

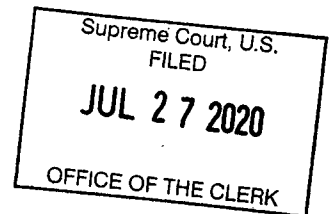
No. 20-5297

ORIGINAL

IN THE  
SUPREME COURT OF THE UNITED STATES

Demarius Bridges — PETITIONER  
(Your Name)

VS.  
People of the 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*.

[ ] 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.

Demarius Bridges  
(Signature)

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

I, Demarius 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>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>
Self-employment	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>
Income from real property (such as rental income)	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>
Interest and dividends	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>
Gifts	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>
Alimony	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>
Child Support	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>
Disability (such as social security, insurance payments)	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>
Unemployment payments	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>
Public-assistance (such as welfare)	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>
Other (specify): <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>
<b>Total monthly income:</b>	\$ <u>20.00</u>	\$ <u>NONE</u>	\$ <u>20.00</u>	\$ <u>NONE</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	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
N/A	N/A	N/A	\$ 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
Menard CC	Prison	\$	\$ 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 <u>N/A 0</u>	<input type="checkbox"/> Other real estate Value <u>N/A 0</u>
<input type="checkbox"/> Motor Vehicle #1 Year, make & model <u>N/A 0</u> Value _____	<input type="checkbox"/> Motor Vehicle #2 Year, make & model <u>N/A 0</u> Value _____
<input type="checkbox"/> Other assets Description <u>N/A</u> Value <u>0</u>	

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**

0  
\_\_\_\_\_  
0  
\_\_\_\_\_  
0  
\_\_\_\_\_

\$ 0  
\_\_\_\_\_  
\$ 0  
\_\_\_\_\_  
\$ 0  
\_\_\_\_\_

\$ 0  
\_\_\_\_\_  
\$ 0  
\_\_\_\_\_  
\$ 0  
\_\_\_\_\_

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

**Name**

**Relationship**

**Age**

0  
\_\_\_\_\_  
0  
\_\_\_\_\_  
0  
\_\_\_\_\_

0  
\_\_\_\_\_  
0  
\_\_\_\_\_  
0  
\_\_\_\_\_

0  
\_\_\_\_\_  
0  
\_\_\_\_\_  
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.

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

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? 0

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 a prisoner in the Menard CC I have a kitchen job that pays \$20 dollars a month

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

Executed on: July, 2020

Demetrius Bridges  
(Signature)

## Inmate Transaction Statement

REPORT CRITERIA - Date: 01/01/2020 thru End; Inmate: M53495; 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: M53495 Bridges, Demarius

Housing Unit: MEN-NL-02-40

Date	Source	Transaction Type	Batch	Reference #	Description	Amount	Balance
Beginning Balance:						840.49	
01/06/20	Point of Sale	60 Commissary	0067271	1465977	Commissary	-224.93	615.56
01/08/20	Payroll	20 Payroll Adjustment	0081277		P/R month of 122019	28.00	643.56
01/14/20	Point of Sale	60 Commissary	0147285	1467829	Commissary	-52.72	590.84
01/21/20	Point of Sale	60 Commissary	0217260	1469043	Commissary	-53.73	537.11
01/31/20	Mail Room	16 GTL	031200	805931327989377564	Carter, Richard	50.00	587.11
02/06/20	Point of Sale	60 Commissary	0377285	1470380	Commissary	-57.81	529.30
02/06/20	Point of Sale	60 Commissary	0377285	1470399	Commissary	-30.00	499.30
02/10/20	Payroll	20 Payroll Adjustment	0411277		P/R month of 1 2020	30.00	529.30
02/11/20	Mail Room	15 JPAY	042200	111914530	Jackson, Deandre	25.00	554.30
02/11/20	Disbursements	80 Postage	0423113	Chk #174192	693929, Pitney Bowes, Inv. Date: 02/05/2020	-3.85	550.45
02/14/20	Mail Room	16 GTL	045200	808657023287323164	Carter, Richard	50.00	600.45
02/19/20	Point of Sale	60 Commissary	0507260	1472405	Commissary	-65.33	535.12
02/25/20	Mail Room	16 GTL	056200	808661797588068892	Mason, Angela	25.00	560.12
02/27/20	Mail Room	15 JPAY	058200	112516527	Dodson, Sharnetta	75.00	635.12
03/04/20	Point of Sale	60 Commissary	0647292	1474104	Commissary	-74.21	560.91
03/07/20	Mail Room	15 JPAY	067200	113072368	Dodson, Sharnetta	100.00	660.91
03/09/20	Payroll	20 Payroll Adjustment	0691277		P/R month of 2 2020	29.00	689.91
03/13/20	Mail Room	15 JPAY	073200	113324064	Dodson, Sharnetta	100.00	789.91
03/13/20	Mail Room	01 MO/Checks (Not Held)	0732226	03132020	Offender Stipend	4.15	794.06
04/02/20	Point of Sale	60 Commissary	0937292	1477083	Commissary	-103.10	690.96
04/06/20	Payroll	20 Payroll Adjustment	0971277		P/R month of 3 2020	30.00	720.96
04/10/20	Mail Room	10 Western Union	101200	8856236836	Warren, Jene Michelle	100.00	820.96
04/15/20	Mail Room	15 JPAY	106200	114849715	Dodson, Sharnetta	50.00	870.96
04/20/20	Mail Room	16 GTL	111200	818107378393416630	Mason, Angela	25.00	895.96
04/30/20	Mail Room	16 GTL	121200	819681678294936092	Carter, Richard	100.00	995.96
05/04/20	Point of Sale	60 Commissary	1257285	1479294	Commissary	-99.46	896.50
05/11/20	Disbursements	80 Postage	1323113	Chk #176064	701460, Pitney Bowes, Inv. Date: 05/07/2020	-2.20	894.30
05/12/20	Mail Room	16 GTL	133200	821173739332043702	Mason, Angela	20.00	914.30
05/12/20	Payroll	20 Payroll Adjustment	1331201		P/R month of 4 2020	30.00	944.30
05/20/20	Mail Room	15 JPAY	141200	116549687	Dodson, Earic E	50.00	994.30
06/02/20	Point of Sale	60 Commissary	1547105	1481563	Commissary	-91.06	903.24
06/04/20	Payroll	20 Payroll Adjustment	1561277		P/R month of 5 2020	30.00	933.24
06/06/20	Mail Room	15 JPAY	158200	117344417	Dodson, Sharnetta	50.00	983.24
06/22/20	Mail Room	15 JPAY	174200	118017589	Dodson, Sharnetta	150.00	1,133.24
06/27/20	Mail Room	15 JPAY	179200	118209704	Dodson, Earic E	50.00	1,183.24
06/30/20	Mail Room	15 JPAY	182200	118344877	Jackson, Deandre	25.00	1,208.24
07/02/20	Payroll	20 Payroll Adjustment	1841277		P/R month of 6 2020	30.00	1,238.24
07/07/20	Mail Room	16 GTL	189200	829027731348338409	Mason, Angela	25.00	1,263.24
07/07/20	Point of Sale	60 Commissary	1897298	1483790	Commissary	-100.28	1,162.96
07/11/20	Mail Room	16 GTL	193200	830158684745578217	Akins, Ashley	170.00	1,332.96

Date: 7/17/2020

Time: 11:20am

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**Menard Correctional Center  
Trust Fund**

Page 2

**Inmate Transaction Statement**

REPORT CRITERIA - Date: 01/01/2020 thru End; Inmate: M53495; 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: M53495 Bridges, Demarius**

**Housing Unit: MEN-NL-02-40**

Total Inmate Funds:	1,332.96
Less Funds Held For Orders:	.00
Less Funds Restricted:	.00
Funds Available:	1,332.96
Total Furloughs:	.00
Total Voluntary Restitutions:	.00



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 \$ 1332.96 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: 8

Menard Correctional Center

Michelle Prange  
Authorized Officer

Menard  
Institution

Account Tech.  
Title

7/17/20  
Date

IMPORTANT:

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

