

21-7983

IN THE
SUPREME COURT OF THE UNITED STATES
2022 TERM

Supreme Court, U.S.
FILED

MAY 16 2022

OFFICE OF THE CLERK

No. _____

Allen J. Harrison

Plaintiff

VS.

State of Louisiana, et al.

Defendants

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):

☒ 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.


(Signature)

ORIGINAL

RECEIVED

MAY 24 2022

OFFICE OF THE CLERK
SUPREME COURT, U.S.

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

I, Allen J. Harrison, am the Petitioner in the above-entitled case. In support of my motion to proceed in forma pauperis, I declare under penalty of perjury in accordance with U.S.C.A. 28 § 1746, 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>00.00</u>	\$ <u>00.00</u>	\$ <u>00.00</u>	\$ <u>00.00</u>
Self-employment	\$ <u>00.00</u>	\$ <u>00.00</u>	\$ <u>00.00</u>	\$ <u>00.00</u>
Income from real property (such as rental income)	\$ <u>00.00</u>	\$ <u>00.00</u>	\$ <u>00.00</u>	\$ <u>00.00</u>
Interest and dividends	\$ <u>00.00</u>	\$ <u>00.00</u>	\$ <u>00.00</u>	\$ <u>00.00</u>
Gifts	\$ <u>00.00</u>	\$ <u>00.00</u>	\$ <u>00.00</u>	\$ <u>00.00</u>
Alimony	\$ <u>00.00</u>	\$ <u>00.00</u>	\$ <u>00.00</u>	\$ <u>00.00</u>
Child Support	\$ <u>00.00</u>	\$ <u>00.00</u>	\$ <u>00.00</u>	\$ <u>00.00</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>00.00</u>	\$ <u>00.00</u>	\$ <u>00.00</u>	\$ <u>00.00</u>
Disability (such as social security, insurance payments)	\$ <u>00.00</u>	\$ <u>00.00</u>	\$ <u>00.00</u>	\$ <u>00.00</u>

Unemployment payments	\$ <u>00.00</u>	\$ <u>00.00</u>	\$ <u>00.00</u>	\$ <u>00.00</u>
Public assistance (such as welfare)	\$ <u>00.00</u>	\$ <u>00.00</u>	\$ <u>00.00</u>	\$ <u>00.00</u>
Other (specify): <u>N/A</u>	\$ <u>00.00</u>	\$ <u>00.00</u>	\$ <u>00.00</u>	\$ <u>00.00</u>
Total monthly income:	\$ <u>00.00</u>	\$ <u>00.00</u>	\$ <u>00.00</u>	\$ <u>00.00</u>

2. List your employment history for the past two years, most recent first. (Gross monthly pay is before taxes or other deductions.)

Employer monthly pay	Address	Dates of Employment	Gross
<u>Elayn Hunt Correctional</u>	<u>St. Gabriel, LA 70776</u>	<u></u>	\$ <u>00.00</u>

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

Employer	Address	Dates of Employment	Gross monthly pay
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

4. How much cash do you and your spouse have? \$ None
Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial institution	Type of account	Amount you have	Amount your spouse has
<u>N/A</u>	<u>N/A</u>	\$ <u>None</u>	\$ <u>N/A</u>
<u>N/A</u>	<u>N/A</u>	\$ <u>None</u>	\$ <u>N/A</u>
<u>N/A</u>	<u>N/A</u>	\$ <u>None</u>	\$ <u>N/A</u>

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

☐ Home N/A
Value \$00.00

☐ Other real estate N/A
Value \$00.00

☐ Motor Vehicle #1 N/A
Year, make & model N/A
Value \$00.00

☐ Motor Vehicle #2 N/A
Year, make & model N/A
Value \$00.00

☐ Other assets = (None)
Description N/A
Value \$00.00

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

Person owing you or	Amount owed to you	Amount owed to your spouse
<u>N/A</u>	<u>\$ 00.00</u>	<u>\$ 00.00</u>
<u>N/A</u>	<u>\$ 00.00</u>	<u>\$ 00.00</u>
<u>N/A</u>	<u>\$ 00.00</u>	<u>\$ 00.00</u>

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

Name	Relationship	Age
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>	<u>N/A</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.

spouse	You	Your
Rent or home-mortgage payment (include lot rented for mobile home) <u>\$00.00</u>	<u>\$00.00</u>	
Are real estate taxes included?	<input type="checkbox"/> Yes <input type="checkbox"/> No N/A	
Is property insurance included?	<input type="checkbox"/> Yes <input type="checkbox"/> No N/A	
Utilities (electricity, heating fuel, <u>\$00.00</u> water, sewer, and telephone)	<u>\$00.00</u>	
Home maintenance (repairs and upkeep)	<u>\$00.00</u>	<u>\$00.00</u>
Food	<u>\$00.00</u>	<u>\$00.00</u>
Clothing	<u>\$00.00</u>	<u>\$00.00</u>

9. Do you expect any major changes to your monthly income 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? \$00.00

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? N/A

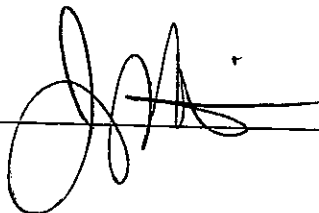
If yes, state the person's name, address, and telephone number:

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

I am indigent, making only incentive pay which goes towards my personal hygiene expenses.

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

Executed on: April 29, 2022.


(Signature)

ORDER:

STATEMENT OF ACCOUNT
(certified institutional equivalent)

I hereby certify that Allen Harrison, inmate number 487956,
the plaintiff herein has the following sums of money on account to his credit at Elayn
Hunt Correctional, the institution where he is confined:

Prison Drawing Account: \$ 2.40

Prison Savings Account: \$ 0.00

A. Cash N/A

B. Bonds N/A

I further certify that the average monthly deposits for the preceding six months is
\$ 150.83.

(The average monthly deposits are to be determined by adding the deposits made during a given month and dividing that total by the number of deposits made during that month. This is repeated for each of the six months. The average from each of the six months are to be added together and the total is to be divided by six.)

I further certify that the average monthly balance for the prior six months is
\$ 14.44.

(The average monthly deposits are to be determined by adding the deposits made during a given month and dividing that total by the number of deposits made during that month. This is repeated for each of the six months. The average from each of the six months are to be added together and the total is to be divided by six.)

4-11-22
Date Certified

Brenda Goodlow
Signature of Authorized Officer of Institutional

DEPARTMENT OF CORRECTIONS
INMATE MASTER RECORD INFORMATION

DATE : 04/11/22
TIME : 15:35:09

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DOC NUMBER...	487956	STATUS.....	ACTIVE	
LAST NAME	HARRISON	FIRST NAME	ALLEN	M.I.: J
SENT LENGTH	008 YRS. 00 MONS. 00 DAYS			
RACE	WHITE	DOC SYSTEM ENTRY DATE	08/31/20	
SEX	MALE	DISCHARGE DATE	11/16/26	
LAST UPDATE	02/22/21	SAVINGS BONDS	N	

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LIVING QTRS : FOX 6 TIER C LIVING QTRS # : 6082
BEDS 53-78 COMPOUND 2
WORK ASSIGNMENT : AWAITING ASSIGNMENT - HCC WORK ASSIGNMENT # : 006L
UNASSIGNED PAY RATE : .000

INC.PAY XFER FLAG: INC.PAY XFER DATE.:

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DRAWING BALANCE :	\$ 2.40	->LAST 6 MONTH AVERAGE....:	\$ 14.44
SAVINGS BALANCE :	\$	->LAST 6 MONTH AVERAGE....:	\$ 0.00
RESERVE BALANCE :	\$ 0.00		
TOTAL DEBT OWED :	\$ 0.00	LAST 6 MTH AVG EARNINGS..:	\$ 150.83
ACCRUED SALES :	\$ 00.00	INSTITUTION LIMIT :	\$ 175.00
PERSONAL PROP. ACCRUED:\$	0.00	PERSONAL PROPERTTY LIMIT:	\$ 250.00

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PRESS XMIT TO REQUEST ANOTHER INQUIRY : (ENTER X TO CANCEL FUNCTION)

