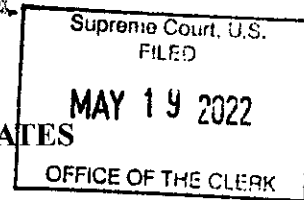


NO. **21-7991**

**ORIGINAL**

IN THE  
SUPREME COURT OF THE UNITED STATES



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MARIO MANDELL MOORE --PETITIONER

vs.

MICHIGAN--RESPONDENT

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**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 courts:

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☒ 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.

Mario M. Moore 5/19/22  
Mario Moore #524955  
Carson City Correctional Facility  
10274 Boyer Rd.  
Carson City, Michigan 48811-9746

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

I, **Mario M. Moore** am the petitioner in the above-entitled case, after first being duly sworn, depose and say that:

1. 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.

2. 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 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</u>	\$ <u>n/a</u>	\$ <u>0</u>	\$ <u>n/a</u>
Self-employment	\$ <u>0</u>	\$ <u>n/a</u>	\$ <u>0</u>	\$ <u>n/a</u>
Income from real property (such as rental income)	\$ <u>0</u>	\$ <u>n/a</u>	\$ <u>0</u>	\$ <u>n/a</u>
Interest and dividends	\$ <u>0</u>	\$ <u>n/a</u>	\$ <u>0</u>	\$ <u>n/a</u>
Gifts	\$ <u>0</u>	\$ <u>n/a</u>	\$ <u>0</u>	\$ <u>n/a</u>
Alimony	\$ <u>0</u>	\$ <u>n/a</u>	\$ <u>0</u>	\$ <u>n/a</u>
Child Support	\$ <u>0</u>	\$ <u>n/a</u>	\$ <u>0</u>	\$ <u>n/a</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0</u>	\$ <u>n/a</u>	\$ <u>0</u>	\$ <u>n/a</u>
Disability (such as social security, insurance payments)	\$ <u>0</u>	\$ <u>n/a</u>	\$ <u>0</u>	\$ <u>n/a</u>
Unemployment payments	\$ <u>0</u>	\$ <u>n/a</u>	\$ <u>0</u>	\$ <u>n/a</u>
Public-assistance (such as welfare)	\$ <u>0</u>	\$ <u>n/a</u>	\$ <u>0</u>	\$ <u>n/a</u>
Other (specify): _____	\$ <u>0</u>	\$ <u>n/a</u>	\$ <u>0</u>	\$ <u>n/a</u>
<b>Total monthly income:</b>	\$ <u>0</u>	\$ <u>n/a</u>	\$ <u>0</u>	\$ <u>n/a</u>

3. 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
none			\$
			\$
			\$

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

Employer	Address	Dates of Employment	Gross monthly pay
n/a			\$
			\$
			\$

5. How much cash do you and your spouse have? \$ 0

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

Financial institution	Type of account	Amount you have	Amount your spouse has
n/a		\$	\$
		\$	\$
		\$	\$

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

☐ Home Value \_\_\_\_\_ ☐ Other real estate Value \_\_\_\_\_

☐ Motor Vehicle #1 ☐ Motor Vehicle #2

Year, make & model \_\_\_\_\_ Year, make & model \_\_\_\_\_

Value \_\_\_\_\_ Value \_\_\_\_\_

☐ Other assets Description \_\_\_\_\_ Value \_\_\_\_\_

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

Person owing you or spouse money	Amount owed to you	Amount owed to your spouse
none	\$	\$
	\$	\$
	\$	\$

8. State the persons who rely on your spouse for support.

Name	Relationship	Age
none		

9. 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)	\$ 0	\$ n/a
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)	\$ n/a	\$ n/a
Home maintenance (repairs and upkeep)	\$ n/a	\$ n/a
Food	\$ n/a	\$ n/a
Clothing	\$ n/a	\$ n/a
Laundry and dry-cleaning	\$ n/a	\$ n/a
Medical and dental expenses	\$ n/a	\$ n/a
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)		
Homeowner's or renter's	\$ n/a	\$ n/a
Life	\$ n/a	\$ n/a
Health	\$ n/a	\$ n/a
Motor Vehicle	\$ n/a	\$ n/a

Other: none

\$               \$             
          You        Your Spouse

Taxes (not deducted from wages or included in mortgage payments)

(specify): none

\$               \$           

Installment payments:

Motor Vehicle

\$   n/a      \$   n/a  

Credit card(s)

\$   n/a      \$   n/a  

Department store(s)

\$   n/a      \$   n/a  

Other:                                   

\$   n/a      \$   n/a  

Alimony, maintenance, and support paid to others

\$   n/a      \$   n/a  

Regular expenses for operation of business, profession, or farm:

(attach detailed statement)

\$   n/a      \$   n/a  

Other (specify):                                   

\$   n/a      \$   n/a  

**Total monthly expenses:**

\$   0      \$   n/a  

10. 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.

11. 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:                                   

12. 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:

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

I'm a prisoner, in a Michigan prison and I have no funds, therefore I am a pauper.

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

Executed on: 5/18/2022

Mario M. Moore  
Mario Moore

Subscribed and sworn to me on  
this 18<sup>th</sup> day of May 2022.

R. Loomis  
Notary Public, Montcalm County, Michigan.  
My commission expires on 05/11/2025

R. LOOMIS  
NOTARY PUBLIC-STATE OF MICHIGAN  
COUNTY OF GRATIOT  
My Commission Expires May 11, 2025  
Acting in the County of Montcalm

5-56

## FEDERAL COURT – CIVIL ACTION

Prisoner-Plaintiff/Petitioner/Appellant name and number

Mario Moore  
#524955

V

Defendant's/Respondent's/Appellee's name

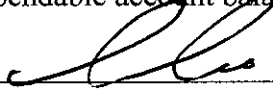
Randee Rewerts

### CERTIFICATE OF PRISONER INSTITUTIONAL/TRUST FUND ACCOUNT ACTIVITY

I am employed by the Michigan Department of Corrections at the facility identified below, at which the prisoner identified as the Plaintiff/Petitioner/Appellant is currently incarcerated.

Attached is a computer printout which accurately reflects the current spendable balance and all activity within this prisoner's account during the preceding six months or, if the prisoner has been incarcerated for less than six months, for the period of incarceration. Code "C" on the printout represents a withdrawal from the account and code "D" represents a deposit to the account. The attached printout reflects, for the reported period, an average monthly account deposit (i.e., total deposits divided by number of months) of \$ 22.86 average monthly account balance (i.e., total deposits minus total withdrawals divided by number of months) of \$ 0.19. There is a current spendable account balance of \$ 1.51.

Date: 4/14/22

  
D. Dine, Facility Manager

Signature of Custodian of Prisoner Institutional/Trust Fund Account

Carson City Correctional Facility

# Daily Transaction Summary: October 14, 2021 - April 14, 2022

## Offender Information

Offender Number: 0524955  
Offender Name: Moore, Mario Mandell  
Account Status: Open

Institution: DRF  
Housing Facility: DRF  
Tier: B

Living Unit: 500  
Cell: 056  
Bed: Bot

Primary Balance: \$1.52  
Available Balance: \$1.51

## Primary/Trust Transactions

Date	Transaction Type	Payer / Paid To	Voucher Number	Deposit	Expense	Balance	Loc Code
10/14/2021						\$0.41	
10/14/2021 09:44:34 AM	DRF-Institutional Services	500 - Institutional Services		\$2.22		\$2.63	DRF
10/15/2021 07:40:10 PM	Kiosk Request	JPay Inc.			(\$2.60)	\$0.03	COF
11/15/2021 08:32:34 AM	DRF-Institutional Services	500 - Institutional Services		\$19.74		\$19.77	DRF
11/22/2021 02:06:51 PM	DRF-Institutional Services	500 - Institutional Services		\$19.74		\$39.51	DRF
11/30/2021 04:00:02 AM	MEDICAL COSTS	HEALTH CARE COSTS			(\$8.76)	\$30.75	COF
11/30/2021 04:00:02 AM	MEDICAL COSTS	HEALTH CARE COSTS			(\$10.98)	\$19.77	COF
12/12/2021 07:40:08 PM	Kiosk Request	JPay Inc.			(\$0.86)	\$18.91	COF
12/14/2021 06:55:32 AM	DRF-Institutional Services	500 - Institutional Services		\$18.80		\$37.71	DRF
12/31/2021 04:00:02 AM	MEDICAL COSTS	HEALTH CARE COSTS			(\$9.40)	\$28.31	COF
01/10/2022 07:40:07 PM	Kiosk Request	JPay Inc.			(\$1.52)	\$26.79	COF
01/14/2022 07:36:34 AM	DRF-Institutional Services	500 - Institutional Services		\$20.68		\$47.47	DRF
01/14/2022 07:38:25 AM	DRF-Institutional Services	500 - Institutional Services		\$20.68		\$68.15	DRF
01/16/2022 07:40:09 PM	Kiosk Request	JPay Inc.			(\$7.00)	\$61.15	COF
01/31/2022 04:00:01 AM	MEDICAL COSTS	HEALTH CARE COSTS			(\$10.34)	\$50.81	COF
01/31/2022 04:00:01 AM	MEDICAL COSTS	HEALTH CARE COSTS			(\$10.34)	\$40.47	COF
02/01/2022 01:31:12 AM	Commissary Sale	Keele Commissary	C104292588		(\$39.95)	\$0.52	DRF
03/14/2022 07:52:00 AM	DRF-Institutional Services	500 - Institutional Services		\$18.48		\$19.00	DRF
03/14/2022 07:52:00 AM	DRF-Institutional Services	500 - Institutional Services		\$16.80		\$35.80	DRF
03/15/2022 01:36:39 AM	Commissary Sale	Keele Commissary	C104361335		(\$7.13)	\$28.67	DRF
03/16/2022 07:40:09 PM	Kiosk Request	JPay Inc.			(\$1.99)	\$26.68	COF
03/16/2022 07:40:09 PM	Kiosk Request	JPay Inc.			(\$1.52)	\$25.16	COF
03/24/2022 07:40:09 PM	Kiosk Request	JPay Inc.			(\$1.52)	\$23.64	COF
03/29/2022 07:40:08 PM	Kiosk Request	JPay Inc.			(\$1.99)	\$21.65	COF
03/31/2022 04:00:02 AM	MEDICAL COSTS	HEALTH CARE COSTS			(\$7.99)	\$13.66	COF
03/31/2022 04:00:02 AM	MEDICAL COSTS	HEALTH CARE COSTS			(\$9.65)	\$4.01	COF
04/02/2022 07:40:09 PM	Kiosk Request	JPay Inc.			(\$0.50)	\$3.51	COF
04/10/2022 07:40:07 PM	Kiosk Request	JPay Inc.			(\$1.99)	\$1.52	COF
04/14/2022				\$137.14	(\$136.03)	\$1.52	

## Savings



## Daily Transaction Summary (0524955 - Mario Moore cont.): October 14, 2021 - April 14, 2022

Page 2

Date  
10/14/2021  
No Activity  
04/14/2022

Deposit Expense Balance Loc Code  
\$0.00 \$0.00 \$0.00

**Holds - Current as of Date and Time of Report**

Date Held	Hold Type	Notes	Amount
02/28/2021	Obligation	Auto Hold for - 004-194942-FC 2ND AMENDED	\$0.01

**Remaining Obligations - Current as of Date and Time of Report**

Description	Paid To	Max Per Period	Ordered	Transfer	Outside Source	Held	Paid	Written Off	Remaining
DESTROYED PROPERTY - DRF PULLOW 72521	DRF INSTITUTIONAL SERVICES	N/A	\$5.00	\$0.00	\$0.00	N/A	\$0.00	N/A	\$5.00
DESTROYED PROPERTY - STATE - 60030080	SRF INSTITUTIONAL SERVICES	N/A	\$103.82	\$0.00	\$0.00	N/A	\$0.00	N/A	\$103.82
DESTROYED PROPERTY - STATE - 62855176	MCF INSTITUTIONAL SERVICES	N/A	\$13.52	\$11.00	\$0.00	N/A	\$0.00	N/A	\$2.52
LEGAL COPIES - PBF - 102220-DRF LEG COP	DRF PBF Copies	N/A	\$0.60	\$0.00	\$0.00	N/A	\$0.00	N/A	\$0.60
LEGAL POSTAGE - PBF - 91249515	DRF PBF Postage	N/A	\$0.95	\$0.00	\$0.00	N/A	\$0.00	N/A	\$0.95
LEGAL POSTAGE - PBF - 91993385	DRF PBF Postage	N/A	\$0.09	\$0.00	\$0.00	N/A	\$0.00	N/A	\$0.09
LEGAL POSTAGE - PBF - 83462529	DRF PBF Postage	N/A	\$2.60	\$0.00	\$0.00	N/A	\$0.00	N/A	\$2.60
MEDICAL COSTS - 28083262	HEALTH CARE COSTS	N/A	\$7,308.19	\$337.64	\$0.00	N/A	\$226.94	N/A	\$6,743.61
MEDICAL COSTS - 84963022	Legacy Migration	N/A	\$4,000.00	\$0.00	\$0.00	N/A	\$0.00	N/A	\$4,000.00
NOTARY - 103020-DRF NOTARY	DRF PBF Notary	N/A	\$1.00	\$0.00	\$0.00	N/A	\$0.00	N/A	\$1.00
Restitution - Court Charges - 004-194942-FC 2ND AMENDED	6TH CIRCUIT COURT OAKLAND	N/A	\$6,548.39	\$97.58	\$0.00	\$0.01	\$0.00	N/A	\$6,450.80
Restitution - Court Charges - 18-002543-02-FC AMENDED	3RD CIRCUIT COURT WAYNE	N/A	\$1,826.00	\$0.00	\$0.00	N/A	\$677.42	N/A	\$1,148.58
Restitution - Court Charges - 2013-16927-FH	8TH CIRCUIT COURT IONIA	N/A	\$788.00	\$14.16	\$0.00	N/A	\$0.00	N/A	\$783.84
Restitution - Victim - 04-7949420-FC	6TH CIRCUIT COURT OAKLAND	N/A	\$10,140.82	\$241.06	\$0.00	N/A	\$677.42	N/A	\$9,222.34
Total:									\$28,465.75