

21-7185

No. _____

ORIGINAL

Supreme Court, U.S.
FILED

FEB 01 2022

OFFICE OF THE CLERK

IN THE

SUPREME COURT OF THE UNITED STATES

Brian Arthur Tate — PETITIONER

VS.

Governor Larry Hogan, et al. — 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):

U.S. Supreme Court - Tate v. Maryland, Docket No. 18-6093, 139 S. Ct. 465, 202 L.E.2d 355, 2018 U.S. LEXIS 6548 (Nov. 5, 2018); Maryland Court of Appeals - Tate v. Hogan, et al., COA-PET-0241-2021; Maryland Court of Special Appeals - Tate v. Hogan, et al., Sept. Term 2020, No. 0537; Howard County Cir. Ct. for Maryland - Tate v. Hogan, et al., C-13-CV-19-000237.

☐ Petitioner has **not** previously been granted leave to proceed *in forma pauperis* in any other court.

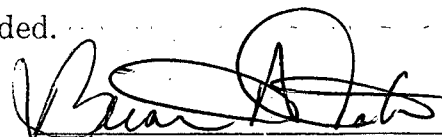
☒ Petitioner's affidavit or declaration in support of this motion is attached hereto.

☐ 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.

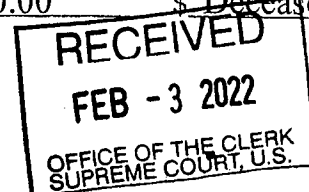

Brian A. Tate, pro se

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

I, Brian Arthur Tate, 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>0.00</u>	\$ <u>Deceased</u>	\$ <u>0.00</u>	\$ <u>Deceased</u>
Self-employment	\$ <u>0.00</u>	\$ <u>Deceased</u>	\$ <u>0.00</u>	\$ <u>Deceased</u>
Income from real property (such as rental income)	\$ <u>0.00</u>	\$ <u>Deceased</u>	\$ <u>0.00</u>	\$ <u>Deceased</u>
Interest and dividends	\$ <u>0.00</u>	\$ <u>Deceased</u>	\$ <u>0.00</u>	\$ <u>Deceased</u>
Gifts	\$ <u>0.00</u>	\$ <u>Deceased</u>	\$ <u>0.00</u>	\$ <u>Deceased</u>
Alimony	\$ <u>0.00</u>	\$ <u>Deceased</u>	\$ <u>0.00</u>	\$ <u>Deceased</u>
Child Support	\$ <u>0.00</u>	\$ <u>Deceased</u>	\$ <u>0.00</u>	\$ <u>Deceased</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0.00</u>	\$ <u>Deceased</u>	\$ <u>0.00</u>	\$ <u>Deceased</u>
Disability (such as social security, insurance payments)	\$ <u>0.00</u>	\$ <u>Deceased</u>	\$ <u>0.00</u>	\$ <u>Deceased</u>
Unemployment payments	\$ <u>0.00</u>	\$ <u>Deceased</u>	\$ <u>0.00</u>	\$ <u>Deceased</u>
Public-assistance (such as welfare)	\$ <u>0.00</u>	\$ <u>Deceased</u>	\$ <u>0.00</u>	\$ <u>Deceased</u>
Other (specify): _____	\$ <u>0.00</u>	\$ <u>Deceased</u>	\$ <u>0.00</u>	\$ <u>Deceased</u>
Total monthly income:	\$ <u>0.00</u>	\$ <u>Deceased</u>	\$ <u>0.00</u>	\$ <u>Deceased</u>



	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>None</u>	\$ <u>Deceased</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>None</u>	\$ <u>Deceased</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>None</u>	\$ <u>Deceased</u>
Life	\$ <u>None</u>	\$ <u>Deceased</u>
Health	\$ <u>None</u>	\$ <u>Deceased</u>
Motor Vehicle	\$ <u>None</u>	\$ <u>Deceased</u>
Other: _____	\$ <u>None</u>	\$ <u>Deceased</u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ <u>None</u>	\$ <u>Deceased</u>
Installment payments		
Motor Vehicle	\$ <u>None</u>	\$ <u>Deceased</u>
Credit card(s)	\$ <u>None</u>	\$ <u>Deceased</u>
Department store(s)	\$ <u>None</u>	\$ <u>Deceased</u>
Other: _____	\$ <u>None</u>	\$ <u>Deceased</u>
Alimony, maintenance, and support paid to others	\$ <u>None</u>	\$ <u>Deceased</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>None</u>	\$ <u>Deceased</u>
Other (specify): _____	\$ <u>None</u>	\$ <u>Deceased</u>
Total monthly expenses:	\$ <u>None</u>	\$ <u>Deceased</u>

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>\$ None</u>	<u>\$ None</u>
<u> </u>	<u>\$</u> <u> </u>	<u>\$</u> <u> </u>
<u> </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>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </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>\$ None</u>	<u>\$ Deceased</u>
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)	<u>\$ None</u>	<u>\$ Deceased</u>
Home maintenance (repairs and upkeep)	<u>\$ None</u>	<u>\$ Deceased</u>
Food	<u>\$ None</u>	<u>\$ Deceased</u>
Clothing	<u>\$ None</u>	<u>\$ Deceased</u>
Laundry and dry-cleaning	<u>\$ None</u>	<u>\$ Deceased</u>
Medical and dental expenses	<u>\$ None</u>	<u>\$ Deceased</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? n/a

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

n/a

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? n/a

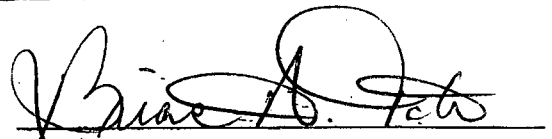
If yes, state the person's name, address, and telephone number:

n/a

12. Provide any other information that will help explain why you cannot pay the costs of this case. Petitioner has been incarcerated for nearly 30 years since February 25, 1992 from the age of 16 years old. In that time Petitioner has never held a job in society, paid taxes, or owned any other form of equity that could be used as collateral to offset the costs of these proceedings. Due to poverty and incarceration it is unlikely these costs can be paid in the foreseeable future.

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

Executed on: JANUARY 19, 2022



Brian Arthur Tate
DOC ID No. 229-385/SID No. 1403719
Eastern Correctional Institution-Annex
30420 Revells Neck Road
Westover, Maryland 21890