

20-7597

No. _____

In the
Supreme Court of the United States

In re: GARY E. PEEL

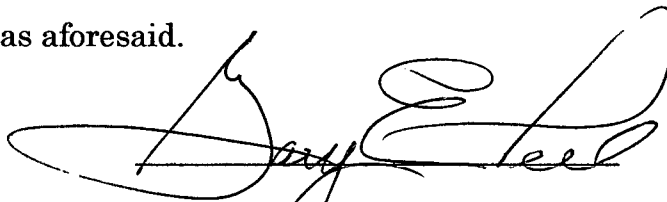
ON PETITION FOR WRIT OF MANDAMUS TO THE UNITED STATES COURT
OF APPEALS FOR THE SEVENTH CIRCUIT

MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

Comes now Gary E. Peel, *pro se*, and moves this Court for leave to proceed *in forma pauperis* with regard to his "ORIGINAL PETITION FOR WRIT OF MANDAMUS," and, in support of said Motion, Gary E. Peel attaches hereto his "AFFIDAVIT ACCOMPANYING MOTION FOR PERMISSION TO PROCEED IN FORMA PAUPERIS."

As Required by SCR 39, Gary E. Peel informs this Court that he sought leave to proceed *in forma pauperis* in the criminal case of "United States of America vs Gary E. Peel," case No. 06-30049 filed in the United States District Court for the Southern District of Illinois. Said motion for leave to proceed *in forma pauperis* was previously granted, and, pursuant to 18 U.S. Code § 3006A, the United States Public Defender's Office in East St. Louis, Illinois was appointed to represent Gary E. Peel.

WHEREFORE, Gary E. Peel moves as aforesaid.

A handwritten signature in black ink, appearing to read "Gary E. Peel". The signature is stylized with large, sweeping loops and a horizontal line crossing through the middle.

Gary E. Peel, *pro se*
9705 (Rear) Fairmont Road
Fairview Heights, IL 62208
Garyepeel@Hotmail.com
618-514-7203 (Cell)

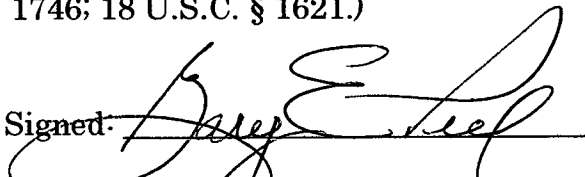
No. _____

In the
Supreme Court of the United States

In re: GARY E. PEEL

ON PETITION FOR WRIT OF MANDAMUS TO THE UNITED STATES COURT
OF APPEALS FOR THE SEVENTH CIRCUIT

AFFIDAVIT ACCOMPANYING MOTION
FOR PERMISSION TO PROCEED IN FORMA PAUPERIS

| Affidavit in Support of Motion | Instructions |
|--|--|
| <p>I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)</p> <p>Signed: </p> | <p>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 in 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.</p> <p>Date: March 23, 2021</p> |

My issues on appeal is:

Whether a Writ of Mandamus should issue directing the United States Court of Appeals for the Seventh Circuit to issue a dispositive decision upon Gary E. Peel's habeas corpus appeal¹ [Seventh Circuit Case No. 18-2732], when the habeas appeal has remained pending for *more* than two and a half (2-1/2) years.

¹ And related, *UNOPPOSED*, "Motion to Vacate the Convictions on Counts 3 & 4 of Amended judgment in a Criminal Case (Entered August 1, 2011) for Lack of Subject Matter Jurisdiction." [Filed on 7-7-20].

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- | \$ N/A | \$ N/A | \$ N/A |
| Self-employment | \$ 656.67 | \$ N/A | \$ 200. | \$ N/A |
| Income from real property (such as rental income) | \$ -0- | \$ N/A | \$ N/A | \$ N/A |
| Interest and dividends | \$ -0- | \$ N/A | \$ N/A | \$ N/A |
| Gifts | \$ -0- | \$ N/A | \$ N/A | \$ N/A |
| Alimony | \$ -0- | \$ N/A | \$ N/A | \$ N/A |
| Child support | \$ -0- | \$ N/A | \$ N/A | \$ N/A |
| Retirement (such as social security, pensions, annuities, insurance) | \$ 1,715.30 (Soc. Sec.) See Suppl. Re: Annuities & Covid-19 Payments | \$ N/A | \$ 1,715.30 (Soc. Sec.) See Suppl. Re: Annuities & Covid-19 Payments | \$ N/A |
| Disability (such as social security, insurance payments) | \$ -0- | \$ N/A | \$ N/A | \$ N/A |
| Unemployment payments | \$ -0- | \$ N/A | \$ N/A | \$ N/A |
| Public assistance (such as welfare) | \$ -0- | \$ N/A | \$ N/A | \$ N/A |
| Other (specify): | \$ -0- | \$ N/A | \$ N/A | \$ N/A |
| Total monthly income: | \$ 2,371.97 + Covid-19 Payments | \$ N/A | \$ 1,915.30 + Covid-19 Payment (??) | \$ N/A |

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 |
|--|---|----------------------------|--|
| Occasional & irregular self-employment | 9705 (Rear) Fairmont Road, Fairview Heights, IL 62208 | Approx. 9-19-17 to present | \$ varies – approx. \$657 per mo. for the last 12 months |
| | | | \$ |
| | | | \$ |

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 |
|----------------|----------------|---------------------|-------------------|
| Not Applicable | Not Applicable | Not Applicable | \$ N/A |
| | | | \$ |
| | | | \$ |

4. *How much cash do you and your spouse have? \$ 83.00 (N/A as to "spouse.") 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 |
|---------------------------------|--|-----------------|------------------------|
| Granite City Steel Credit Union | Savings | \$ 5.00 | \$ Not Applicable |
| Direct Express | (Social Security MasterCard Debit Account) | \$ 16,135.62 | \$ Not Applicable |
| | | | |

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

| Name [or, if under 18, initials only] | Relationship | Age |
|---------------------------------------|----------------|-----|
| None | Not Applicable | 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, semiannually, or annually to show the monthly rate.*

| | You | Your Spouse |
|--|----------------|-------------|
| Rent or home-mortgage payment (include lot rented for mobile home) Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | \$ 500. | \$ N/A |
| Utilities (electricity, heating fuel, water, sewer, and telephone) | \$ 100. varies | \$ N/A |
| Home maintenance (repairs and upkeep) | \$ -0- | \$ N/A |
| Food | \$ 400. varies | \$ N/A |
| Clothing | \$ 50. varies | \$ N/A |
| Laundry and dry-cleaning | \$ 10. varies | \$ N/A |
| Medical and dental expenses | \$ 100. varies | \$ N/A |
| Transportation (not including motor vehicle payments) | \$ 200. varies | \$ N/A |
| Recreation, entertainment, newspapers, magazines, etc. | \$ 50. varies | \$ N/A |
| Insurance (not deducted from wages or included in mortgage payments) | | |
| Homeowner's or renter's: None | \$ -0- | \$ N/A |
| Life: None | \$ -0- | \$ N/A |
| Health: Medicare/United Healthcare | \$ -0- | \$ N/A |

| | | |
|---|------------------------------------|---------------|
| Motor vehicle: Madison Mutual Ins. Co. | \$ 68. | \$ N/A |
| Other: | \$ -0- | \$ N/A |
| Taxes (not deducted from wages or included in mortgage payments) (specify): | \$ -0- Federal & \$13 (IL) in 2019 | \$ N/A |
| Installment payments | | |
| Motor Vehicle: | \$ 225. | \$ N/A |
| Credit card (name): Best Buy (VISA) | \$ 20. | \$ N/A |
| Department store (name): | \$ -0- | \$ N/A |
| Other: Spectrum | \$ 20. | \$ N/A |
| Alimony, maintenance, and support paid to others | \$ -0- | \$ N/A |
| Regular expenses for operation of business, profession, or farm (attach detailed statement) | \$ -0- | \$ N/A |
| Other (specify): | \$ | \$ N/A |
| Total monthly expenses: | \$ 1,736.00 | \$ N/A |

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. Not applicable.
10. *Have you spent — or will you be spending — any money for expenses or attorney fees in connection with this lawsuit?* ☐ Yes ☒ No
If yes, how much? Not Applicable
11. *Provide any other information that will help explain why you cannot pay the docket fees for your appeal. See Attached "SUPPLEMENT TO AFFIDAVIT ACCOMPANYING MOTION FOR PERMISSION TO PROCEED IN FORMA PAUPERIS" which includes over \$900,000 in accumulating debt obligations.*
12. *State the city and state of your legal residence.* Fairview Heights, Illinois
Your daytime phone number. (618) 514-7203
Your age: 77 *Your years of schooling:* 18
Last four digits of your social-security number: 8495