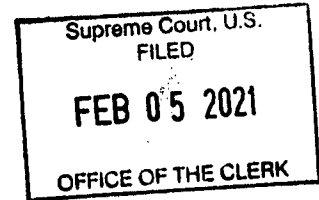


No. 20-7717 ORIGINAL

IN THE
SUPREME COURT OF THE UNITED STATES

Chadi A. Morris
Plaintiff/Petitioner (Pro-Se)

VS.



Gregg Scott, Shan Jumper, Diana Dobier, Rebecca Housenga, Ashley Smith, Mara Sheldon
Britney Petiford, Todd Moody, Sandra Simpson, Paul Vincent
Respondents

MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

The Plaintiff/Petitioner respectfully requests leave to file the attached petition for a Writ of Certiorari, without prepayment of costs and to proceed In Forma Pauperis.

Plaintiff/Petitioner has previously been granted leave to Proceed In Forma Pauperis in the United States District Court, For the Central District of Illinois, in the initial litigation in this issue of Writ, in case #4:18-cv-04121-SLD. The United States Court of Appeals, For the Seventh Circuit had denied this Plaintiff/Petitioners ability to proceed to appeal In Forma Pauperis, in Appeal No. 20-2972. such Court of Appeals denied Plaintiff/Petitioners IFP status, without giving a reasoning, other than due to circuit rule 3 (b) beucase of Plaintiffs non payment. Plaintiff/Petitioner then, and still currently, as is attached hereto, of his facilitys trust fund account printout for the last 12 months, that shows he has no funds, and thus unable to pay for costs of such litigation. Thus Appellant Courts dismissal/denial of Plaintiffs IFP status, seems to also be in error, by simply indicating beucase of Plaintiffs non payment, when he has no funds to pay, so how can he.

AFFIDAVIT OR DECLARATION

IN SUPPORT OF MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

I, Chadd A. Morris, am the Plaintiff/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 am entitled to redress.

1.) For both you and your spouse estimate the average amount of money recieved from each of the following sources during the past 12 months. Adjust any amount that was recieved weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

<u>INCOME SOURCE</u>	<u>Average Monthly Amount</u> <u>During the Past 12 months</u>		<u>Amount Expected Next</u> <u>Month</u>	
Employment	<u>\$ None N/A</u>	<u>\$ None N/A</u>	<u>\$ None N/A</u>	<u>\$ None N/A</u>
Self Employment	<u>\$ None N/A</u>	<u>\$ None N/A</u>	<u>\$ None N/A</u>	<u>\$ None N/A</u>
Income from real Property (Such as rental income)	<u>\$ None N/A</u>	<u>\$ None N/A</u>	<u>\$ None N/A</u>	<u>\$ None N/A</u>
Interest and Dividends	<u>\$ None N/A</u>	<u>\$ None N/A</u>	<u>\$ None N/A</u>	<u>\$ None N/A</u>
Gifts	<u>\$ None N/A</u>	<u>\$ None N/A</u>	<u>\$ None N/A</u>	<u>\$ None N/A</u>
Alimony	<u>\$ None N/A</u>	<u>\$ None N/A</u>	<u>\$ None N/A</u>	<u>\$ None N/A</u>
Child Support	<u>\$ None N/A</u>	<u>\$ None N/A</u>	<u>\$ None N/A</u>	<u>\$ None N/A</u>
Retirement (such as social Security, Pensions, annuities, Insurance)	<u>\$ None N/A</u>	<u>\$ None N/A</u>	<u>\$ None N/A</u>	<u>\$ None N/A</u>
Disability (such as Social Security, Insurance Payments)	<u>\$ None N/A</u>	<u>\$ None N/A</u>	<u>\$ None N/A</u>	<u>\$ None N/A</u>
Unemployment Payments	<u>\$ None N/A</u>	<u>\$ None N/A</u>	<u>\$ None N/A</u>	<u>\$ None N/A</u>
Public assistance (such as Welfare)	<u>\$ None N/A</u>	<u>\$ None N/A</u>	<u>\$ None N/A</u>	<u>\$ None N/A</u>
Other (Specify)	<u>\$ None N/A</u>	<u>\$ None N/A</u>	<u>\$ None N/A</u>	<u>\$ None N/A</u>
Total Monthly Income:	<u>\$ None N/A</u>	<u>\$ None N/A</u>	<u>\$ None N/A</u>	<u>\$ None N/A</u>

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>None N/A</u>	<u>None N/A</u>	<u>None N/A</u>	<u>None N/A</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>None N/A</u>	<u>None N/A</u>	<u>None N/A</u>	<u>None N/A</u>

4.) How Much cash do you and your spouse have? \$ None N/A Below state any money you or your spouse have in bank accounts or in any other financial institution.

Type Of Account	Amount You Have	Amount Your Spouse Has
<u>None N/A</u>	<u>None N/A</u>	<u>None N/A</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 None N/A

Value None N/A

Motor Vehicle #2

Year, Make & Model None N/A

Value None N/A

Other Assets None N/A

Description None N/A

Value None 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
\$ <u>None N/A</u>	\$ <u>None N/A</u>	\$ <u>None 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>None N/A</u>	<u>None N/A</u>	<u>None 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 payments (include lot rented for mobile home)	\$ <u>None N/A</u>	\$ <u>None N/A</u>
Are real estate taxes included? Yes _____ or No <u>x None N/A</u>		
Is property insurance included? Yes _____ or No <u>x None N/A</u>		
Utilities (electricity, heating, fuel Water, Sewer, and Telephone)	\$ <u>None N/A</u>	\$ <u>None N/A</u>
Home Maintenance (repairs and upkeep)	\$ <u>None N/A</u>	\$ <u>None N/A</u>
Food	\$ <u>None N/A</u>	\$ <u>None N/A</u>
Clothing	\$ <u>None N/A</u>	\$ <u>None N/A</u>
Laundry and Dry-Cleaning	\$ <u>None N/A</u>	\$ <u>None N/A</u>
Medical and Dental Expenses	\$ <u>None N/A</u>	\$ <u>None N/A</u>

Transportation (not including Motor Vehicle Payments)	\$ <u>None N/A</u>	\$ <u>None N/A</u>
Recreation, entertainment, newspapers, magazines etc)	\$ <u>None N/A</u>	\$ <u>None N/A</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>None N/A</u>	\$ <u>None N/A</u>
Life	\$ <u>None N/A</u>	\$ <u>None N/A</u>
Health	\$ <u>None N/A</u>	\$ <u>None N/A</u>
Motor Vehicle	\$ <u>None N/A</u>	\$ <u>None N/A</u>
Other: <u>None N/A</u>	\$ <u>None N/A</u>	\$ <u>None N/A</u>
Taxes (not deducted from wages or included in mortgage payments)		
(Specify): <u>None N/A</u>	\$ <u>None N/A</u>	\$ <u>None N/A</u>
Installment Payments		
Motor Vehicle	\$ <u>None N/A</u>	\$ <u>None N/A</u>
Credit Card(s)	\$ <u>None N/A</u>	\$ <u>None N/A</u>
Department Store(s)	\$ <u>None N/A</u>	\$ <u>None N/A</u>
Other: <u>None N/A</u>	\$ <u>None N/A</u>	\$ <u>None N/A</u>
Alimony, maintenance, and support paid to others	\$ <u>None N/A</u>	\$ <u>None N/A</u>
Regular expenses for operation of business, Profession, or farm		
(attach detailed statement)	\$ <u>None N/A</u>	\$ <u>None N/A</u>
Other (Specify): <u>None N/A</u>	\$ <u>None N/A</u>	\$ <u>None N/A</u>
Total Monthly Expenses:	\$ <u>None N/A</u>	\$ <u>None N/A</u>

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 or No x

10.) Have you paid - or will be paying - an attorney any money for services in connection with this case, including the completion of this form

Yes or No x

If yes, how much? None N/A

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

None N/A

11.) Have you paid - or will 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 or No x

If Yes, How Much? None N/A

If yes, state the persons name, address, and telephone number:

None N/A

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

Currently, this Plaintiff/Petitioner, is being civilly detained WHOM IS NOT A PRISONER, AND DOES NOT
FAIL UNDER ANY CATEGORIES OF BEING HELD AS A PRISONER (e.g. restrictions like from the prison litigation
reform act [P.L.R.A.]) at the Illinois Department of Human Services Treatment and Detention facility at
Rushville Illinois 17019 County Farm Road. Such facility is different from prisons, they do not have
'jobs' rather 'tasks' that are awarded compensation in 'points' not actual monies, and in which are not
able to be transferred to, nor can be used as actual monies, can only be used to purchase 'in-house'
commissary items. In spite of such, Plaintiff/Petitioner is not currently working for any tasks at said
facility. Plaintiff/Petitioner, does not have any current funds in his trust fund account (a request and
printout is subsequently attached hereto) to be able to pay any costs associated with this case, nor has
had any funds in such account for atleast 5 years or more (aprox). Due to The Plaintiff/Petitioners
poverty in this regard, he is unable to pay costs for this litigation, and as earlier mentioned, the
Appellate court denied Plaintiffs IFP status, for inability to pay. in spite of not having any money to do
so which this Plaintiff/Petitioner also asserts should be in error to, again, since he has no funds to pay
costs associated with this case.

I Declare Under Penalty of Perjury, that the forgoing is true and correct.

executed on: Feb 1st 2021.


Signature:

Chad Morris (Plaintiff/Petitioner
(pro-Se)