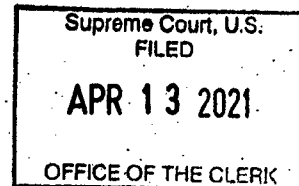


20-8129  
No. \_\_\_\_\_

IN THE  
SUPREME COURT OF THE UNITED STATES



Joseph Miller, 2:12 CR 10 PETITIONER  
(Your Name)

VS.

United States of America. — RESPONDENT(S)

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):

District court of Indiana; Seventh Circuit Court of Appeals

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

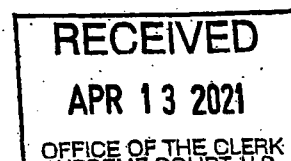
☒ Petitioner's affidavit or declaration in support of this motion is attached hereto.

☐ 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.

\_\_\_\_\_  
(Signature)



	You	Your spouse
Transportation (not including motor vehicle payments)	\$ n/a	\$
Recreation, entertainment, newspapers, magazines, etc.	\$ n/a	\$
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ n/a	\$
Life	\$ n/a	\$
Health	\$ n/a	\$
Motor Vehicle	\$ n/a	\$
Other: _____	\$ n/a	\$

Taxes (not deducted from wages or included in mortgage payments)

(specify): \_\_\_\_\_ \$ n/a \$

Installment payments

~~Motor Vehicle~~ \$ n/a \$

Credit card(s) \$ n/a \$

Department store(s) \$ n/a \$

Other: \_\_\_\_\_ \$ n/a \$

Alimony, maintenance, and support paid to others \$ n/a \$

Regular expenses for operation of business, profession,  
or farm (attach detailed statement) \$ n/a \$

Other (specify): \_\_\_\_\_ \$ n/a \$

**Total monthly expenses:** \$ 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
n/a	\$	\$
	\$	\$
	\$	\$

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

Name	Relationship	Age
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, or annually to show the monthly rate.

	You	Your spouse
Rent or home mortgage payment (include lot rented for mobile home)	\$ n/a	\$
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)	\$ n/a	\$
Home maintenance (repairs and upkeep)	\$ n/a	\$
Food	\$ n/a	\$
Clothing	\$ n/a	\$
Laundry and dry-cleaning	\$ n/a	\$
Medical and dental expenses	\$ n/a	\$

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>n/a</u>	\$ _____
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>n/a</u>	\$ _____
Insurance (not deducted from wages or included in mortgage payments)		

Homeowner's or renter's	\$ <u>n/a</u>	\$ _____
Life	\$ <u>n/a</u>	\$ _____
Health	\$ <u>n/a</u>	\$ _____
Motor Vehicle	\$ <u>n/a</u>	\$ _____
Other: _____	\$ <u>n/a</u>	\$ _____

Taxes (not deducted from wages or included in mortgage payments)

(specify): _____	\$ <u>n/a</u>	\$ _____
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Installment payments

Motor Vehicle	\$ <u>n/a</u>	\$ _____
Credit card(s)	\$ <u>n/a</u>	\$ _____
Department store(s)	\$ <u>n/a</u>	\$ _____
Other: _____	\$ <u>n/a</u>	\$ _____

Alimony, maintenance, and support paid to others	\$ <u>n/a</u>	\$ _____
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Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>n/a</u>	\$ _____
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Other (specify): _____	\$ <u>n/a</u>	\$ _____
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<b>Total monthly expenses:</b>	\$ <u>n/a</u>	\$ _____
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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? n/a

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

n/a

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 n/a

If yes, how much? n/a

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

n/a

12. Provide any other information that will help explain why you cannot pay the costs of this case.  
Been incarcerated for decade with no financial resources.

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

Executed on: APRIL 7<sup>TH</sup>, 2021

Joseph Miller  
(Signature)