

32-5178
No.

ORIGINAL

IN THE
SUPREME COURT OF THE UNITED STATES

Daniel K. Cleary - Petitioner

v.

Illinois - Respondent

FILED

JUN 16 2022

OFFICE OF THE CLERK
SUPREME COURT, U.S.

MOTION FOR LEAVE TO PROCEED IN FORMA
PAUPERIS

The petitioner asks leave to file the attached petition for 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:

Tenth Judicial Circuit Court, Tazewell County, IL;

Third Judicial District Appellate Court of Illinois;

Supreme Court of the State of Illinois.

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

Daniel K. Cleary

RECEIVED

JUL 22 2022

OFFICE OF THE CLERK
SUPREME COURT, U.S.

Affidavit

In Support Of Motion For Leave To Proceed
In Forma Pauperis

I, Daniel K. Cleary, 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 therefore; and I believe I am entitled to redress.

Daniel K. Cleary

Pursuant to 28 USC 1746, 18 USC 1621, or 735 ILCS 5/1-109, I declare under penalty of perjury that I am a named party in the above action, that I have read the above documents, and that the information contained therein is true and correct to the best of my knowledge.

16 June 2022

Daniel K. Cleary

Daniel K. Cleary

#M21234

Menard C.C.

P.O. Box 1000

Menard, IL 62453



SUPREME COURT OF ILLINOIS

SUPREME COURT BUILDING
200 East Capitol Avenue
SPRINGFIELD, ILLINOIS 62701-1721

CAROLYN TAFT GROSBOLL
Clerk of the Court

(217) 782-2035
TDD: (217) 524-8132

December 30, 2013

FIRST DISTRICT OFFICE
160 North LaSalle Street, 20th Floor
Chicago, IL 60601-3103
(312) 793-1332
TDD: (312) 793-6185

Mr. Daniel K. Cleary
Reg. No. M-21234
Menard Correctional Center
P.O. Box 1000
Menard, IL 62259

Re: No. 117119 - People State of Illinois, respondent, v. Daniel K. Cleary,
petitioner. Leave to appeal, Appellate Court, Third District.
(Appellate Court No. 3-11-0610)

Dear Mr. Cleary:

This office has timely filed your petition for leave to appeal today in the above-entitled cause. You are being permitted to proceed as a poor person.

Your petition will be presented to the Court for its consideration, and you will be advised of the Court's action thereon.

Very truly yours,

A handwritten signature in cursive script that reads "Carolyn Taft Grosboll".

Clerk of the Supreme Court

CTG/wb

cc: Hon. Lisa Madigan
State's Attorney Tazewell County
State's Attorneys App. Pros. Ottawa



SUPREME COURT OF ILLINOIS

SUPREME COURT BUILDING
200 East Capitol Avenue
SPRINGFIELD, ILLINOIS 62701-1721

CAROLYN TAFT GROSBOLL
Clerk of the Court

(217) 782-2035
TDD: (217) 524-8132

November 29, 2021

FIRST DISTRICT OFFICE
160 North LaSalle Street, 20th Floor
Chicago, IL 60601-3103
(312) 793-1332
TDD: (312) 793-6185

Daniel K Cleary
Reg. No. M21234
Menard Correctional Center
P.O. Box 1000
Menard, IL 62259

In re: People v. Cleary
127917

Dear Daniel K Cleary:

This office has timely filed your Petition for Leave to Appeal, styled as set forth above. You are being permitted to proceed as a poor person.

Your petition will be presented to the Court for its consideration, and you will be advised of the Court's action thereon.

In accordance with your request, we are returning to you with this letter a file-stamped copy of your motion.

Very truly yours,

Carolyn Taft Grosboll

Clerk of the Supreme Court

cc: Attorney General of Illinois - Criminal Division
State's Attorney Tazewell County
State's Attorney's Appellate Prosecutor, Third District

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

I, Daniel K. Cleary, 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>30.-</u>	\$ <u>N/A</u>	\$ <u>33.-</u>	\$ <u>N/A</u>
Self-employment	\$ <u>0</u>	\$ <u> </u>	\$ <u>0</u>	\$ <u> </u>
Income from real property (such as rental income)	\$ <u>0</u>	\$ <u> </u>	\$ <u>0</u>	\$ <u> </u>
Interest and dividends	\$ <u>0</u>	\$ <u> </u>	\$ <u>0</u>	\$ <u> </u>
Gifts	\$ <u>0</u>	\$ <u> </u>	\$ <u>0</u>	\$ <u> </u>
Alimony	\$ <u>0</u>	\$ <u> </u>	\$ <u>0</u>	\$ <u> </u>
Child Support	\$ <u>0</u>	\$ <u> </u>	\$ <u>0</u>	\$ <u> </u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0</u>	\$ <u> </u>	\$ <u>0</u>	\$ <u> </u>
Disability (such as social security, insurance payments)	\$ <u>0</u>	\$ <u> </u>	\$ <u>0</u>	\$ <u> </u>
Unemployment payments	\$ <u>0</u>	\$ <u> </u>	\$ <u>0</u>	\$ <u> </u>
Public-assistance (such as welfare)	\$ <u>0</u>	\$ <u> </u>	\$ <u>0</u>	\$ <u> </u>
Other (specify): <u> </u>	\$ <u>0</u>	\$ <u> </u>	\$ <u>0</u>	\$ <u> </u>
Total monthly income:	\$ <u>30.-</u>	\$ <u> </u>	\$ <u>33.-</u>	\$ <u> </u>

De

2. 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
Employee Kitchen	M.C.C.	2015	\$ 33.-
			\$
			\$

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			\$
			\$
			\$

4. How much cash do you and your spouse have? \$ 2200.-
Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Type of account (e.g., checking or savings)	Amount you have	Amount your spouse has
N/A	\$	\$
	\$	\$
	\$	\$

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

<input type="checkbox"/> Home Value _____	<input type="checkbox"/> Other real estate Value _____
<input type="checkbox"/> Motor Vehicle #1 Year, make & model _____ Value _____	<input type="checkbox"/> Motor Vehicle #2 Year, make & model _____ Value _____
<input type="checkbox"/> Other assets Description _____ Value _____	

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

Person owing you or your spouse money

Amount owed to you

Amount owed to your spouse

_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

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"). *N/A*

Name

Relationship

Age

_____	_____	_____
_____	_____	_____
_____	_____	_____

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*

You

Your spouse

Rent or home-mortgage payment
(include lot rented for mobile home)

\$ _____ \$ _____

Are real estate taxes included? ☐ Yes ☐ No

Is property insurance included? ☐ Yes ☐ No

Utilities (electricity, heating fuel,
water, sewer, and telephone)

\$ _____ \$ _____

Home maintenance (repairs and upkeep)

\$ _____ \$ _____

Food

\$ _____ \$ _____

Clothing

\$ _____ \$ _____

Laundry and dry-cleaning

\$ _____ \$ _____

Medical and dental expenses

\$ _____ \$ _____

	You	Your spouse
Transportation (not including motor vehicle payments)	\$_____	\$_____
Recreation, entertainment, newspapers, magazines, etc.	\$_____	\$_____
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$_____	\$_____
Life	\$_____	\$_____
Health	\$_____	\$_____
Motor Vehicle	\$_____	\$_____
Other: _____	\$_____	\$_____
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$_____	\$_____
Installment payments		
Motor Vehicle	\$_____	\$_____
Credit card(s)	\$_____	\$_____
Department store(s)	\$_____	\$_____
Other: _____	\$_____	\$_____
Alimony, maintenance, and support paid to others	\$_____	\$_____
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$_____	\$_____
Other (specify): _____	\$_____	\$_____
Total monthly expenses:	\$_____	\$_____

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? _____

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? _____

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

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

I do not expect any major changes to my financial circumstances. In addition, basic hygiene supplies and legal supplies costs have increased 50-100% due to COVID shortages in the supply chain and/or inflation.

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

Executed on: July 8, 2022

Subscribed and sworn to before me on the

8th day of July, 2022

Shelley A. Shevlin
Notary Public

Daniel K. Cleary
(Signature)

