

22-5289

ORIGINAL

IN THE
UNITED STATES SUPREME COURT

Supreme Court, U.S.
FILED
MAY 24 2022
OFFICE OF THE CLERK

Phillip A. Brown II,
Petitioner,

Circuit Court : # 14-1876

v.

District Court : # 09-cv-14850

Cindi Curtin et al.,
Respondent.

Phillip A. Brown II - #271566
Pros Se
Muskegon Correctional Facility
2400 S. Sheridan Rd.
Muskegon, Michigan 49442

MOTION TO PROCEED IN FORMA PAUPERIS

Now comes Petitioner, Phillip A. Brown II, and moves this Court to GRANT him in forma pauperis status in this Petition for writ of certiorari.

Petitioner states the following facts in support of this motion:

- 1) Petitioner cannot afford to pay the filing fees for this case.
- 2) Petitioner is incarcerated in the Michigan Department of Corrections.
- 3) Petitioner has substantial and meritorious arguments for this Court.

Wherefore, the Petitioner respectfully asks this Court to WAIVE the filing fee and costs in this case and GRANT him pauperis status.

Respectfully Submitted,

Phillip A. Brown II

RECEIVED
AUG 3 2022
OFFICE OF THE CLERK
SUPREME COURT, U.S.

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

I, PHILLIP A. BROWN, Jr, 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>20.00</u>	\$ _____	\$ _____	\$ _____
Self-employment	\$ <u>- 0</u>	\$ _____	\$ _____	\$ _____
Income from real property (such as rental income)	\$ <u>- 0</u>	\$ _____	\$ _____	\$ _____
Interest and dividends	\$ <u>- 0</u>	\$ _____	\$ _____	\$ _____
Gifts	\$ <u>- \$200</u>	\$ _____	\$ _____	\$ _____
Alimony	\$ <u>- 0</u>	\$ _____	\$ _____	\$ _____
Child Support	\$ <u>- 0</u>	\$ _____	\$ _____	\$ _____
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>- 0</u>	\$ _____	\$ _____	\$ _____
Disability (such as social security, insurance payments)	\$ <u>- 0</u>	\$ _____	\$ _____	\$ _____
Unemployment payments	\$ <u>- 0</u>	\$ _____	\$ _____	\$ _____
Public-assistance (such as welfare)	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Other (specify): _____	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Total monthly income:	\$ <u>220.00</u>	\$ _____	\$ _____	\$ _____

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

Employer	Address	Dates of Employment	Gross monthly pay
NA			\$
(PRISON JOB)	MCF	5/20/21 - Now	\$ 20.00

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
NA - NONE			\$
			\$
			\$

4. How much cash do you and your spouse have? \$ —
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
MDOC TRUST	\$ 10.00	\$
	\$	\$

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

☐ Home
Value NONE

☐ Other real estate
Value _____

☐ Motor Vehicle #1
Year, make & model NONE
Value _____

☐ Motor Vehicle #2
Year, make & model _____
Value _____

☐ Other assets
Description NONE
Value _____

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>	\$ _____	\$ _____
_____	\$ _____	\$ _____

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	Relationship	Age
<u>NONE</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>0</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>0</u>	\$ _____
Home maintenance (repairs and upkeep)	\$ <u>0</u>	\$ _____
Food	\$ <u>\$100</u>	\$ _____
Clothing	\$ <u>0</u>	\$ _____
Laundry and dry-cleaning	\$ <u>0</u>	\$ _____
Medical and dental expenses	\$ <u>0</u>	\$ _____

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>- 0</u>	\$ _____
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>- 0</u>	\$ _____
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>- 0</u>	\$ _____
Life	\$ <u>- 0</u>	\$ _____
Health	\$ <u>- 0</u>	\$ _____
Motor Vehicle	\$ <u>- 0</u>	\$ _____
Other: _____	\$ <u>- 0</u>	\$ _____
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ <u>- 0</u>	\$ _____
Installment payments		
Motor Vehicle	\$ <u>- 0</u>	\$ _____
Credit card(s)	\$ <u>- 0</u>	\$ _____
Department store(s)	\$ <u>- 0</u>	\$ _____
Other: _____	\$ <u>- 0</u>	\$ _____
Alimony, maintenance, and support paid to others	\$ <u>- 0</u>	\$ _____
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>- 0</u>	\$ _____
Other (specify): <u>LEGAL COPIES + POSTAGE</u>	\$ <u>\$ 50</u>	\$ _____
Total monthly expenses:	\$ <u>150</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? _____

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:

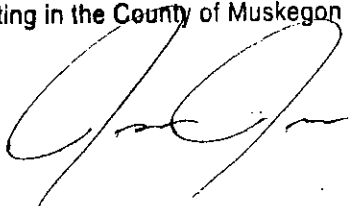
12. Provide any other information that will help explain why you cannot pay the costs of this case.

I DON'T HAVE ENOUGH MONEY IN MY PRISON ACCOUNT.

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

Executed on: JUNE 16th, 2022

JASON JONES
Notary Public, Muskegon County, MI
My Commission Expires 12/17/25
Acting in the County of Muskegon



Phillip A Brown II
(Signature)

STATE OF MICHIGAN - CIVIL ACTION

CERTIFICATE OF PRISONER ACCOUNT ACTIVITY
AND AFFIDAVIT REGARDING SUSPENSION OF PRISONER FEES/COSTS

Prisoner-Plaintiff/Petitioner/Appellant name and number

BROWN, PHILLIP #271566

0

V

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

CINDI CURTIN

CERTIFICATE OF PRISONER 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 twelve months or, if the prisoner has been incarcerated for less than twelve months, for the period of incarceration. "Credit" represents a withdrawal from the account and "Debit" represents a deposit to the account.

This Certificate of Prisoner Account Activity reflects, for the reported period, an average monthly deposit (i.e., total deposits divided by number of months) \$260.33, an average monthly balance (i.e., total deposits less total withdrawals divided by number of months) of (\$34.38).

There is a current spendable account balance of \$227.57.

Date: 05/23/2022

Signature/Title

MUSKEGON CORRECTIONAL FACILITY

Note: Bottom section to be completed by prisoner and sent by prisoner to a ~~Michigan~~ Court along with State civil pleading/claim of appeal. FEDERAL

AFFIDAVIT REGARDING SUSPENSION OF PRISONER FEES/COSTS

1. I am the Plaintiff/Respondent/Appellant in the attached pleading/petition/claim of appeal.
2. I am asking the Court for suspension of filing fees and costs because I am indigent as reflected in the Certificate of Prisoner Account Activity and attached computer printout.

Phillip A Brown II
Prisoner's Signature

Subscribed and sworn to before me, a Notary Public,
this _____ day of _____, _____.

My Commission Expires: _____

IN ORDER TO COMPLY WITH YOUR REQUEST FOR A CERTIFICATE OF PRISONER ACCOUNT ACTIVITY STATEMENT THE FOLLOWING INFORMATION IS REQUIRED:

Inmate name: BROWN # 271566

4. NAME OF PLAINTIFF(S) PHILLIP BROWN
5. NAME OF DEFENDANTS(S) CINDI CURTIN
6. NAME OF THE COURT (Which is either County, District, or other jurisdiction)

~~800-477-2222~~ ~~000-000-0000~~ Case #(if known) _____

EXAMPLES:
State Courts

U.S. SUPREME COURT

(MI Court of Appeals; MI Supreme Court; County Courts
- District, Circuit, etc...) - 12 month statement

OR

~~Federal Court~~

United States District Court; US Supreme Court; US Court of Appeals
6 month statement

State Court
requires
12 month statement
Not 6
month

Daily Transaction Summary: May 23, 2021 - May 23, 2022

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Offender Information

Offender Number: 0271566

Offender Name: BROWN, PHILLIP ANTHONY

Account Status: Open

Institution: MCF

Housing Facility: MCF

Tier: 01

Living Unit: Unit 5

Cell: 113

Bed: A

Primary Balance: \$227.57

Available Balance: \$227.57

Primary Trust Transactions

Date	Transaction Type	Payer / Paid To	Voucher Number	Deposit	Expense	Balance	Loc Code
05/23/2021						\$640.18	
05/24/2021 05:10:16 AM	GTL	Phil Brown		\$45.00		\$685.18	COF
05/25/2021 01:28:18 PM	Phone Credits	Global Tel			(\$40.00)	\$645.18	MCF
05/31/2021 04:00:01 AM	MEDICAL CO-PAY	HEALTH CARE CO-PAY			(\$4.86)	\$640.32	COF
06/02/2021 01:32:09 AM	Commissary Sale	Keefe Commissary	C103891350		(\$45.64)	\$594.68	MCF
06/02/2021 01:41:35 PM	Phone Credits	Global Tel			(\$45.00)	\$549.68	MCF
06/02/2021 02:08:32 PM	Legal Copies Disbursement	MCF Institutional Services			(\$3.00)	\$546.68	MCF
06/05/2021 01:31:18 AM	Commissary Sale	Keefe Commissary	C103891350		\$6.66	\$553.34	MCF
06/08/2021 08:26:45 AM	Legal Copies Disbursement	MCF Institutional Services			(\$1.00)	\$552.34	MCF
06/10/2021 02:04:44 PM	Deduction Exempt - Sigma IET	KBO Med copay refund 3/18/21 K		\$5.00		\$557.34	MCF
06/14/2021 08:23:04 AM	MCF Institutional Services	500 - Institutional Services		\$7.52		\$564.86	MCF
06/14/2021 12:59:41 PM	Phone Credits	Global Tel			(\$100.00)	\$464.86	MCF
06/15/2021 01:31:33 AM	Commissary Sale	Keefe Commissary	C103915851		(\$56.75)	\$408.11	MCF
06/15/2021 05:10:07 AM	GTL	Tamara Wood		\$300.00		\$708.11	COF
06/22/2021 07:40:09 PM	Kiosk Request	JPay Inc.			(\$6.50)	\$701.61	COF
07/02/2021 05:10:13 AM	GTL	Phil Brown		\$200.00		\$901.61	COF
07/06/2021 12:29:54 PM	Phone Credits	Global Tel			(\$60.00)	\$841.61	MCF
07/13/2021 01:32:07 AM	Commissary Sale	Keefe Commissary	C103959384		(\$103.68)	\$737.93	MCF
07/13/2021 09:46:35 AM	Legal Stamps	MCF Institutional Services			(\$1.40)	\$736.53	MCF
07/15/2021 07:27:34 AM	MCF Institutional Services	500 - Institutional Services		\$20.52		\$757.05	MCF
07/16/2021 02:57:38 PM	Phone Credits	Global Tel			(\$40.00)	\$717.05	MCF
07/16/2021 07:40:24 PM	Kiosk Request	JPay Inc.			(\$20.00)	\$697.05	COF
07/17/2021 01:32:22 AM	Commissary Sale	Keefe Commissary	C103959384		\$6.58	\$703.63	MCF
07/23/2021 08:24:02 AM	Legal Copies Disbursement	MCF Institutional Services			(\$2.00)	\$701.63	MCF
07/23/2021 08:58:26 AM	Legal Copies Disbursement	MCF Institutional Services			(\$0.70)	\$700.93	MCF
07/23/2021 09:05:20 AM	Legal Copies Disbursement	MCF Institutional Services			(\$0.90)	\$700.03	MCF
07/23/2021 09:05:37 AM	Legal Copies Disbursement	MCF Institutional Services			(\$0.80)	\$699.23	MCF
07/26/2021 08:16:22 AM	Miscellaneous Vendor Check	Music Manor			(\$40.09)	\$659.14	MCF
07/26/2021 03:35:19 PM	Phone Credits	Global Tel			(\$50.00)	\$609.14	MCF
07/27/2021 01:31:34 AM	Commissary Sale	Keefe Commissary	C103986155		(\$98.80)	\$510.34	MCF
08/02/2021 05:10:12 AM	GTL	Denise Kelly		\$20.00		\$530.34	COF

Michigan Department Of Corrections - MCF

5/23/2022 09:08 AM