

No. 21-6620

ORIGINAL
ORIGINAL

IN THE

SUPREME COURT OF THE UNITED STATES

Supreme Court, U.S.
FILED

NOV 30 2021

OFFICE OF THE CLERK

TORMU E. PRALL,

PETITIONER,

VS.

ATTORNEY GENERAL NEW JERSEY,
ADMINISTRATOR NEW JERSEY STATE PRISON,

RESPONDENTS.

MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

The petitioner ask leave to file the attached petition for a writ of certiorari without prepayment of costs and to proceed in forma pauperis.

[x] Petitioner has previously been granted leave to proceed in forma pauperis in the United States District Court and the United States Court of Appeals.

[x] Petitioner's affidavit or declaration in support of this motion is attached hereto.

for --

(signature)

**AFFIDAVIT IN SUPPORT OF MOTION FOR
CONTINUANCE TO APPEAL IN FORMA PAUPERIS**

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 EXPECTED	AVERAGE MONTHLY		AMOUNT
	AMOUNT DURING THE	NEXT MONTH	
	PAST 12 MONTHS		
	You	Your Spouse	
Employment	\$ <u>N/A</u>	\$ <u>N/A</u>	
Self-Employment	\$ <u>N/A</u>	\$ <u>N/A</u>	
Income from real Property (Such as rental income)	\$ <u>N/A</u>	\$ <u>N/A</u>	
Interest and Dividends	\$ <u>N/A</u>	\$ <u>N/A</u>	
Gifts	\$ <u>N/A</u>	\$ <u>N/A</u>	
Alimony	\$ <u>N/A</u>	\$ <u>N/A</u>	
Child Support	\$ <u>N/A</u>	\$ <u>N/A</u>	
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>N/A</u>	\$ <u>N/A</u>	
Unemployment payments	\$ <u>N/A</u>	\$ <u>N/A</u>	
Disability (such as social security, insurance payments)	\$ <u>N/A</u>	\$ <u>N/A</u>	
Public Assistance (such	\$ <u>N/A</u>	\$ <u>N/A</u>	

as welfare)

Other (specify): Prison \$ _____ \$ N/A

Total monthly income \$ _____ \$ N/A

2. List your employment history, most recent employer first.
(Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross Monthly Pay
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N/A

3. List your spouse's employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross Monthly Pay
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N/A

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

Below, state any money you or spouse have in bank accounts or in any other financial institution.

Financial Institution	Type of Account	Amount you have	Amount your spouse has
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N/A

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statements for each account.

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

Home (Value)	Other real estate (Value)	Motor Vehicle (Value)
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N/A

N/A

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>N/A</u> | <u>N/A</u> | <u>N/A</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 amount paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semi-annually, or annually to show the monthly rate.

	You	Your Spouse
Rent or Home Mortgage (include lot rented for mobile home)	\$ <u>N/A</u>	\$ <u>N/A</u>
Are real estate taxes included? <u>N/A</u>		
Is property insurance included? <u>N/A</u>		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <u>N/A</u>	\$ <u>N/A</u>
Home maintenance (repairs and upkeep)	\$ <u>N/A</u>	\$ <u>N/A</u>
Food	\$ <u>N/A</u>	\$ <u>N/A</u>
Clothing	\$ <u>N/A</u>	\$ <u>N/A</u>
Laundry and dry- cleaning	\$ <u>N/A</u>	\$ <u>N/A</u>
Medical and dental expenses	\$ <u>N/A</u>	\$ <u>N/A</u>

Transportation (not including motor vehicle payments) \$ N/A \$ N/A

Recreation, entertainment, newspapers, magazines, etc. \$ N/A \$ N/A

Insurance (not deducted from wages or included in mortgage payments) \$ N/A \$ N/A

Homeowners or renters \$ N/A \$ N/A

Life \$ N/A \$ N/A

Health \$ N/A \$ N/A

Motor Vehicle \$ N/A \$ N/A

other: \$ N/A \$ N/A

Taxes (not deducted from wages or included in mortgage payments): (specify) \$ N/A \$ N/A

Installment payments \$ N/A \$ N/A

Credit Card (name): \$ N/A \$ N/A
N/A

Department Store (name) \$ N/A \$ N/A
N/A

Other: N/A \$ N/A \$ N/A

Alimony, maintenance and support paid to others \$ N/A \$ N/A

Regular expenses for operation of business or farm (attach detailed statement) \$ N/A \$ N/A

Other (specify): \$ N/A \$ N/A

Total monthly expenses: \$ N/A \$ N/A

9. Do you expect any major changes to your monthly income or expenses or in your assets of liabilities during the next 12 months? No

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? No

11. Have you paid ____ Or will you be paying ____ anyone other than attorney (such as a paralegal or typist) any money for services in connection with this case, including the completion of this form? No
12. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.

I am a prisoner incarcerated in New Jersey State Prison where I have been assigned by the Classification Committee to a job as cell sanitation worker in which I am provided a monthly stipend of \$32.00.

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

Executed on: November 22, 2021.

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(Signature)