

APR 22 2022

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No. 21-8010

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IN THE  
SUPREME COURT OF THE UNITED STATES

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Louis Gonzalez, also known as Carlos Ramos Sanchez,  
*Petitioner,*

v.

Magistrate Judge Elaine E. Bucklo, Clerk of the Court Thomas G. Bruton,  
Unknown Court Reporter,  
*Respondents.*

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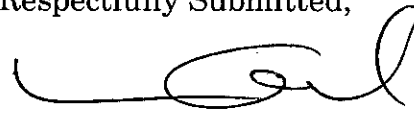
PRO SE MOTION TO PROCEED *IN FORMA PAUPERIS*

The Petitioner, appearing Pro Se hereby ask 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 United States District Court for the Northern District of Illinois.

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

Respectfully Submitted,



Dated: April 20, 2022.

Louis Gonzalez, a/k/a  
Carlos Ramos Sanchez  
A209 413 252  
LaSalle ICE Processing Center  
P.O. Box 560  
Trout, LA 71371

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SUPREME COURT, U.S.

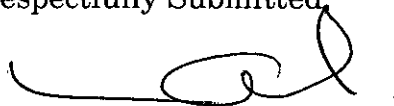
**CERTIFICATE OF SERVICE**

The following persons were served with a copy of the foregoing document or by mailing them a copy.

Solicitor General of the United States, Room 5614, Department of Justice,  
950 Pennsylvania Avenue, N.W., Washington, D.C. 20530-0001

No persons have been served with process at this time.

Respectfully Submitted,



Dated: April 20 2022.

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Trout, LA 71371

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

I, Louis Gonzalez, a/k/a Carlos Ramos Sanchez, am the petitioner in the above-entitled case. In support of my motion to proceed in *forma pauperis*, I state under penalty of perjury 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 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	\$ 0	\$ N/A	\$ NONE	\$ N/A
Self-employment	\$ 0	\$	\$	\$
Income from real property (such as rental income)	\$ 0	\$	\$	\$
Interest and dividends	\$ 0	\$	\$	\$
Gifts	\$330.00	\$	\$	\$
Alimony	\$ 0	\$	\$	\$
Child support	\$ 0	\$	\$	\$
Retirement (such as social security, pensions, annuities, insurance)	\$ 0	\$	\$	\$
Disability (such as social security, insurance payments)	\$ 0	\$	\$	\$
Unemployment payments	\$ 0	\$	\$	\$
Public-assistance (such as welfare)	\$ 0	\$	\$	\$
Other (specify): NONE	\$0.00	\$	\$	\$
<b>Total monthly income:</b>	<b>\$28.00</b>	<b>\$ N/A</b>	<b>\$ NONE</b>	<b>\$ N/A</b>

2. List your 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
ACDC	NATCHEZ, MS 39120	11/2019 to 04/2021	\$ 45.00
N/A			\$

3. 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			\$
N/A			\$
N/A			\$

4. How much cash do you and your spouse have? \$ 0.00

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
LIPC	JAIL ACCOUNT	\$277.57	\$ N/A
N/A		\$	\$
N/A		\$	\$

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

Home	Other real estate
(Value) \$ N/A	(Value) \$ N/A

Motor vehicle #1	Motor vehicle #2	Other assets
(Value) \$ N/A	(Value) \$ N/A	(Description) N/A
Make and year:	Make and year:	(Value) \$ N/A
Model:	Model:	

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
N/A	\$	\$

7. State the persons who rely on you or your spouse for support. For minor children, list initials instead of names (e.g. "J.S." instead of "John Smith").

Name [or, if a minor (i.e., underage), initials only]	Relationship	Age
NONE		

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, semiannually, or annually to show the monthly rate.

	You	Your spouse
Rent or home-mortgage payment (including lot rented for mobile home)	\$ 0	\$ N/A
Are real estate taxes included? Yes No		
Is property insurance included? Yes No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 0	\$
Home maintenance (repairs and upkeep)	\$ 0	\$
Food	\$ 15.00	\$
Clothing	\$ 0	\$
Laundry and dry-cleaning	\$ 0	\$

Medical and dental expenses	\$ 0	\$
Transportation (not including motor vehicle payments)	\$ 0	\$
Recreation, entertainment, newspapers, magazines, etc.	\$ 0	\$
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's:	\$ 0	\$
Life:	\$ 0	\$
Health:	\$ 0	\$
Motor vehicle:	\$ 0	\$
Other:	\$ 0	\$
Taxes (not deducted from wages or included in mortgage payments) (specify):	\$ 0	\$
Installment payments		
Motor Vehicle:	\$ 0	\$
Credit card (name):	\$ 0	\$
Department store (name):	\$ 0	\$
Other:	\$ 0	\$
Alimony, maintenance, and support paid to others	\$ 0	\$
Regular expenses for operation of business, profession or farm (attach detailed statement)	\$ 0	\$
Other (specify): MAIL AND SHOWER SUPPLIES	\$ 10.00	\$
<b>Total monthly expenses</b>	<b>\$ 25.00</b>	<b>\$ N/A</b>

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 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 attorney's name, address, and telephone number:* N/A

12. *Provide any other information that will help explain why you cannot pay the docket fees for your appeal.*

**The money that I have in my trust account is needed to pay for transportation after release because ICE does not provide money for transportation after release, and does not release a detainee who does not has money to pay for transportation after release.**

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

Executed on April 20, 2022



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