

20-5671

No. _____

ORIGINAL

Supreme Court, U.S.
FILED

JUL 17 2020

OFFICE OF THE CLERK

IN THE
SUPREME COURT OF THE UNITED STATES

MICHAEL WARD — PETITIONER
(Your Name)

VS. MCL 600.2963(8)

STATE OF MICHIGAN, et al. — 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):
N/A - Petitioner attempted to file an original complaint for superintending control in the Mich. Supreme Court pursuant to Mich. Court Rule (MCR) 9.122(A)(2); together with a motion to waive/suspend entry & outstanding fees; however, the MSC Deputy Clerk summarily rejected/returned without consideration, pursuant to the now challenged statute, MCL 600.2963(8). Petitioner SHOULD HAVE been granted IFP status.

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

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: **N/A**

The appointment was made under the following provision of law: N/A _____

a copy of the order of appointment is appended. **N/A**

Resubmitted for filing: 8/24/20

Michael Ward
(Signature)
Michael Ward #128267
Macomb Correctional Facility
34625 26 Mile Rd.
Lenox Twp., MI 48048

RECEIVED

JUL 29 2020

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

I, MICHAEL WARD, 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>0.00</u>	\$ <u>N/A</u>	\$ <u>0.00</u>	\$ <u>N/A</u>
Self-employment	\$ <u>0.00</u>	\$ <u>"</u>	\$ <u>0.00</u>	\$ <u>"</u>
Income from real property (such as rental income)	\$ <u>0.00</u>	\$ <u>"</u>	\$ <u>0.00</u>	\$ <u>"</u>
Interest and dividends	\$ <u>0.00</u>	\$ <u>"</u>	\$ <u>0.00</u>	\$ <u>"</u>
Gifts	\$ <u>0.00</u>	\$ <u>"</u>	\$ <u>0.00</u>	\$ <u>"</u>
Alimony	\$ <u>0.00</u>	\$ <u>"</u>	\$ <u>0.00</u>	\$ <u>"</u>
Child Support	\$ <u>0.00</u>	\$ <u>"</u>	\$ <u>0.00</u>	\$ <u>"</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0.00</u>	\$ <u>"</u>	\$ <u>0.00</u>	\$ <u>"</u>
Disability (such as social security, insurance payments)	\$ <u>0.00</u>	\$ <u>"</u>	\$ <u>0.00</u>	\$ <u>"</u>
Unemployment payments	\$ <u>0.00</u>	\$ <u>"</u>	\$ <u>0.00</u>	\$ <u>"</u>
Public-assistance (such as welfare)	\$ <u>0.00</u>	\$ <u>"</u>	\$ <u>0.00</u>	\$ <u>"</u>
Other (specify): _____	\$ <u>0.00</u>	\$ <u>"</u>	\$ <u>0.00</u>	\$ <u>"</u>
Total monthly income:	\$ <u>0.00</u>	\$ <u>"</u>	\$ <u>0.00</u>	\$ <u>"</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
<u>N/A (em prisoner)</u>	<u>N/A</u>	<u>N/A</u>	<u>\$ 0.00</u>
			<u>\$</u>
			<u>\$</u>

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
<u>N/A (no spouse)</u>	<u>N/A</u>	<u>N/A</u>	<u>\$ 0.00</u>
			<u>\$</u>
			<u>\$</u>

4. How much cash do you and your spouse have? \$ 0.00

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
<u>N/A (none)</u>	<u>N/A</u>	<u>\$ N/A (0.00)</u>	<u>\$ N/A (0.00)</u>
		<u>\$</u>	<u>\$</u>
		<u>\$</u>	<u>\$</u>

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

Home N/A (none)
Value N/A (0.00)

Other real estate N/A (none)
Value N/A (0.00)

Motor Vehicle #1
Year, make & model N/A (none)
Value N/A (0.00)

Motor Vehicle #2
Year, make & model N/A (none)
Value N/A (0.00)

Other assets
Description N/A (none)
Value N/A (0.00)

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	Do NOT have spouse Amount owed to your spouse
<u>N/A (none)</u>	\$ <u>0.00</u>	\$ <u>N/A (0.00)</u>
	\$ _____	\$ _____
	\$ _____	\$ _____

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

Name	Relationship	Age
<u>N/A (none)</u>	<u>N/A</u>	<u>N/A</u>
_____	_____	_____
_____	_____	_____

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)	Am a PRISONER \$ <u>N/A (none)</u>	\$ <u>N/A</u>
Are real estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No <u>N/A</u>		
Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No <u>N/A</u>		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <u>N/A (0.00)</u>	\$ <u>N/A</u>
Home maintenance (repairs and upkeep)	\$ <u>N/A (0.00)</u>	\$ <u>N/A</u>
Food	\$ <u>N/A (0.00)</u>	\$ <u>N/A</u>
Clothing	\$ <u>N/A (0.00)</u>	\$ <u>N/A</u>
Laundry and dry-cleaning	\$ <u>N/A (0.00)</u>	\$ <u>N/A</u>
Medical and dental expenses (state paid)	\$ <u>N/A (0.00)</u>	\$ <u>N/A</u>

Do NOT have spouse

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ N/A (0.00)	\$ N/A
Recreation, entertainment, newspapers, magazines, etc.	\$ N/A (0.00)	\$ N/A
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ N/A (0.00)	\$ N/A
Life	\$ N/A (0.00)	\$ N/A
Health	\$ N/A (0.00)	\$ N/A
Motor Vehicle	\$ N/A (0.00)	\$ N/A
Other: <u>None</u>	\$ N/A (0.00)	\$ N/A
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>N/A (am a prisoner - NO taxes)</u>	\$ N/A (0.00)	\$ N/A
Installment payments		
Motor Vehicle	\$ N/A (0.00)	\$ N/A
Credit card(s)	\$ N/A (0.00)	\$ N/A
Department store(s)	\$ N/A (0.00)	\$ N/A
Other: <u>None</u>	\$ N/A (0.00)	\$ N/A
Alimony, maintenance, and support paid to others	\$ N/A (0.00)	\$ N/A
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ N/A (0.00)	\$ N/A
Other (specify): <u>None</u>	\$ N/A (0.00)	\$ N/A
Total monthly expenses:	\$ N/A (0.00)	\$ 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.

N/A

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

NO ATTORNEY

If yes, how much? 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? **NO OTHER**

Yes No

If yes, how much? 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.

Have been a prisoner of the State of Michigan for the past 42 years; as such, I have no assets or financial means at all. Further, I do NOT have a prison job. See, attached CERTIFICATE OF PRISON ACCOUNT. I have a \$0.00 SPENDABLE; an avg. monthly DEPOSIT of \$0.00; and avg. monthly NEGATIVE BALANCE of \$ -114.00 due to debits against my account for ongoing legal copies/postage/loans.

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

Executed on: July 17, 20 20

28 USC 1786

Resubmitted for filing: 3/24/20

Michael Ward

(Signature)

Michael Ward #128267
Macomb Correctional Facility
34625 26 Mile Rd.
Lenox Twp., MI 48048

STATE OF MICHIGAN

CERTIFICATE OF PRISONER ACCOUNT ACTIVITY
AND AFFIDAVIT REGARDING SUSPENSION OF PRISONER FEES/COSTS

Prisoner-Plaintiff/Petitioner/Appellant name and number
MICHAEL WARD, #128267

State of Mich.; Governor; Mich. Atty General,
Defendant's/Respondent's/Appellee's name Mich. Sup. Ct.,
MICH. ATTY GRIEV. COMM., CLERK
INGER MEYER, MICH. SUP. CT., MICH.
STATE LEGISLATURE ; MCL 600.2963(8)

v

CERTIFICATE OF PRISONER ACCOUNT ACTIVITY

I am employed by the Michigan Department of Corrections at the facility identified below, at which the prisoner identified as the Plaintiff/Petitioner/Appellant is currently incarcerated.

Attached is a computer printout which accurately reflects the current spendable balance and all activity within this prisoner's account during the preceding twelve months or, if the prisoner has been incarcerated for less than twelve months, for the period of incarceration. Code "C" on the printout represents a withdrawal from the account and code "D" represents a deposit to the account. The attached printout reflects, for the reported period, an average monthly account deposit (i.e., total deposits divided by number of months) of \$0 and an average monthly account balance (i.e., total deposits minus total withdrawals divided by number of months) of \$-114.00. There is a current spendable account balance of \$0

Date: 6-29-2020

PJohnson Acct Tech
Signature/Title

Macomb Correctional Facility
Correctional Facility

Note: Bottom section to be completed by prisoner and sent by prisoner to a Michigan court along with State civil pleading/claim of appeal.

AFFIDAVIT REGARDING SUSPENSION OF PRISONER FEES/COSTS

1. I am the Plaintiff/Respondent/Appellant in the attached pleading/petition/claim of appeal. *Petitioner* *Waiver*

2. I am asking the court for suspension of filing fees and costs because I am indigent as reflected in the Certificate of Prisoner Account Activity and attached computer print out.

M. Ward
Julie Tolley
Notary for St. Clair County
Acting in Macomb
Subscribed and sworn to before me, a Notary Public,

13 this day of July, 2020.

Prisoner's Signature

Michael Ward #128267

Macomb Correctional Facility
34625 26 Mile Rd.
Lenox Twp., MI 48048

My Commission Expires: 13/2026

CSJ-276 7/07