

No. 20-7564

ORIGINAL

Supreme Court, U.S.
FILED

MAR 08 2021

OFFICE OF THE CLERK

IN THE

SUPREME COURT OF THE UNITED STATES

Emem Upot Udoh — PETITIONER
(Your Name)

VS.

United States District Court, Minnesota — RESPONDENT(S)

USCA8 No. 20-2952

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):

Udoh v. Dooley, Civil No. 16-cv-4174 (PAM/HB), Docket No. 77, July 29, 2020

Udoh v. Dooley, Civil No. 16-cv-4174 (PAM/HB), November 24, 2020

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

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:

The appointment was made under the following provision of law: _____
_____, or

a copy of the order of appointment is appended.

Udoh v. Dooley

(Signature)

IN THE
SUPREME COURT OF THE UNITED STATES

Emem Ufot Udooh)
 Plaintiff/Petitioner)
 v.)
)
UNITED STATES DISTRICT COURT, MINNESOTA)
 Defendant/Respondent)

USCA8 Appellate Case No. 20-2952

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

Affidavit in Support of the Application

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested. I declare under penalty of perjury that the information below is true and understand that a false statement may result in a dismissal of my claims.

Signed: Udooh

Instructions

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Date: March 08, 2021

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 amount, that is, amounts before any deductions for taxes or otherwise.

| Income source | Average monthly income amount during the past 12 months | | Income amount expected next month | |
|---|---|--------|-----------------------------------|--------|
| | You | Spouse | You | Spouse |
| Employment | \$ 0 | \$ | \$ 0 | \$ |
| Self-employment | \$ 0 | \$ | \$ 0 | \$ |
| Income from real property (such as rental income) | \$ 0 | \$ | \$ 0 | \$ |
| Interest and dividends | \$ 0 | \$ | \$ 0 | \$ |
| Gifts | \$ 0 | \$ | \$ 0 | \$ |
| Alimony / Child Support | \$ 0 | \$ | \$ 0 | \$ |

AO 239 (01/09; Minn. Dist. Ct. MODIFIED 10/09) Application to Proceed in District Court Without Prepaying Fees or Costs (Long Form)

| | | | | |
|--|----------------|----------------|----------------|----------------|
| Retirement (such as social security, pensions, annuities, insurance) | \$ 0 | \$ | \$ 0 | \$ |
| Disability (such as social security, insurance payments) | \$ 0 | \$ | \$ 0 | \$ |
| Unemployment payments | \$ 0 | \$ | \$ 0 | \$ |
| Public-assistance (such as welfare) | \$ 0 | \$ | \$ 0 | \$ |
| Other (specify): | \$ 0 | \$ | \$ 0 | \$ |
| Total monthly income: | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |

2. List your 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 |
|----------|---------|---------------------|-------------------|
| None | N/A | N/A | \$ 0 |
| None | N/A | N/A | \$ 0 |

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 |
|----------|---------|---------------------|-------------------|
| | | | \$ |
| | | | \$ |
| | | | \$ |

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.

| Financial institution | Type of account | Amount you have | Amount your spouse has |
|-----------------------|-----------------|-----------------|------------------------|
| None | N/A | \$ 0 | \$ |
| None | N/A | \$ 0 | \$ |
| None | N/A | \$ 0 | \$ |

If you are a prisoner, you must have an authorized prison official complete the Certificate of Authorized Prison Official provided on Page 6 of this application. The certificate must be filed with this application.

AO 239 (01/09; Minn. Dist. Ct. MODIFIED 10/09) Application to Proceed in District Court Without Prepaying Fees or Costs (Long Form)

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

| Assets owned by you or your spouse | | |
|------------------------------------|----|-----|
| Home (Value) | \$ | 0 |
| Other real estate (Value) | \$ | 0 |
| Motor vehicle #1 (Value) | \$ | 0 |
| Make and year: | | |
| Model: | | N/A |
| Registration #: | | |
| Motor vehicle #2 (Value) | \$ | 0 |
| Make and year: | | |
| Model: | | N/A |
| Registration #: | | |
| Other assets (Value) | \$ | 0 |
| Other assets (Value) | \$ | 0 |

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 |
|---------------------------------------|--------------------|----------------------------|
| None | \$ 0 | \$ |
| None | \$ 0 | \$ |
| None | \$ 0 | \$ |

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

| Name (or, if under 18, initials only) | Relationship | Age |
|---------------------------------------|--------------|---------|
| C.U. | Son | 8 years |
| C.U. | Son | 8 years |
| | | |

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, semiannually, or annually to show the monthly rate.

| | You | Your spouse |
|---|-------|-------------|
| Rent or home-mortgage payment (<i>including lot rented for mobile home</i>) 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 | \$ 0 | \$ |
| Utilities (<i>electricity, heating fuel, water, sewer, and telephone</i>) | \$ 10 | \$ |
| Home maintenance (<i>repairs and upkeep</i>) | \$ 6 | \$ |
| Food | \$ 40 | \$ |
| Clothing | \$ 10 | \$ |
| Laundry and dry-cleaning | \$ 10 | \$ |
| Medical and dental expenses | \$ 10 | \$ |
| Transportation (<i>not including motor vehicle payments</i>) | \$ 0 | \$ |
| Recreation, entertainment, newspapers, magazines, etc. | \$ 0 | \$ |
| Insurance (<i>not deducted from wages or included in mortgage payments</i>) | N/A | |
| Homeowner's or renter's: | | |
| Life: | \$ 0 | \$ |
| Health: | \$ 0 | \$ |
| Motor vehicle: | \$ 0 | \$ |
| Other: | \$ 0 | \$ |
| Taxes (<i>not deducted from wages or included in mortgage payments</i>) (<i>specify</i>): | \$ 0 | \$ |
| Installment payments | N/A | |
| Motor vehicle: | \$ 0 | \$ |
| Credit card (<i>name</i>): | \$ 0 | \$ |
| Department store (<i>name</i>): | \$ 0 | \$ |
| Other: | \$ 0 | \$ |
| Alimony, maintenance, and support paid to others | \$ 0 | \$ |

AO 239 (01/09; Minn. Dist. Ct. MODIFIED 10/09) Application to Proceed in District Court Without Prepaying Fees or Costs (Long Form)

| | | |
|--|------------------|----------------|
| Regular expenses for operation of business, profession, or farm (<i>attach detailed statement</i>) | \$ 0 | \$ |
| Other (<i>specify</i>): <u>Legal stationery, envelops, and stamps</u> | \$ 30 | \$ |
| Total monthly expenses: | \$ 110.00 | \$ 0.00 |

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 these proceedings.

13. Identify the city and state of your legal residence.

Rush City, Minnesota

Your daytime phone number: N/A

Your age: N/A Your years of schooling: N/A

Prisoners: The following Certificate page *must* be completed by an authorized prison official and provided with this application.

The following Certificate of Authorized Prison Official must be completed and filed with a prisoner's Application to Proceed without Prepayment of Fees and Affidavit for all incarcerated applicants. See 28 U.S.C. § 1915(a)(2) (a prisoner who applies to proceed without prepayment of fees must provide a certified copy of the trust fund account statement "obtained from the appropriate official of each prison at which the prisoner is or was confined"). The information provided below will be used by the Court in determining the proper initial partial filing fee as defined under 28 U.S.C. § 1915(b).

RECEIVED BY MAIL

FEB 17 2021

CERTIFICATE OF AUTHORIZED PRISON OFFICIAL

**CLERK, U.S. DISTRICT COURT
DULUTH, MINNESOTA**

I, Darcie Koecher, certify that the incarcerated applicant

Udoh Emem #245042 (name of applicant) has the sum of \$ 876.05 on account to his/her credit at MCF - Rush City (name of institution). I further certify that the applicant named herein has the following securities to his/her credit:

Gate = \$500

I further certify that in the 6-month period immediately preceding the filing of the complaint/petition/motion or notice of appeal, the average monthly deposits to the applicant's trust fund prison account was

\$ 264.18, and the average monthly balance in the prisoner's account was \$ 466.19.

1/19/21

DATE

Darcie Koecher

SIGNATURE OF AUTHORIZED OFFICIAL

SCANNED

FEB 17 2021

MB

U.S. DISTRICT COURT DULUTH