

No. 20-7525

ORIGINAL

In The Supreme Court Of The United States

Masao Kikuchi, pro se, Petitioner,

v.

Catherine S. Bauman, Warden, Respondent.

FILED  
DEC 28 2020  
OFFICE OF THE CLERK  
SUPREME COURT, U.S.

On Petition for Writ of Certiorari to the United States  
Court of Appeals for the Sixth Circuit

Motion for Leave to Proceed in Forma Pauperis

Masao Kikuchi, pro se, Petitioner  
MDOC # 642110

Newberry Correctional Facility  
13747 E. County Road 428  
Newberry, Michigan 49868

Catherine S. Bauman, Warden, Respondent (No Counsel of Record)  
Newberry Correctional Facility  
13747 E. County Road 428  
Newberry, Michigan 49868  
Tel. 906 - 293 - 6200

By: Masao Kikuchi, pro se, Petitioner Date: Dec. 28, 2020

Masao Kikuchi, pro se, Petitioner, respectfully requests this Honorable Court, pursuant to Supreme Court Rule 39, for leave to proceed in forma pauperis so that he may file the accompanying Petition for Writ of Certiorari with this Court.

Petitioner's only source of income is his prison job. His prison account's average-monthly balance is \$139.48 as the attached prison-account record shows. Petitioner's Affidavit is also attached.

In 2016, while in prison, Petitioner sought leave to proceed in forma pauperis in the United States District Court for the Eastern District of Michigan, and the leave was granted (2:16-cv-1118-RHC-EAS (April 14, 2016)).

Relief Requested

Petitioner respectfully requests this Honorable Court grant this leave.

Respectfully submitted,

By: \_\_\_\_\_

Masao Kikuchi, pro se, Petitioner  
MDOC # 642110  
Newberry Correctional Facility  
13747 E. County Road 428  
Newberry, Michigan 49868

Date: Dec. 28, 2020

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Masao Kikuchi, pro se, Petitioner,

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On Petition for Writ of Certiorari to the United States

Court of Appeals for the Sixth Circuit

Affidavit in Support of Motion for Leave to  
Proceed in Forma Pauperis

Masao Kikuchi, pro se, Petitioner, in the above-named case, declares under penalty of perjury that the statements he made in the attached Motion for Leave to Proceed in Forma Pauperis are true and correct in best of his knowledge.

Sworn and subscribed before me on Dec. 28, 2020.



Masao Kikuchi, pro se, Petitioner  
MDOC # 642110  
Newberry Correctional Facility  
13747 E. County Road 428  
Newberry, Michigan 49868

Chad D. Germain  
Notary Public, State of Michigan  
County of Mackinac  
My Commission Expires  
January 8, 2025

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

I, Masao Kikuchi, 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.

<b>Income source</b>	<b>Average monthly amount during the past 12 months</b>		<b>Amount expected next month</b>	
	<b>You</b>	<b>Spouse</b>	<b>You</b>	<b>Spouse</b>
Employment	\$ <u>68.00</u>	\$ <u>N/A</u>	\$ <u>68.00</u>	\$ <u>N/A</u>
Self-employment	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Income from real property (such as rental income)	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Interest and dividends	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Gifts	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Alimony	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Child Support	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Disability (such as social security, insurance payments)	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Unemployment payments	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Public-assistance (such as welfare)	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Other (specify): _____	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
<b>Total monthly income:</b>	<b>\$ <u>68.00</u></b>	<b>\$ <u>N/A</u></b>	<b>\$ <u>68.00</u></b>	<b>\$ <u>N/A</u></b>

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>State of Michigan</u>	<u>Newberry, Michigan</u>	<u>Jan. 2019 ~ Feb. 2021</u>	<u>\$ 68.00</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</u>			<u>\$</u>
			<u>\$</u>
			<u>\$</u>

4. How much cash do you and your spouse have? \$345.65

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
<u>Prison Trust Account</u>	<u>\$ 345.65</u>	<u>\$ N/A</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  
Value N/A

Other real estate  
Value N/A

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

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

Other assets  
Description N/A  
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	Amount owed to you	Amount owed to your spouse
<u>N/A</u>	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

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
<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)	\$ <u>N/A</u>	\$ <u>N/A</u>
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)	\$ <u>N/A</u>	\$ <u>N/A</u>
Home maintenance (repairs and upkeep)	\$ <u>N/A</u>	\$ <u>N/A</u>
Food including food supplements such as vitamins	\$ <u>15.00</u>	\$ <u>N/A</u>
Clothing Prison does not provide enough clothing	\$ <u>6.00</u>	\$ <u>N/A</u>
Laundry and dry-cleaning	\$ <u>3.00</u>	\$ <u>N/A</u>
Medical and dental expenses <i>\$5.00 co-pay → for each visit</i>	\$ <u>1.00</u>	\$ <u>N/A</u>

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>N/A</u>	\$ <u>N/A</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>N/A</u>	\$ <u>N/A</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>N/A</u>	\$ <u>N/A</u>
Life	\$ <u>N/A</u>	\$ <u>N/A</u>
Health	\$ <u>N/A</u>	\$ <u>N/A</u>
Motor Vehicle	\$ <u>N/A</u>	\$ <u>N/A</u>
Other: _____	\$ <u>N/A</u>	\$ <u>N/A</u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ <u>N/A</u>	\$ <u>N/A</u>
Installment payments		
Motor Vehicle	\$ <u>N/A</u>	\$ <u>N/A</u>
Credit card(s)	\$ <u>N/A</u>	\$ <u>N/A</u>
Department store(s)	\$ <u>N/A</u>	\$ <u>N/A</u>
Other: _____	\$ <u>N/A</u>	\$ <u>N/A</u>
Alimony, maintenance, and support paid to others	\$ <u>N/A</u>	\$ <u>N/A</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>N/A</u>	\$ <u>N/A</u>
Other (specify): <u>Soap, shampoo, etc.</u> <u>toothpaste, toothbrush, paper, pens,</u>	\$ <u>5.00</u>	\$ <u>N/A</u>
<b>Total monthly expenses:</b>	<b>\$ <u>30.00</u></b>	<b>\$ <u>N/A</u></b>

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.

My sole income is from my prison job. Thus, if I am transferred to another facility, I will lose my entire income. It took 15 months to get the current job after I had been transferred to the current facility, and I have been transferred 5 times.

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? \$29.90

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

To the prison library for photocopying legal research information and filing documents.

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

My sole income is from my prison job. After the federal income tax withhold and state-court fee payments, my monthly net-income is less than \$50.00. I can save less than \$20.00 each month for the future no-income period. I have to buy just about everything from toothpaste to exercising shoes.

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

Executed on: March 3, 2021

(Signature)

Masao Kikuchi, pro se, Petitioner  
MDOC #642110  
Newberry Correctional Facility  
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