

21-5133  
No. \_\_\_\_\_

IN THE  
SUPREME COURT OF THE UNITED STATES

Michael Skillern — PETITIONER  
(Your Name)

VS.

UNITED STATES OF AMERICA — RESPONDENT(S)

FILED  
JUN 28 2021

OFFICE OF THE CLERK  
SUPREME COURT, U.S.

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):

Supreme Court of the United States

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)

Michael Skillern  
06/28/21

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

I, Michael Skillern, 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 Prison job	\$ 72	\$ 0	\$ 72	\$ 0
Self-employment	\$ 0	\$ 0	\$ 0	\$ 0
Income from real property (such as rental income)	\$ 0	\$ 0	\$ 0	\$ 0
Interest and dividends	\$ 0	\$ 0	\$ 0	\$ 0
Gifts	EN 1* \$ 100	\$ 0	\$ 100	\$ 0
Alimony	\$ 0	\$ 0	\$ 0	\$ 0
Child Support	\$ 0	\$ 0	\$ 0	\$ 0
Retirement (such as social security, pensions, annuities, insurance)	\$ 0	\$ 0	\$ 0	\$ 0
Disability (such as social security, insurance payments)	\$ 0	\$ 0	\$ 0	\$ 0
Unemployment payments	\$ 0	\$ 0	\$ 0	\$ 0
Public-assistance (such as welfare)	\$ 0	\$ 0	\$ 0	\$ 0
Other (specify): _____	\$ 0	\$ 0	\$ 0	\$ 0

Total monthly income: \$ 172, \$ appx. \$ 172. \$

\*FN 1 - Monthly money has been provided to me by family &

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: I have been incarcerated for the last 6 years and months.</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</u>			
			\$
			\$
			\$

4. How much cash do you and your spouse have? \$:

Below, state any money you or your spouse have in bank accounts or in any other financial institution. My cash is on deposit in the prison trust fund/commissary account.

Financial institution I have no bank accounts	Type of account	Amount you have	Amount your spouse has
		\$	\$ unknown
		\$	\$
		\$	\$

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

Home  
Value 0

Other real estate  
Value 0

Motor Vehicle #1  
Year, make & model    
Value 0

Motor Vehicle #2  
Year, make & model    
Value 0

Other assets  
Description None  
Value

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</u>	\$ <u>0</u>	\$ <u>Unknown</u>
	\$ <u>          </u>	\$ <u>          </u>
	\$ <u>          </u>	\$ <u>          </u>

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

Name	Relationship	Age
<u>NONE</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 payment (include lot rented for mobile home)	\$ <u>0</u>	\$ <u>0</u>
Are real estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No Not applicable		
Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No Not applicable		
Utilities (electricity, heating fuel, water, sewer, and telephone) Prison telephone and e-mail expenditures	\$ <u>100</u>	\$ <u>Unknown</u>
Home maintenance (repairs and upkeep)	\$ <u>0</u>	\$ <u>Unknown</u>
Food My monthly food expense is at the prison commissary.	\$ <u>25</u>	\$ <u>Unknown</u>
Clothing Prison commissary/socks and T-shirts.	\$ <u>5.00</u>	\$ <u>Unknown</u>
Laundry and dry-cleaning	\$ <u>0</u>	\$ <u>Unknown</u>
Medical and dental expenses	\$ <u>0</u>	\$ <u>Unknown</u>

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 0	\$ <u>unknown</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ 0	\$ <u>unknown</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ 0	\$ <u>unknown, if any.</u>
Life	\$ 0	\$ <u>unknown</u>
Health	\$ 0	\$ <u>unknown</u>
Motor Vehicle	\$ 0	\$ <u>unknown</u>
Other: _____	\$ 0	\$ <u>unknown</u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ 0	\$ <u>unknown</u>
Installment payments		
Motor Vehicle	\$ 0	\$ <u>unknown</u>
Credit card(s)	\$ 0	\$ <u>unknown</u>
Department store(s)	\$ 0	\$ <u>unknown</u>
Other: _____	\$ 0	\$ <u>unknown</u>
Alimony, maintenance, and support paid to others	\$ 0	\$ 0
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0	\$ 0
Other (specify): <u>Court ordered restitution</u> <u>BOP FRP program payments.</u>	\$ 40	\$ 0
Total monthly expenses:	\$ 170 <sup>00</sup>	\$ <u>unknown</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  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

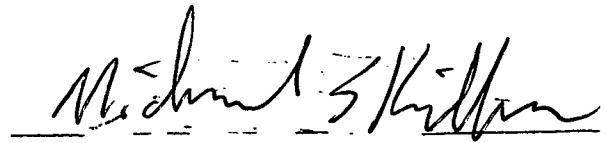
If yes, how much? \_\_\_\_\_

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 this case.

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

Executed on: June 28 2021

  
(Signature)