$_{No.}$ 20-6012



IN THE

SUPREME COURT OF THE UNITED STATES PETITION FOR WIT OF CETTORAL

(Your Name) — PETITIONER

VS.

FOR the seventh circuit - 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

Please check the appropriate boxes:

 \square a copy of the order of appointment is appended.

th	e following court(s):
	United States court of Appeals For the Seventh Circuit, Attorney Remove
	United State District court of Seventh circuit I went Prose
pa	☐ Petitioner has not previously been granted leave to proceed <i>in forma</i> superis in any other court.
	☐ Petitioner's affidavit or declaration in support of this motion is attached hereto.
ap	Petitioner's affidavit or declaration is not attached because the court below pointed counsel in the current proceeding, and:
	The appointment was made under the following provision of law: District
Distric	et Court of some circuit] And when my Atterney Remove himself from, or The Appeal Case.

(Signature)

OCT 13 2020

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

I, Allen 16 Young, 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.

	ge monthly amo st 12 months	unt during	Amount expe next month	cted
	You	Spouse	You	Spouse
Employment	\$	\$	\$	\$
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:	\$	M	<u></u>	\$

Employer	Address	Dates of Employment	Gross monthly pay
			/ \$
	/		\$
	- /-	- / 	
. List your spou (Gross monthly	se's employment histor pay is before taxes or	ry for the past two year other deductions.)	s, most recent employer firs
Employer	Address	Dates of Employment	Gross monthly pay
	- /	-//	_ \$
	- /	-//	_ \$
	/ —	7	
List the assets, and ordinary ho	e.g., checking or savings , and their values, which	\$ \$ \$ ch you own or your spou	\$ \$se owns. Do not list clothi
] Home		# Other real est	ate
Value		Value	
Motor Vehicle # Year, make & n	nodel	·	model
Value Other assets Description		Value	

6. State every person, busines amount owed.	s, or organizatio	n owing you	or your spot	ise money, and the
Person owing you or your spouse money /	Amount owed to	o you	Amount ow	ed to your spouse
	\$		/ \$	<u>.</u>
	• /		¢	
	ψ	_ /	Ψ	
	\$	/	\$	
7. State the persons who rely or instead of names (e.g. "J.S." in	you or your spor stead of "John S	use for support mith").	. For minor	children, list initials
Name /	Relations	ship	Ag	е
8. Estimate the average monthly paid by your spouse. Adjust annually to show the monthly	any payments	and your familthat are made	ly. Show sep e weekly, biw	erately the amounts reekly, quarterly, or
		You		Your spouse
Rent or home-mortgage paymen (include lot rented for mobile ho Are real estate taxes included?	me) ☐ Yes ☐ No	\$		\$
Is property insurance included	Yes No			
Utilities (electricity, heating fuel water, sewer, and telephone)	, //	\$		\$
Home maintenance (repairs and	upķeep)	\$		\$
Food		\$		\$
Clothing		\$		\$
Laundry and dry-cleaning		\$		\$
Medical and dental expenses		\$	·	\$

	You	Your spouse
Transportation (not including motor vehicle payments)	\$	\$
Recreation, entertainment, newspapers, magazines, etc.	\$	\$
Insurance (not deducted from wages or included in mort	gage payments)	
Homeowner's or renter's	\$	
Life	\$	\$
Health /	\$	\$
Motor Vehicle	\$	\$
Other:	\$	
Taxes (not deducted from wages or included in mortgage	e payments)	
(specify):	\$ <u>_</u>	 \$
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 v	ves, state the person's name, address, and telephone number:
J	n . /
	NA
12.	Provide any other information that will help explain why you cannot pay the costs of this case.
	I Am A inmate in prison;.
I de	eclare under penalty of perjury that the foregoing is true and correct.
Exe	ecuted on: $\frac{9}{30}$, $20\underline{20}$
	,,
	alluse
	(Signature)