

No. \_\_\_\_\_

\_\_\_\_\_  
IN THE  
SUPREME COURT OF THE UNITED STATES  
\_\_\_\_\_

Terry Bridges — PETITIONER  
(Your Name)

VS.

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 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):  
\_\_\_\_\_  
\_\_\_\_\_

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

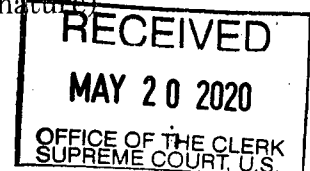
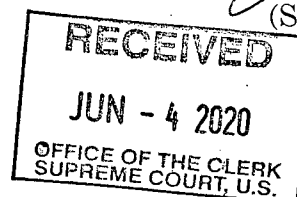
☒ Petitioner's affidavit or declaration in support of this motion is attached hereto.

☐ 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.

Terry Bridges  
(Signature)



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

I, Terry Bridges, 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</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>
<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
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
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
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 N/A

☐ Other real estate  
Value N/A

☐ Motor Vehicle #1  
Year, make & model N/A  
Value \_\_\_\_\_

☐ Motor Vehicle #2  
Year, make & model N/A  
Value \_\_\_\_\_

☐ Other assets  
Description N/A  
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

Amount owed to you

Amount owed to your spouse

N/A

\$ N/A

\$ N/A

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

Name

Relationship

Age

N/A

N/A

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)

\$ 0

\$ 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

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>0</u>	\$ _____
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>0</u>	\$ _____
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>0</u>	\$ _____
Life	\$ <u>0</u>	\$ _____
Health	\$ <u>0</u>	\$ _____
Motor Vehicle	\$ <u>0</u>	\$ _____
Other: _____	\$ <u>0</u>	\$ _____
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ <u>0</u>	\$ _____
Installment payments		
Motor Vehicle	\$ <u>0</u>	\$ _____
Credit card(s)	\$ <u>0</u>	\$ _____
Department store(s)	\$ <u>0</u>	\$ _____
Other: _____	\$ <u>0</u>	\$ _____
Alimony, maintenance, and support paid to others	\$ <u>0</u>	\$ _____
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>0</u>	\$ _____
Other (specify): _____	\$ <u>0</u>	\$ _____
<b>Total monthly expenses:</b>	\$ <u>0</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? \_\_\_\_\_

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 am incarcerated in Illinois Department of Corrections  
and have no job.

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

Executed on: January 18, 2020

Trey Bridges  
(Signature)

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

I declare under penalty of perjury that the above information is true and correct. I understand that 28 U.S.C. § 1915(e)(2)(A) states that the court shall dismiss this case at any time if the court determines that my allegation of poverty is untrue.

Date: 3/18/20

Terry Bridges  
Signature of Applicant  
Terry Bridges  
(Print Name)

**NOTICE TO PRISONERS:** In addition to the Certificate below, a prisoner must also attach a print-out from the institution(s) where he or she has been in custody during the last six months showing all receipts, expenditures and balances in the prisoner's prison or jail trust fund accounts during that period. Because the law requires information as to such accounts covering a full six months before you have filed your lawsuit, you must attach a sheet covering transactions in your own account – prepared by each institution where you have been in custody during that six-month period. As already stated, you must also have the Certificate below completed by an authorized officer at each institution.

#### CERTIFICATE

(Incarcerated applicants only)

(To be completed by the institution of incarceration)

I certify that the applicant named herein, Terry Bridges, I.D.# M48255, has the sum of \$ 265.77 on account to his/her credit at (name of institution) Western Ill Correctional Center further certify that the applicant has the following securities to his/her credit: n/a. I further certify that during the past six months the applicant's average monthly deposit was \$ 196.53. (Add all deposits from all sources and then divide by number of months).

03.18.20  
Date

Laura Lane  
Signature of Authorized Officer

Laura Lane  
(Print Name)

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

Date: 3/18/2020

## Western Illinois Correctional Center

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## Trust Fund

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## View Transactions

Inmate: M48255 Bridges, Terry

Housing Unit: WIL-03-D -26

Date	Source	Transaction Type	Batch	Reference #	Description	Amount	Balance
Beginning Balance:							31.48
09/17/19	Mail Room	15 JPAY	260200	105925159	Dodson, Sharnetta	30.00	61.48
09/17/19	Point of Sale	60 Commissary	2607164	1011536	Commissary	-33.95	27.53
09/28/19	Mail Room	15 JPAY	271200	106298059	Dodson, Sharnetta	30.00	57.53
09/30/19	Disbursements	81 Legal Postage	273388	Chk #135487	10232, Reserve Accou, Inv. Date: 09/30/2019	-2.60	54.93
10/01/19	Point of Sale	60 Commissary	2747128	1012964	Commissary	-50.47	4.46
10/07/19	Payroll	20 Payroll Adjustment	280187		P/R month of 9 2019	9.86	14.32
10/08/19	Disbursements	84 Library	281388	Chk #135577	10351, DOC: 523 Fund, Inv. Date: 10/04/2019	-.30	14.02
10/08/19	Disbursements	84 Library	281388	Chk #135577	10361, DOC: 523 Fund, Inv. Date: 10/08/2019	-13.20	.82
10/14/19	Mail Room	15 JPAY	287200	106994270	Dodson, Sharnetta	50.00	50.82
10/17/19	Point of Sale	60 Commissary	2907128	1014593	Commissary	-50.80	.02
10/24/19	Mail Room	10 Western Union	297200	7676213507	Lynch, Carl	100.00	100.02
10/30/19	Disbursements	84 Library	303388	Chk #135861	10656, DOC: 523 Fund, Inv. Date: 10/25/2019	-.50	99.52
10/31/19	Point of Sale	60 Commissary	3047128	1016131	Commissary	-92.61	6.91
11/05/19	Mail Room	16 GTL	309200	794184853005114704	Mason, Angela	50.00	56.91
11/07/19	Payroll	20 Payroll Adjustment	311187		P/R month of 102019	10.00	66.91
11/14/19	Point of Sale	60 Commissary	3187177	1017662	Commissary	-66.86	.05
11/23/19	Mail Room	15 JPAY	327200	108582606	Dodson, Sharnetta	50.00	50.05
11/25/19	Point of Sale	60 Commissary	3297128	1018881	Commissary	-21.37	28.68
11/26/19	Disbursements	84 Library	330388	Chk #136149	11106, DOC: 523 Fund, Inv. Date: 11/25/2019	-1.00	27.68
11/26/19	Disbursements	80 Postage	330388	Chk #136151	11112, Reserve Accou, Inv. Date: 11/25/2019	-1.30	26.38
12/02/19	Mail Room	15 JPAY	336200	108844049	Jackson, Deandre	25.00	51.38
12/06/19	Mail Room	15 JPAY	340200	109123842	Dodson, Sharnetta	50.00	101.38
12/06/19	Payroll	20 Payroll Adjustment	340187		P/R month of 112019	7.14	108.52
12/09/19	Point of Sale	60 Commissary	3437128	1019560	Commissary	-97.89	10.63
12/10/19	Disbursements	81 Legal Postage	344388	Chk #136273	11203, Reserve Accou, Inv. Date: 12/04/2019	-6.90	3.73
12/17/19	Disbursements	84 Library	351388	Chk #136338	11371, DOC: 523 Fund, Inv. Date: 12/13/2019	-.40	3.33
12/17/19	Disbursements	80 Postage	351388	Chk #136340	11380, Reserve Accou, Inv. Date: 12/16/2019	-1.15	2.18
12/20/19	Mail Room	15 JPAY	354200	109713420	Dodson, Sharnetta	25.00	27.18
12/23/19	Mail Room	15 JPAY	357200	109838324	Dodson, Sharnetta	50.00	77.18
01/07/20	Point of Sale	60 Commissary	0077128	1022570	Commissary	-29.59	47.59
01/08/20	Payroll	20 Payroll Adjustment	008188		P/R month of 122019	9.18	56.77
01/22/20	Disbursements	84 Library	022388	Chk #136717	11843, DOC: 523 Fund, Inv. Date: 01/17/2020	-2.00	54.77
01/24/20	Mail Room	15 JPAY	024200	111115791	Dodson, Sharnetta	50.00	104.77
01/27/20	Mail Room	10 Western Union	027200	2237300307	Lowe, Katie	100.00	204.77
01/27/20	Mail Room	15 JPAY	027200	111157838	Jackson, Deandre	20.00	224.77
01/31/20	Mail Room	16 GTL	031200	805931887165598236	Carter, Richard	50.00	274.77
02/04/20	Disbursements	84 Library	035388	Chk #136819	11990, DOC: 523 Fund, Inv. Date: 01/30/2020	-.80	273.97
02/04/20	Point of Sale	60 Commissary	0357177	1025540	Commissary	-261.61	12.36
02/07/20	Payroll	20 Payroll Adjustment	038188		P/R month of 1 2020	10.00	22.36
02/14/20	Mail Room	16 GTL	045200	808792035577562038	Carter, Richard	50.00	72.36
02/19/20	Point of Sale	60 Commissary	0507164	1027058	Commissary	-67.18	5.18
02/25/20	Mail Room	16 GTL	056200	808798027546834665	Mason, Angela	25.00	30.18
02/25/20	Disbursements	84 Library	056388	Chk #137034	12216, DOC: 523 Fund, Inv. Date: 02/19/2020	-1.20	28.98
02/27/20	Mail Room	15 JPAY	058200	112516559	Dodson, Sharnetta	75.00	103.98
03/05/20	Mail Room	10 Western Union	065200	5880177421	Alford, Lavelle	40.00	143.98



Date: 3/18/2020

# Western Illinois Correctional Center Trust Fund

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## View Transactions

Inmate: M48255 Bridges, Terry

Housing Unit: WIL-03-D -26

Date	Source	Transaction Type	Batch	Reference #	Description	Amount	Balance
03/06/20	Point of Sale	60 Commissary	0667125	1028628	Commissary	-140.20	3.78
03/06/20	Payroll	20 Payroll Adjustment	066188		P/R month of 2 2020	8.84	12.62
03/07/20	Mail Room	15 JPAY	067200	113072397	Dodson, Sharnetta	100.00	112.62
03/12/20	Mail Room	15 JPAY	072200	113259789	Love, Dominique	50.00	162.62
03/13/20	Mail Room	15 JPAY	073200	113324090	Dodson, Sharnetta	100.00	262.62
03/13/20	Mail Room	01 MO/Checks (Not Held)	0732169		Offender Stipend	4.15	266.77

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**Total Inmate Funds:** 266.77

**Less Funds Held For Orders:** .00

**Less Funds Restricted:** 1.00

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**Funds Available:** 265.77

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**Total Furloughs:** .00

**Total Voluntary Restitutions:** .00