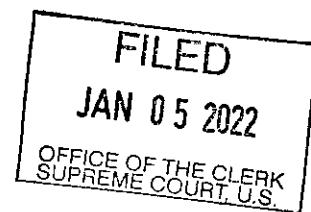


21-6836
IN THE

SUPREME COURT OF THE UNITED STATES

ORIGINAL

No. _____



DANIEL LOCUS,

Petitioner,

v.

STATE OF NEW JERSEY,

Respondent.

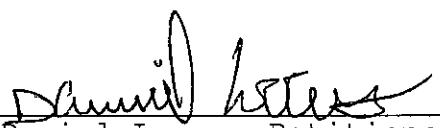
MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

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

Petitioner has previously been granted leave to proceed in forma pauperis in the following court(s):

NEW JERSEY SUPERIOR COURT-LAW DIVISION, NEW JERSEY SUPERIOR
COURT-APPELLATE DIVISION, NEW JERSEY SUPREME COURT, UNITED STATES
DISTRICT COURT FOR THE THIRD CIRCUIT, UNITED STATES COURT OF
APPEALS FOR THE THIRD CIRCUIT

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



Daniel Locus, Petitioner

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

I, DANIEL LOCUS, 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 cost of this case or to give security therefor; and I believe I am entitled to redress.

1. For both you and your spouse 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	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) \$ N/A \$ N/A

Public Assistance (such as welfare) \$ N/A \$ N/A

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 _____

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

N/A _____

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

N/A _____

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

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.

N/A

9. Do you expect any major changes to your monthly income or expenses or in your assets or 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 an attorney (such as a paralegal or a 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 cost of this case.

I am a prisoner housed at New Jersey State Prison, in Trenton, New Jersey and I only received state-pay which is \$93.00 a month, which fines is deducted from that and what is left I have to buy my own hygiene products, such as (toothpaste, deodorant, soap etc.;

I must pay 10% of all commissary orders;

I must pay 33% from the institutional state-pay I receive each month for V.C.C.B. fines and penalties;

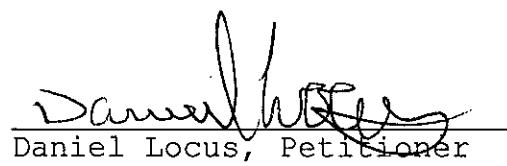
I must pay \$5.00 for any and all sick call visits and \$2.00 for each medication;

I must pay 10% of any money which family or friends may send me as a gift;

I do not own any automobiles, stocks or bonds in financial institutions.

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

Executed on: December 23, 2021


Daniel Locus
Daniel Locus, Petitioner