	660738, DOC: 523 Fun, Inv. Date: 02/14/2019	-4.60	10.92
02/15/19	Disbursements	81 Legal Postage	0463113	Chk #166462	660245, DOC: 523 Fun, Inv. Date: 02/11/2019	-10.50	.42
02/20/19	Payroll	20 Payroll Adjustment	0511277		ADD SMIC P/R JAN 19	13.58	14.00
03/01/19	Disbursements	84 Library	0603113	Chk #166785	661382, DOC: 523 Fun, Inv. Date: 02/21/2019	-.60	13.40
03/05/19	Mail Room	10 Western Union	064200	6338649796	Alvarado, Ubaldina	100.00	113.40
03/06/19	Point of Sale	60 Commissary	0657260	1425067	Commissary	-94.47	18.93
03/06/19	Payroll	20 Payroll Adjustment	0651277		P/R month of 2 2019	27.16	46.09
03/07/19	Mail Room	15 JPAY	066200	98075447	Castelan, Bernardino	50.00	96.09
03/07/19	Disbursements	84 Library	0663113	Chk #166919	662777, DOC: 523 Fun, Inv. Date: 03/06/2019	-2.00	94.09
03/07/19	Disbursements	84 Library	0663113	Chk #166919	662778, DOC: 523 Fun, Inv. Date: 03/06/2019	-.60	93.49
03/14/19	Point of Sale	60 Commissary	0737181	1427298	Commissary	-61.55	31.94
03/14/19	Disbursements	80 Postage	0733113	Chk #167211	663243, Pitney Bowes, Inv. Date: 03/11/2019	-4.20	27.74
03/25/19	Disbursements	84 Library	0843113	Chk #167490	664495, DOC: 523 Fun, Inv. Date: 03/21/2019	-.50	27.24
03/25/19	Disbursements	84 Library	0843113	Chk #167490	664504, DOC: 523 Fun, Inv. Date: 03/21/2019	-.60	26.64
04/01/19	Point of Sale	60 Commissary	0917271	1428991	Commissary	-25.88	.76
04/02/19	Mail Room	16 GTL	092200	760987632545930576	Torres, Brenda	150.00	150.76
04/05/19	Payroll	20 Payroll Adjustment	0951277		P/R month of 3 2019	29.10	179.86
04/05/19	Disbursements	84 Library	0953113	Chk #167799	665646, DOC: 523 Fun, Inv. Date: 04/01/2019	-.70	179.16
04/10/19	Disbursements	88 gift	1003113	Chk #167965	88275361, Philadelph, Inv. Date: 04/09/2019	-15.00	164.16
04/18/19	Point of Sale	60 Commissary	1087260	1432082	Commissary	-131.98	32.18
04/30/19	Disbursements	84 Library	1203113	Chk #168545	667933, DOC: 523 Fun, Inv. Date: 04/22/2019	-1.80	30.38
05/01/19	Point of Sale	60 Commissary	1217281	1433389	Commissary	-30.25	.13
05/08/19	Payroll	20 Payroll Adjustment	1281277		P/R month of 4 2019	21.34	21.47
05/10/19	Mail Room	16 GTL	130200	766904087958573194	Alvarado, Adan	50.00	71.47
05/10/19	Point of Sale	60 Commissary	1307260	1435519	Commissary	-66.20	5.27
05/20/19	Point of Sale	60 Commissary	1407160	1437235	Commissary	-4.92	.35
05/31/19	Disbursements	84 Library	1513113	Chk #169280	672035, DOC: 523 Fun, Inv. Date: 05/28/2019	-.20	.15
06/01/19	Mail Room	10 Western Union	152200	3680934488	Alvarado, Ubaldina	100.00	100.15
06/04/19	Mail Room	16 GTL	155200	771636746561992432	Escobedo, Angelica	230.00	330.15
06/04/19	Point of Sale	60 Commissary	1557271	1438770	Commissary	-65.93	264.22
06/10/19	Payroll	20 Payroll Adjustment	1611277		P/R month of 5 2019	29.10	293.32
06/10/19	Disbursements	80 Postage	1613113	Chk #169448	673324, Pitney Bowes, Inv. Date: 06/07/2019	-7.85	285.47
06/12/19	Point of Sale	60 Commissary	1637160	1440612	Commissary	-45.09	240.38
06/14/19	Payroll	20 Payroll Adjustment	1651277		ADD SMIC P/R APRIL 19	7.76	248.14
06/18/19	Mail Room	16 GTL	169200	770282299528473123	Torres, Brenda	40.00	288.14
06/20/19	Disbursements	84 Library	1713113	Chk #169662	673389, DOC: 523 Fun, Inv. Date: 06/10/2019	-.70	287.44
06/20/19	Disbursements	84 Library	1713113	Chk #169662	674164, DOC: 523 Fun, Inv. Date: 06/17/2019	-.70	286.74

Date: 7/24/2019

Time: 9:22am

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Menard Correctional Center Trust Fund

Page 2

Inmate Transaction Statement

REPORT CRITERIA - Date: 01/24/2019 thru End; Inmate: M01998; Active Status Only ? : No; Print Restrictions ? : Yes;
Transaction Type: All Transaction Types; Print Furloughs / Restitutions ? : Yes; Include Inmate Totals ? : Yes; Print Balance
Errors Only ? : No

Inmate: M01998 Alvarado, Rafael

Housing Unit: MEN-NL-03-41

Date	Source	Transaction Type	Batch	Reference #	Description	Amount	Balance
06/28/19	Disbursements	84 Library	1793113	Chk #169858	674967, DOC: 523 Fun, Inv. Date: 06/24/2019	-1.20	285.54
06/28/19	Disbursements	84 Library	1793113	Chk #169858	674970, DOC: 523 Fun, Inv. Date: 06/24/2019	-6.30	279.24
06/28/19	Disbursements	84 Library	1793113	Chk #169858	674973, DOC: 523 Fun, Inv. Date: 06/24/2019	-1.80	277.44
06/28/19	Disbursements	81 Legal Postage	1793113	Chk #169865	674837, DOC: 523 Fun, Inv. Date: 06/24/2019	-3.65	273.79
06/28/19	Disbursements	90 Medical Co-Pay	1793113	Chk #169865	675425, DOC: 523 Fun, Inv. Date: 06/25/2019	-5.00	268.79
07/02/19	Payroll	20 Payroll Adjustment	1831277		P/R month of 6 2019	29.10	297.89
07/09/19	Disbursements	84 Library	1903113	Chk #169974	675647, DOC: 523 Fun, Inv. Date: 07/01/2019	-20	297.69
07/16/19	Mail Room	16 GTL	197200	777721096994187812	Escobedo, Cesar	16.50	314.19
07/18/19	Point of Sale	60 Commissary	1997260	1444879	Commissary	-133.72	180.47

Total Inmate Funds: 180.47

Less Funds Held For Orders: .00

Less Funds Restricted: .00

Funds Available: 180.47

Total Furloughs: .00

Total Voluntary Restitutions: .00