

No. _____

ORIGINAL

IN THE
SUPREME COURT OF THE UNITED STATES

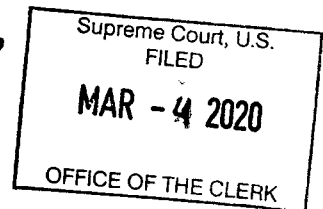
In re CYRUS LINTON BROOKS,

Petitioner,

-vs-

RANDALL R. HEPP,

Defendant.



MOTION FOR LEAVE TO PROCEED BEFORE
SUPREME COURT OF THE UNITED STATES
(IN FORMA PAUPERIS)

I, Cyrus Linton Brooks [DOC #356756-A], declare that I am the Pro Se [Prisoner] Petitioner in the above-named action. In support of my Request to Proceed In Forma Pauperis, I declare that I am Unable to Pay the Fees/or Costs of this 28 U.S.C. §1651(a), U.S. Supreme Court Rule 20(1) proceedings and that I am entitled to the Relief sought in the Petition.

I, Cyrus Linton Brooks [DOC #356756-A], hereby declare that under the penalty of perjury, [Prisoner] Is unable to Pay the \$300 Filing Fee of this Petition for [Supervisory] Extraordinary Writ litigation, without a Court Grant Of Leave To Proceed In Forma Pauperis hereon.

Executed on March 2nd, 2020. Fox Lake; Wisconsin.

CLB/OBM-File.

xc: Criminal Appeals Unit.
State Department Of Justice
P.O. Box 7857 / S.D.O.J.
Madison; Wisconsin. 53707

Respectfully Filed By:

Cyrus Linton Brooks
Cyrus Linton Brooks, Pro Se.
[DOC #356756-A].
Fox Lake Correctional Inst./FLCI
Fox Lake; Wisconsin. 53933

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

I, Cyrus L. Brooks, 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	\$ 0.00	\$ 0.00	\$ 0.00.	\$ 0.00
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:	\$	\$	\$	\$

Not sure depend on family and friends for
support

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
0.00	0.00	0.00	\$ 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
NA	NA	NA	\$ NA
↓	↓	↓	↓

4. How much cash do you and your spouse have? \$ N/A
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	N/A	\$ N/A	\$ 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	<input type="checkbox"/> Other real estate
Value <u>NA</u>	Value <u>NA</u>
<input type="checkbox"/> Motor Vehicle #1	<input type="checkbox"/> Motor Vehicle #2
Year, make & model <u>NA</u>	Year, make & model <u>NA</u>
Value _____	Value _____
<input type="checkbox"/> Other assets	
Description <u>NA</u>	
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

0.00
↓

Amount owed to you

\$ 0.00
↓

Amount owed to your spouse

\$ 0.00
↓

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

Name

NA

Relationship

NA

Age

NA

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)

\$ 0.00

\$ 0.00

Are real estate taxes included? ☐ Yes ☐ No

Is property insurance included? ☐ Yes ☐ No

Utilities (electricity, heating fuel,
water, sewer, and telephone)

\$

\$

Home maintenance (repairs and upkeep)

\$

\$

Food

\$

\$

Clothing

\$

\$

Laundry and dry-cleaning

\$

\$

Medical and dental expenses

\$

\$

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 0.00	\$ 0.00
Recreation, entertainment, newspapers, magazines, etc.	\$ ↓	\$ ↓
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ 0.00	\$ 0.00
Life	\$ ↓	\$ ↓
Health	\$ ↓	\$ ↓
Motor Vehicle	\$ ↓	\$ ↓
Other: _____	\$ ↓	\$ ↓
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ 0.00	\$ 0.00
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? I have some in another prison helping me

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

Oscar B. McMillian
Columbia Correctional Institution
P.O. Box 900
Portage WI, 53901

12. Provide any other information that will help explain why you cannot pay the costs of this case.

I depend on family and friends for support.

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

Executed on: _____, 20____

Cyrus Brooks
(Signature)