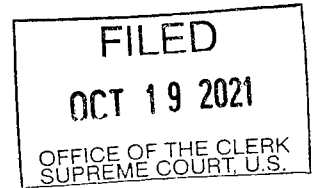


No.

21-6553

IN THE  
SUPREME COURT OF THE UNITED STATES



Chad L. Enderle — PETITIONER  
(Your Name)

VS.

State of Iowa — 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):

Seventh Judicial District of Iowa - Marlita A. Greve, Chief  
District Judge

☐ 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.

Chad Enderle  
(Signature)

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

I, Chad L. Enderle, 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	\$ <u>74.88</u>	\$ <u>NONE</u>	\$ <u>74.88</u>	\$ <u>NONE</u>
Self-employment	\$ <u>NA</u>	\$ <u>NONE</u>	\$ <u>NA</u>	\$ <u>NONE</u>
Income from real property (such as rental income)	\$ <u>NA</u>	\$ <u>NONE</u>	\$ <u>NA</u>	\$ <u>NONE</u>
Interest and dividends	\$ <u>NA</u>	\$ <u>NONE</u>	\$ <u>NA</u>	\$ <u>NONE</u>
Gifts	\$ <u>NA</u>	\$ <u>NONE</u>	\$ <u>NA</u>	\$ <u>NONE</u>
Alimony	\$ <u>NA</u>	\$ <u>NONE</u>	\$ <u>NA</u>	\$ <u>NONE</u>
Child Support	\$ <u>NA</u>	\$ <u>NONE</u>	\$ <u>NA</u>	\$ <u>NONE</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>NA</u>	\$ <u>NONE</u>	\$ <u>NA</u>	\$ <u>NONE</u>
Disability (such as social security, insurance payments)	\$ <u>NA</u>	\$ <u>NONE</u>	\$ <u>NA</u>	\$ <u>NONE</u>
Unemployment payments	\$ <u>NA</u>	\$ <u>NONE</u>	\$ <u>NA</u>	\$ <u>NONE</u>
Public-assistance (such as welfare)	\$ <u>NA</u>	\$ <u>NONE</u>	\$ <u>NA</u>	\$ <u>NONE</u>
Other (specify): _____	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NA</u>	\$ <u>NONE</u>
<b>Total monthly income:</b>	\$ <u>74.88</u>	\$ <u>NONE</u>	\$ <u>74.88</u>	\$ <u>NONE</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
Iowa State Pen And Jew Prison Industries	PO Box 316 Fort Madison Iowa 52627	2004 thru 2021	\$ 79.88 \$ \$

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.) NA

Employer	Address	Dates of Employment	Gross monthly pay
			\$
			\$
			\$

4. How much cash do you and your spouse have? \$ 21.20  
Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Type of account (e.g., checking or savings)	Amount you have	Amount your spouse has
Institutional Account	\$ 21.20	\$ 2
	\$	\$
	\$	\$

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 NA

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

☐ 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
NONE	\$ NONE	\$ NONE
NONE	\$ NONE	\$ NONE
NONE	\$ NONE	\$ NONE

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
NONE	NONE	NA
NONE	NONE	NA
NONE	NONE	NA

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)	\$ Q	\$ Q
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)	\$ Q	\$ Q
Home maintenance (repairs and upkeep)	\$ Q	\$ Q
Food	\$ Q	\$ Q
Clothing	\$ Q	\$ Q
Laundry and dry-cleaning	\$ Q	\$ Q
Medical and dental expenses	\$ Q	\$ Q

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>Q</u>	\$ <u>NA</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>Q</u>	\$ <u>NA</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>Q</u>	\$ <u>NA</u>
Life	\$ <u>Q</u>	\$ <u>NA</u>
Health	\$ <u>Q</u>	\$ <u>NA</u>
Motor Vehicle	\$ <u>Q</u>	\$ <u>NA</u>
Other: _____	\$ <u>Q</u>	\$ <u>NA</u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ <u>Q</u>	\$ <u>NA</u>
Installment payments		
Motor Vehicle	\$ <u>Q</u>	\$ <u>NA</u>
Credit card(s)	\$ <u>Q</u>	\$ <u>NA</u>
Department store(s)	\$ <u>Q</u>	\$ <u>NA</u>
Other: _____	\$ <u>Q</u>	\$ <u>NA</u>
Alimony, maintenance, and support paid to others	\$ <u>Q</u>	\$ <u>NA</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>Q</u>	\$ <u>NA</u>
Other (specify): _____	\$ <u>Q</u>	\$ <u>NA</u>
<b>Total monthly expenses:</b>	\$ <u>Q</u>	\$ <u>NA</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? \_\_\_\_\_

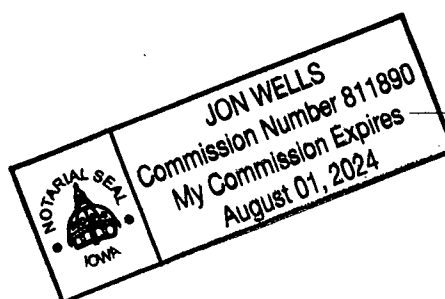
If yes, state the person's name, address, and telephone number:

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

Currently I make 0.48 per hour at my prison Job as a Utilities worker (Janitor)

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

Executed on: November 23, 2021



Chad Enders  
(Signature) Chad L. Enders

# CERTIFICATE

I, Denise Koechle, Accounting Clerk II of the  
Iowa State Penitentiary for Men at Fort Madison, Iowa, hereby certify that

Chad Enderle 6643402, an inmate of this institution, currently has  
funds/ credits on deposit with the Warden in the sum of \$5.68

Currently the above mentioned inmate receives:

an inmate allowance of N/A /an idle allowance of \$ -

His inmate account balance for the previous four months was as follows:

Four Months Ago:	<u>\$ 773.95</u>
Three Months Ago:	<u>\$ 343.29</u>
Two Months Ago:	<u>\$ 169.35</u>
Last Month:	<u>\$ 54.50</u>

I further certify that, over the past two months, this inmate spent

<u>\$ 128.60</u>	(2 Months Ago)
<u>\$ 100.43</u>	(Last Month)

to purchase items using his inmate account.

Dated this 4th day of November 20 21

Denise Koechle  
Authorized Officer of Institution  
Title

NO. \_\_\_\_\_

IN THE SUPREME COURT OF THE UNITED STATES

\_\_\_\_\_ TERM, 2021

Chad Enderle – Petitioner,

Vs.

Christopher Tripp, Warden; Iowa State Penitentiary – Respondents.

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**Motion For Leave to Proceed In Forma Pauperis**

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Pursuant to Rule 39 of the Rules of this Court, the Petitioner, Chad Enderle asks leave to file the attached Petition for Writ of Certiorari, without prepayment of costs, and to proceed in forma paupers.

The petitioner is indigent and acting pro se, he is incarcerated in the Iowa State Penitentiary.

RESPECTFULLY SUBMITTED,

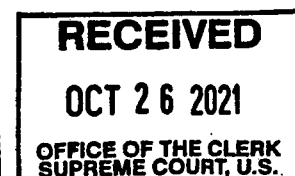
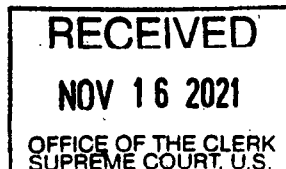
Chad L. Enderle

Chad Enderle Inmate # 6643402

ISP

P.O. Box 316

Fort Madison, Iowa 52627





IN THE SUPREME COURT OF THE UNITED STATES

CHAD ENDERLE

Petitioner,

CASE NO. \_\_\_\_\_

vs.

DECLARATION IN SUPPORT  
OF MOTION FOR LEAVE TO  
PROCEED IN FORMA PAUPRIS

CHRIS TRIPP, WARDEN

Respondent(s).

COMES NOW, the Plaintiff, pro se, and in support of his Application to Proceed in Forma Pauperis, states the following:

- 1.) Plaintiff has not received within the past three months, any income from a business profession, or other form of self-employment.
- 2.) Plaintiff does not own any savings or checking accounts.
- 3.) Plaintiff does not own any stocks, bonds, notes, annuities or other valuable property.
- 4.) Plaintiff does not have any dependants.
- 5.) Plaintiff is currently incarcerated under the supervision of the Director of the Iowa Department of Corrections at the Iowa State Penitentiary.

Plaintiff makes only \$ 63.<sup>00</sup> per month from his prison job. After deductions that include restitution, and (others specify) \_\_\_\_\_

only a minimal amount is left over for hygiene and essential items.

WHEREFORE, Plaintiff requests that this honorable court grant his Application to proceed In Forma Pauperis.

I, Chad L. Enderle, first being duly sworn, declare that the foregoing is true and correct to the best of my knowledge and belief and further understand that a false statement made herein could subject me to the penalties of perjury, on this November 8<sup>th</sup>, 2021.

Respectfully submitted,

Chad Enderle  
Iowa State Penitentiary  
P.O. Box 316  
Fort Madison, Iowa 52627