

No.

19-7303

IN THE

SUPREME COURT OF THE UNITED STATES

MICHAEL WARREN SMITH
(Your Name)

- PETITIONER

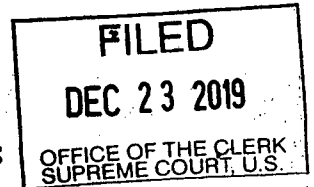
ORIGINAL

VS.

PEOPLE STATE OF ILLINOIS

- 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 cost 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):

Rock Island Appeal Court, Case No. 3-16-0206, Supreme Court of Illinois, Case No. 124865, Central District Illinois, Case No. Smith, et al., v. Scott, et al., 17-CV-04065

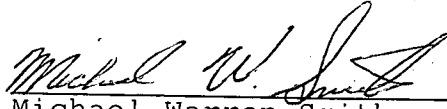
Petitioner has **not** previously been granted leave to proceed in forma pauperis in any other court.

☒ 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:

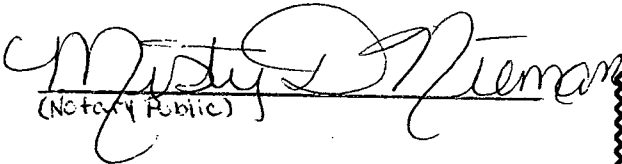
☒ The appointment was made under the following provision of law: _____

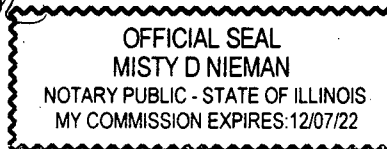
_____, or
a copy of the order of appointment is appended.



Michael Warren Smith
(Signature)

Executed on October 3rd, 2019


(Notary Public)



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

I, Michael Warren Smith, 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 that I am unable to pay the costs of this case or to give security thereof; 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	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Self-employment	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Income from real property (such as rental income)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Interest and dividends	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Gifts	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Alimony	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Child Support	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Retirement (such as social security, pensions, annuities, insurance)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Disability (such as social security, insurance payments)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Unemployment payments	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Public-assistance (such as welfare)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Other (specify):	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Total monthly income:	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

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	N/A	N/A	\$ 0.00
			\$
			\$

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? \$ NONE

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
DETENTION FACILITY.	NONE	NONE	N/A

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

Home

Value None

Motor Vehicle #1

Year, make & model None

Other ASSETS

Description None

Value N/A

Other real estate

Value None

Motor Vehicle #2

Year, make & model None

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	\$ NONE	\$ N/A
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

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

Name	Relationship	Age
NONE	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)	\$ NONE	\$ NONE
Are real estate taxes included? _____ Yes _____ No		
Is property insurance included? _____ Yes _____ No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ NONE	\$ N/A
Home maintenance (repairs and upkeep)	\$ NONE	\$ N/A
Food	\$ NONE	\$ N/A
Clothing	\$ NONE	\$ N/A
Laundry and dry-cleaning	\$ NONE	\$ N/A
Medical and dental expenses	\$ NONE	\$ N/A

	You	Your Spouse
Transportation (not including motor vehicle payments)	\$ NONE	\$ N/A
Recreation, entertainment, newspaper, magazines, etc.	\$ NONE	\$ N/A
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ NONE	\$ N/A
Life	\$ NONE	\$ N/A
Health	\$ NONE	\$ N/A
Motor Vehicle	\$ NONE	\$ N/A
OTHER: NONE	\$ NONE	\$ N/A
Taxes (not deducted from wages or included on mortgage payments)		
(specify): NONE	\$ NONE	\$ N/A
Installment payments		
Motor Vehicle	\$ NONE	\$ N/A
Credit card(s)	\$ NONE	\$ N/A
Department store(s)	\$ NONE	\$ N/A
Other: NONE	\$ NONE	\$ N/A
Alimony, maintenance, and support paid to others	\$ NONE	\$ N/A
Regular expenses for operation of business, profession,	\$ NONE	\$ N/A
or farm (attach detailed statement)	\$ NONE	\$ N/A
Other (specify): NONE	\$ NONE	\$ N/A
Total monthly expenses:	\$ NONE	\$ 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 X 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 X No

If yes, how much? N/A

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

11. Have you - 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 form?

_____ Yes X No

If yes, how much? N/A

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 cost of this case.

I am incarcerated in a mental health facility, and do not
have any access outside of the facility so that I may obtain
some form of work to help pay for the cost of these proceedings.

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

Executed on: October 3rd, 2019

Misty D Nieman
(Notary Public)

Michael Warren Smith
(Signature)

