

Fadeel Shuhaiber 20-7134

Petitioner

VS.

Illinois Department of Corrections
Respondent

> Case #

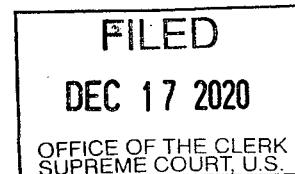
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ORIGINAL

Motion For Fee Waiver

I Fadeel Shuhaiber, the Petitioner in this Matter files this Motion asking the United States Supreme Court to Waive the Filing Fees for the Attached Petition for Certiorari where the Constitution of the United States Does Not consider me a prisoner as required by the PLRA For purposes of Section 1915 (B)(1), 28 U.S.C 1915 (H).

I am currently in custody of the Department of Homeland Security and Immigration & Customs Enforcement under Civil Matters while Awaiting Either my Removal from the United States of America, or Grant me U-Status as a victim of Crime and my Release from Custody To Live and Work in the United States.

See AGyemam v. INA 296 F3D 871, 886 (9th Circuit 2002) and OJO v. INS 106 F.3D 680- 682- 683 (5th Circuit 1997) where PLRA does not apply to INS Detainees and Shuhaiber v. ICE (20-cv-50290 7th Circuit 2020) and Shuhaiber vs. IDOC (19-3244 7th Circuit 2020).

For these purposes I ask this Honorable Court to Waive the Filing Fees for this petition and allow this petition to proceed to

Phase two.

Respectfully Submitted;

Fadeel Shuhaiber
A-209957429
McHenry County Jail
2200 N. Seminary Avenue
Woodstock, IL 60098

Date

12.15.2020

Signature

A handwritten signature in black ink, appearing to read "Fadeel Shuhaiber". The signature is fluid and cursive, with a large, stylized "F" at the beginning.

I have two. -
Respectfully Submitted;

Fadeel Shuhaiber
A-209957429
McHenry County Jail
2200 N. Seminary Avenue
Woodstock, IL 60098

Date

12.15.2020

Signature

A handwritten signature in black ink, appearing to read "Fadeel", is enclosed within a simple oval outline.

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

I, Fadeel Shuhaimer, 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	\$ 0	\$ 0	\$ 0
Self-employment	\$ 0	\$ 0	\$ 0	\$ 0
Income from real property (such as rental income)	\$ 0	\$ 0	\$ 0	\$ 0
Interest and dividends	\$ 0	\$ 0	\$ 0	\$ 0
Gifts	\$ 3600	\$ 0	\$ 300	\$ 0
Alimony	\$ 0	\$ 0	\$ 0	\$ 0
Child Support	\$ 0	\$ 0	\$ 0	\$ 0
Retirement (such as social security, pensions, annuities, insurance)	\$ 0	\$ 0	\$ 0	\$ 0
Disability (such as social security, insurance payments)	\$ 0	\$ 0	\$ 0	\$ 0
Unemployment payments	\$ 0	\$ 0	\$ 0	\$ 0
Public-assistance (such as welfare)	\$ 0	\$ 0	\$ 0	\$ 0
Other (specify): <i>stimulus check</i>	\$ 1200	\$ 0	\$ 0	\$ 0
Total monthly income:	\$ 4800	\$ 0	\$ 0	\$ 0

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? \$ 0
Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Type of account (e.g., checking or savings)	Amount you have	Amount your spouse has
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.

Home Value N/A Other real estate Value N/A

Motor Vehicle #1 Year, make & model N/A Value N/A Motor Vehicle #2 Year, make & model N/A Value N/A

Other assets Description N/A Value N/A

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
	\$ N/A	\$ N/A
	\$ N/A	\$ N/A

7. State the persons who rely on you or your spouse for support. For minor children, list initials instead of names (e.g. "J.S." instead of "John Smith").

Name	Relationship	Age
N/A	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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 0	\$ 0
Home maintenance (repairs and upkeep)	\$ 0	\$ 0
Food	\$ 300	\$ 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)	\$ 0	\$ 0
Recreation, entertainment, newspapers, magazines, etc.	\$ 0	\$ 0
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ 0	\$ 0
Life	\$ 0	\$ 0
Health	\$ 0	\$ 0
Motor Vehicle	\$ 0	\$ 0
Other: _____	\$ 0	\$ 0
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ 0	\$ 0
Installment payments		
Motor Vehicle	\$ 0	\$ 0
Credit card(s)	\$ 0	\$ 0
Department store(s)	\$ 0	\$ 0
Other: _____	\$ 0	\$ 0
Alimony, maintenance, and support paid to others	\$ 0	\$ 0
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0	\$ 0
Other (specify): _____	\$ 0	\$ 0
Total monthly expenses:	\$ 300	

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? _____

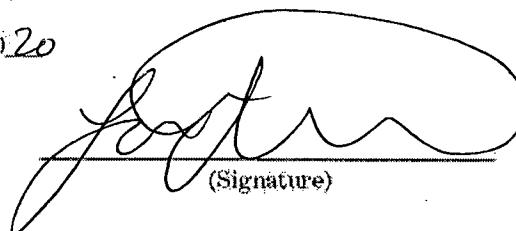
If yes, state the person's name, address, and telephone number:

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

I am a person with severe disability that will Not be able to perform the jobs I was doing before my custody, and while I am in ICE custody I have No Income

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

Executed on: Dec, 2020


(Signature)