

22-5409

ORIGINAL

IN THE SUPREME COURT OF THE UNITED STATES

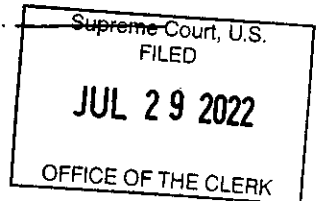
JAMAL A BOWMAN,
Petitioner,

L.E. No. 12-006429-FC

U. S. Supreme Court No.

v

THE STATE OF MICHIGAN,
Defendant.

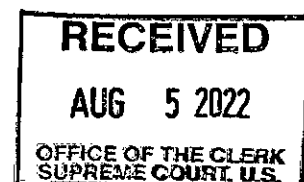


MOTION TO PROCEED IN FORMA PAUPERIS

1. NOWCOMES, The Petitioner, JAMAL A BOWMAN under Rule 39, in compliance with 28 U.S.C. § 1746, requesting this Court to allow Petitioner to proceed In Forma Pauperis in filing this Writ of Certiorari.

2. Petitioner has sought In Forma Pauperis once in the Federal District Court which was granted.

3. Petitioner is indigent and will probably be for the remaining of his incarceration.



4. Petitioner has attached to this motion a notarized affidavit from the Michigan Department of Correction showing his indigent status.

5. RELIEF: WHEREFORE Petitioner pray that this Court grant this motion.

Respectfully Submitted.

DATE: 7 / 29 / 2022

Jamal A Bowman
JAMAL A BOWMAN # 246714

FEDERAL COURT - CIVIL ACTION

Prisoner-Plaintiff/Petitioner/Appellant name and number

Bowman, Jamal 246714
New Case

V

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

State of Michigan

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. The attached printout reflects, for the reported period, an average monthly account deposit (i.e., total deposits divided by number of months) of \$32.82

The (i.e., total deposits minus total withdrawals divided by number of months) of (\$0.93)

There is a current spendable account balance of \$13.22

Date: 07/19/22

Mary Kansas KCF Act. Tech.
Signature of Custodian of Prisoner Institutional/Trust Fund Account

Kinross Correctional Facility
Correctional Facility

Offender Information

Offender Number: 0246714

Offender Name: BOWMAN, JAMAL

Account Status: Open

Institution: KCF

Housing Facility: KCF

Tier: E1

Living Unit: E1

Cell: 157

Bed: Bot

Primary Balance: \$13.82

Available Balance: \$13.22

Primary/Trust Transactions

Date	Transaction Type	Payer / Paid To	Voucher Number	Deposit	Expense	Balance	Loc Code
01/19/2022						\$18.82	
01/19/2022 01:31:17 AM	Commissary Sale	Keefe Commissary	C104272916		(\$18.72)	\$0.10	KCF
02/14/2022 08:04:41 AM	KCF-Institutional Services	500 - Institutional Services		\$28.82		\$28.92	KCF
02/14/2022 12:51:54 PM	Special Project/Fundraiser	KCF PBF Fundraiser			(\$13.45)	\$15.47	KCF
02/16/2022 01:31:10 AM	Commissary Sale	Keefe Commissary	C104317224		(\$14.59)	\$0.88	KCF
02/17/2022 07:40:09 PM	Kiosk Request	JPay Inc.			(\$0.88)	\$0.00	COF
02/22/2022 01:31:20 AM	Commissary Sale	Keefe Commissary	C104317224		\$2.68	\$2.68	KCF
03/02/2022 01:31:14 AM	Commissary Sale	Keefe Commissary	C104340231		(\$2.68)	\$0.00	KCF
03/10/2022 05:10:08 AM	GTL	Tamia Jones		\$25.00		\$25.00	COF
03/10/2022 07:40:09 PM	Kiosk Request	JPay Inc.			(\$25.00)	\$0.00	COF
03/14/2022 07:29:01 AM	KCF-Institutional Services	500 - Institutional Services		\$26.20		\$26.20	KCF
03/14/2022 07:40:08 PM	Kiosk Request	JPay Inc.			(\$12.56)	\$13.64	COF
03/15/2022 09:06:21 AM	Phone Credits	ViaPath Technologies			(\$10.00)	\$3.64	KCF
03/16/2022 01:31:38 AM	Commissary Sale	Keefe Commissary	C104362915		(\$1.87)	\$1.77	KCF
03/18/2022 07:40:08 PM	Kiosk Request	JPay Inc.			(\$1.17)	\$0.60	COF
04/11/2022 05:10:07 AM	GTL	Tamia Jones		\$20.00		\$20.60	COF
04/13/2022 01:31:39 AM	Commissary Sale	Keefe Commissary	C104407412		(\$19.52)	\$1.08	KCF
04/14/2022 08:57:05 AM	KCF-Institutional Services	500 - Institutional Services		\$26.20		\$27.28	KCF
04/15/2022 07:40:12 PM	Kiosk Request	JPay Inc.			(\$3.68)	\$23.60	COF
04/27/2022 01:31:00 AM	Commissary Sale	Keefe Commissary	C104430024		(\$23.00)	\$0.60	KCF
05/13/2022 07:17:03 AM	KCF-Institutional Services	500 - Institutional Services		\$27.51		\$28.11	KCF
05/18/2022 09:07:40 AM	Legal Stamps	KCF Institutional Services			(\$0.53)	\$27.58	KCF
05/26/2022 01:31:12 AM	Commissary Sale	Keefe Commissary	C104476268		(\$26.95)	\$0.63	KCF
06/02/2022 01:30:49 AM	Commissary Sale	Keefe Commissary	C104476268		\$1.62	\$2.25	KCF
06/08/2022 01:30:59 AM	Commissary Sale	Keefe Commissary	C104497231		(\$1.53)	\$0.72	KCF
06/14/2022 09:26:23 AM	KCF-Institutional Services	500 - Institutional Services		\$30.13		\$30.85	KCF
06/22/2022 01:30:56 AM	Commissary Sale	Keefe Commissary	C104519133		(\$29.60)	\$1.25	KCF
06/30/2022 04:00:02 AM	LEGAL POSTAGE - PBF	KCF PBF Postage			(\$0.12)	\$1.13	COF
06/30/2022 04:00:02 AM	LEGAL POSTAGE - PBF	KCF PBF Postage			(\$0.41)	\$0.72	COF
07/15/2022 08:06:11 AM	KCF-Institutional Services	500 - Institutional Services		\$13.10		\$13.82	KCF
07/19/2022				\$196.96	(\$201.96)	\$13.82	

Savings

Date	Deposit	Expense	Balance	Loc Code
01/19/2022			\$0.00	
No Activity				
07/19/2022	\$0.00	\$0.00	\$0.00	

Holds - Current as of Date and Time of Report

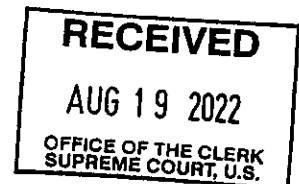
Date Held	Hold Type	Notes	Amount
03/14/2022	Obligation	Auto Hold for - 95-1185-FH	\$0.60

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

I, JAMAL A BOWMAN, 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>3600</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>0</u>
Self-employment	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Income from real property (such as rental income)	\$ <u>none</u>	\$ <u>none</u>	\$ <u>none</u>	\$ <u>none</u>
Interest and dividends	\$ <u>none</u>	\$ <u>none</u>	\$ <u>none</u>	\$ <u>none</u>
Gifts	\$ <u>none</u>	\$ <u>none</u>	\$ <u>none</u>	\$ <u>none</u>
Alimony	\$ <u>none</u>	\$ <u>none</u>	\$ <u>none</u>	\$ <u>none</u>
Child Support	\$ <u>none</u>	\$ <u>none</u>	\$ <u>none</u>	\$ <u>none</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>none</u>	\$ <u>none</u>	\$ <u>none</u>	\$ <u>none</u>
Disability (such as social security, insurance payments)	\$ <u>none</u>	\$ <u>none</u>	\$ <u>none</u>	\$ <u>none</u>
Unemployment payments	\$ <u>none</u>	\$ <u>none</u>	\$ <u>none</u>	\$ <u>none</u>
Public-assistance (such as welfare)	\$ <u>none</u>	\$ <u>none</u>	\$ <u>none</u>	\$ <u>none</u>
Other (specify): <u>none</u>	\$ <u>none</u>	\$ <u>none</u>	\$ <u>none</u>	\$ <u>none</u>
Total monthly income:	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>0</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
<u>MDDC</u>	<u>4533 W. Industrial</u>	<u>May 2018 - May -</u>	<u>\$ 29.00 up to 40.00</u>
	<u>Park Dr</u>	<u>2022</u>	\$
	<u>Kinchee Michigan</u>		\$

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
<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>\$ NA</u>
<u>/</u>	<u>/</u>	<u>/</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.

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

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

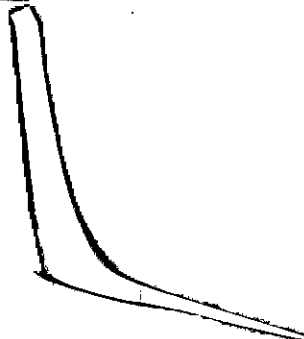
☐ Home
Value N/A

☐ Other real estate
Value N/A

☐ Motor Vehicle #1
Year, make & model N/A
Value _____

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

☐ Other assets
Description N/A
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

N/A
/
/
/

Amount owed to you

\$ N/A
/
/
/

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

NONE
/
/
/

Relationship

NONE
/
/
/

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, or annually to show the monthly rate.

You

Your spouse

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

\$ N/A

\$ N/A

Are real estate taxes included? ☐ Yes ☐ No

Is property insurance included? ☐ Yes ☐ No

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

\$ N/A

\$ N/A

Home maintenance (repairs and upkeep)

\$ N/A

\$ N/A

Food

\$ 20.00

\$ N/A

Clothing

\$ none

\$ N/A

Laundry and dry-cleaning

\$ none

\$ N/A

Medical and dental expenses

\$ 5.00

\$ N/A

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've been currently incarcerated for over ten years with not much family support, no real job, and high prison store prices. Further the state took my stimulus pay for restitution.

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

Executed on: *Janet R*, 20*22*

Cheryl L. Neumann
Notary Public - State of Michigan
County of Chippewa
My Commission Expires 11/15/2025
Acting in the County of Chippewa

Cheryl L. Neumann
8-11-2022

Janet R
(Signature)