

No.

21-6515

In The

Supreme Court of the United States

Chadd Morris - Petitioner

Supreme Court, U.S.
FILED

NOV 17 2021

OFFICE OF THE CLERK

Gregg Scott, James Clayton, Jerry Worley, Mitch Kessler, Bryant Mays, Keith Rose, Brandon

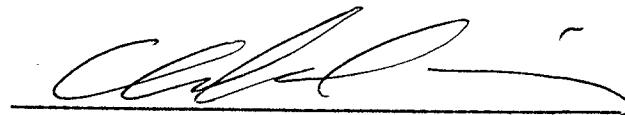
Wear

Respondents

MOTION FOR LEAVE TO PROCEEDE IN FORMA PAUPERIS

The Petitioner asks leave to file the attached petition for Writ of Certiorari without prepayment of costs and to proceede In Forma Pauperis.

The Petitioner has previously been granted to leave to proceede In Forma Pauperis in The District Court, Central District of Illinois.



Chadd Morris

Illinois Department of Human Services

Treatment and Detention Facility

17019 County Farm Road

Rushville, Illinois 62681

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

I, Chadd A. Morris, am the Plaintiff/Petitioner in the above entitled case. In support of my motion to proceede 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 received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quartly, seminnaually, 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>Amount Expected Next Month</u>
	<u>During the Past 12 months</u>		
Employment	\$ None N/A	\$ None N/A	\$ None N/A
Self Employment	\$ None N/A	\$ None N/A	\$ None N/A
Income from real Property (Such as rental income)	\$ None N/A	\$ None N/A	\$ None N/A
Interest and Dividends	\$ None N/A	\$ None N/A	\$ None N/A
Gifts	\$ None N/A	\$ None N/A	\$ None N/A
Alimony	\$ None N/A	\$ None N/A	\$ None N/A
Child Support	\$ None N/A	\$ None N/A	\$ None N/A
Retirement (such as social Security, Pensions, annuities, Insurance)	\$ None N/A	\$ None N/A	\$ None N/A
Disability (such as Social Security, Insurance Payments)	\$ None N/A	\$ None N/A	\$ None N/A
Unemployment Payments	\$ None N/A	\$ None N/A	\$ None N/A
Public assistance (such as Welfare)	\$ None N/A	\$ None N/A	\$ None N/A
Other (Specify)	\$ None N/A	\$ None N/A	\$ None N/A
Total Monthly Income:	\$ None N/A	\$ None N/A	\$ None N/A

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 N/A	None N/A	None N/A	None N/A

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
None N/A	None N/A	None N/A	None N/A

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
None N/A	None N/A	None N/A

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

Home: Other Real Estate

Value: N/A 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
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\$ <u>None N/A</u>	\$ <u>None N/A</u>	\$ <u>None N/A</u>
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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
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<u>None N/A</u>	<u>None N/A</u>	<u>None N/A</u>
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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
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Rent or home-mortgage payments (include lot rented for mobile home)	\$ <u>None N/A</u>	\$ <u>None N/A</u>
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Are real estate taxes included? Yes or No None N/A

Is property insurance included? Yes or No None N/A

Utilities (electricity, heating, fuel Water, Sewer, and Telephone)	\$ <u>None N/A</u>	\$ <u>None N/A</u>
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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 persons 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, provide the persons name, address, and telephone number:

None N/A

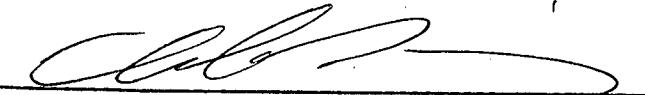
12.) Provide any other information that will help explain why you cannot pay the costs of this case:

Currently this Plaintiff/Petitioner is being civilly detained, WHOM IS NOT A PRISONER, AND DOES NOT FALL UNDER THE CATEGORIES OF BEING HELD AS A PRISONER, NOR PERSON INSTITUTIONALIZED FOR CRIMINAL VIOLATIONS OF LAW, RATHER CIVIL COMMITMENT STANDARDS thus restrictions of the Prison Litigation Reform Act (P.L.R.A.) does not apply. Also since plaintiff/petitioner is being held for 'civil' criteria, then him being institutionalized, but not prisoner, criteria under 28 U.S.C. Section 1915 (h) does not apply either, see: Timothy Bell V. Shan Jumper Case No: 4:16-cv-4101-SEM, Doc #14, Page 9 "Plaintiff is not a prisoner as that term is defined in 28 U.S.C. Section 1915 (h) the term prisoner means any person incarcerated or detained in any facility who is accused of, convicted of, sentenced for, or adjudicated delinquent FOR VIOLATION OF CRIMINAL LAW...) accordingly the clerk is directed to remove the reference to the strike from the three strike log". Thus This Illinois Department of Human Services, Treatment and Detention (Rushville) facility is different from prisons, jails, whom have pretrial detainees, being held for criminal violations, This Facility is Civil Nature, and thus no such laws and restrictions, screening of Plaintiffs complaints for merit, I.F.P. Premission etc, applies, nor as 3 strikes provisions, as those are all for prisoners, pre trial detainees in prisons, jails awaiting sentences, held for 'criminal' violations, as to which this Petitioner is not. Such facility does not have 'jobs' rather 'tasks' that pay out in only 'points' that is non transferable to actual monies, only permitted to spend earnings on in house commissary. Plaintiff/Petitioner has no monies in his trust fund account, as such request and printout is attached hereto, and has not had any such funds for at least 5 years or more (aprox). Due to Plaintiffs/petitioners poverty in this regard he is unable to pay costs of this litigation,

and as earlier mentioned, the Appellate court eroniously denied Plaintiffs IFP, for inability to pay, in spite of him not having funds to do so, as which this plaintiff/petitioner asserts is also in error.

I Declare under penalty of Perjury, that the forgoing is true and correct (28 U.S.C. Section 1746).

Executed on: 11-16 2021.



Signature:

Chadd Morris

(Plaintiff) (Petitioner) (Pro-Se)

Illinois Department of Human Services

Treatment and Detention Facility

17019 County Farm Road

Rushville, Illinois 62681



RESIDENT REQUEST FORM

Resident Name: chadd morris DHS #: 882985
Living Unit: d-1 Date: 11-15-21

ADDRESS ALL REQUESTS TO PROPER DHS STAFF PERSONNEL

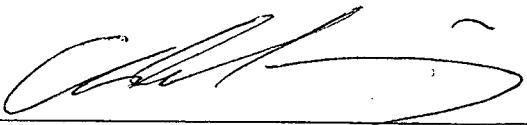
Attention: trust fund office

A. I wish to be interviewed regarding:

*i need a copy/printout of my trust fund activity for the last 12 months (1 year)
because i will be appealing Morris V. Worley (district case #4:16-cv-04127-csb)
(appeal court #21-2109) to the United States Supreme Court via Writ of
Certiorari
thanks*

(OR)

B. An interview is not necessary but I would like:

Resident Signature: 

STAFF RESPONSE

Date Request Received: _____

Action Taken/Staff Response:

Please see attached

Staff Signature: 

Date: 11/15/21

RESIDENT ACCOUNT STATEMENT

Page 1 of 1

ILL. Treatment & Detention Facility

11/15/2021 12:27

ST 60 | OPR 003

DHS Number : 882985

Resident Name : MORRIS, CHADD

Housing Location :

Statement Period : 01/01/2019 - 11/15/2021

STATEMENT SUMMARY

Beginning Balance :

0 Deposits :

1 Payments :

Ending Balance :

Receipt #	Date	Time	Description	Payments	Deposits	Balance
X39888	04/03/2019	10:04	Close	\$0.00		\$0.00