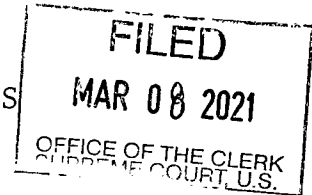


20-7850
NO. _____

ORIGINAL

IN THE
SUPREME COURT OF THE UNITED STATES
_____ TERM



AARON LAROSE, PETITIONER,
VS.
STATE OF MISSOURI, RESPONDENT

MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

The petitioner asks leave to file the attached petition for writ of certiorari, without prepayment of cost and to proceed, in forma pauperis.

[XX] Petitioner has previously been granted leave to proceed in forma pauperis, in the following courts:

Circuit Court St. Charles County, Missouri Court of Appeals
Eastern District, Missouri Supreme Court, Supreme Court of
The United States (Certiorari from direct appeal).

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

NOT APPLICABLE

Petitioners affidavit or declaration in support of this motion is attached here to.



Aaron LaRose, Petitioner

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

I, AARON LAROSE, 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	\$ NONE	\$ NONE	\$ NONE	\$ NONE
Self-employment	\$ NONE	\$ NONE	\$ NONE	\$ NONE
Income from real property (such as rental income)	\$ NONE	\$ NONE	\$ NONE	\$ NONE
Interest and dividends	\$ NONE	\$ NONE	\$ NONE	\$ NONE
Gifts	\$ NONE	\$ NONE	\$ NONE	\$ NONE
Alimony	\$ NONE	\$ NONE	\$ NONE	\$ NONE
Child Support	\$ NONE	\$ NONE	\$ NONE	\$ NONE
Retirement (such as social security, pensions, annuities, insurance)	\$ NONE	\$ NONE	\$ NONE	\$ NONE
Disability (such as social security, insurance payments)	\$ NONE	\$ NONE	\$ NONE	\$ NONE
Unemployment payments	\$ NONE	\$ NONE	\$ NONE	\$ NONE
Public-assistance (such as welfare)	\$ NONE	\$ NONE	\$ NONE	\$ NONE
Other (specify): _____	\$ NONE	\$ NONE	\$ NONE	\$ NONE
Total monthly income:	\$ NONE	\$ NONE	\$ NONE	\$ NONE

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
NONE	NONE	NONE	\$NONE
(I AM IMPRISONED)(CONFINED)			\$
			\$

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
(SEE #7)(APPLIES TO THIS ANSWER)			\$
			\$
(FORMER SPOUSE DECEASED)		(DECEASED)	(DECEASED)

4. How much cash do you and your spouse have? \$ SEE #7 (APPLIES HERE)(DECEASED)
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	NONE	\$NONE	\$ NONE
		\$	\$
(DECEASED)		\$	\$

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

☐ Home
Value NONE

☐ Other real estate
Value NONE

☐ Motor Vehicle #1
Year, make & model NONE
Value NONE

☐ Motor Vehicle #2
Year, make & model NONE
Value NONE

☐ Other assets
Description NONE
Value NONE

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	\$ NONE	\$ NONE
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

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

Name	Relationship	Age
NONE	NONE	NONE

~~(PETITIONER IS CONFINED AT THIS TIME AND NOBODY HAS THE RESPONSIBILITY OF PAYING HIS LEGAL FEES OR COST)(SUCH WOULD CAUSE EXTREME HARDSHIPS)~~
~~(WIFE DECEASED)(FORMER WIFE DECEASED)~~

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.

(SEE ANSWER TO #7 ABOVE RESTATED)

Rent or home-mortgage payment
 (include lot rented for mobile home)

Are real estate taxes included? ☐ Yes ☒ No
 Is property insurance included? ☐ Yes ☒ No

You	Your spouse
	(SEE #7)
\$ NONE	\$ NONE

Utilities (electricity, heating fuel,
 water, sewer, and telephone)

\$ NONE	\$ NONE
---------	---------

Home maintenance (repairs and upkeep)

\$ NONE	\$ NONE
---------	---------

Food

NONE	NONE
\$ _____	\$ _____

Clothing

NONE	NONE
\$ _____	\$ _____

Laundry and dry-cleaning

\$ NONE	\$ NONE
---------	---------

Medical and dental expenses

NONE	NONE
\$ _____	\$ _____

	You	Your spouse (ANSWER#7) (SAME)
Transportation (not including motor vehicle payments)	\$ None	\$ None
Recreation, entertainment, newspapers, magazines, etc.	\$ None	\$ None
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ None	\$ None
Life	\$ None	\$ None
Health	\$ None	\$ None
Motor Vehicle	\$ None	\$ None
Other: <u>None</u>	\$ None	\$ None
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>None</u>	\$ None	\$ None
Installment payments		
Motor Vehicle	\$ None	\$ None
Credit card(s)	\$ None	\$ None
Department store(s)	\$ None	\$ None
Other: <u>None</u>	\$ None	\$ None
Alimony, maintenance, and support paid to others	\$ None	\$ None
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ None	\$ None
Other (specify): <u>None</u>	\$ None	\$ None
Total monthly expenses:	\$ None	\$ None

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? none

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

None

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? none

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

none

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

none

I am in prison. They provide no filing fees.

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

Executed on; Apr. 1 15th, 2021


Aaron LaRose