

22-5648
No. _____ **ORIGINAL**

IN THE
SUPREME COURT OF THE UNITED STATES

FILED
SEP 05 2022

OFFICE OF THE CLERK
SUPREME COURT, U.S.

SHANNON V. CAMPBELL,
Pro Se Petitioner,
vs.
ANTHONY J. ANNUCCI, Commissioner, DOCCS, et al.
Respondent(s)

MOTION FOR LEAVE TO APPEAL *IN FORMA PAUPERIS*

Petitioner, SHANNON V. CAMPBELL moves for an order permitting him to prosecute an appeal from the judgment entered herein on March 2, 2022, *in forma pauperis*, pursuant to the provision of Title 28, United States Code, Section 1915, and in support thereof attaches the affidavit of said defendant.

Dated: September 3, 2022

Respectfully submitted,



SHANNON V. CAMPBELL
Petitioner, *Pro-Se*

No. _____

IN THE
SUPREME COURT OF THE UNITED STATES

SHANNON V. CAMPBELL,

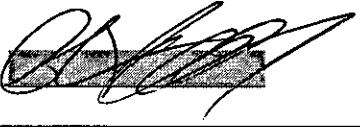
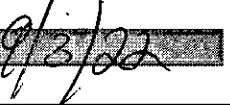
Pro Se Petitioner,

vs.

ANTHONY J. ANNUCCI, Commissioner, DOCCS, et al.

Respondent(s)

AFFIDAVIT ACCOMPANYING MOTION FOR LEAVE TO APPEAL *IN FORMA PAUPERIS*

Affidavit in Support of Motion <p>I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)</p> <p>Signed: </p>	Instructions <p>Complete all questions in this application then sign it. Do not leave any blanks: if the answer to the question is "0," "none," or "not applicable (N/A)" write in that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.</p> <p>Dated: </p>
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My issues on appeal are:

WHETHER THE ADMINISTRATIVE REVERSAL WAS BASED OFF NEW EVIDENCE THAT WAS DETERMINED THROUGH A NEW HEARING OR A NEW HEARING BASED ON NEW EVIDENCE?

WHETHER PETITIONER WAS INDUCED BY FRAUD, MISREPRESENTATION AND DECEPTION TO REFRAIN FROM FILING A TIMELY ACTION?

WHETHER THE ACTION WAS TOLLED DURING THE SEEKING OF ADMINISTRATIVE REMEDIES BECAUSE OF THE NEGLIGENCE AND INTENTIONAL TORT OF AN OFFICER OF THE STATE?

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	Your Spouse	You	Your Spouse
Employment	\$ ____ \$0	\$ ____ N/A	\$ ____ \$0	\$ ____ N/A
Self-Employment	\$ ____ \$0	\$ ____ N/A	\$ ____ \$0	\$ ____ N/A
Income from real property (such as rental income)	\$ ____ \$0	\$ ____ N/A	\$ ____ \$0	\$ ____ N/A
Interest and Dividends	\$ ____ \$0	\$ ____ N/A	\$ ____ \$0	\$ ____ N/A
Gifts	\$ ____ \$0	\$ ____ N/A	\$ ____ \$0	\$ ____ N/A
Alimony	\$ ____ \$0	\$ ____ N/A	\$ ____ \$0	\$ ____ N/A
Child support	\$ ____ \$0	\$ ____ N/A	\$ ____ \$0	\$ ____ N/A
Retirement (such as social security, pensions, annuities, insurance)	\$ ____ \$0	\$ ____ N/A	\$ ____ \$0	\$ ____ N/A
Disability (such as social security, insurance payments)	\$ ____ \$0	\$ ____ N/A	\$ ____ \$0	\$ ____ N/A
Unemployment payments	\$ ____ \$0	\$ ____ N/A	\$ ____ \$0	\$ ____ N/A
Public-assistance (such as welfare)	\$ ____ \$0	\$ ____ N/A	\$ ____ \$0	\$ ____ N/A

Other (specify) <u>N/A</u> :	\$ <u> \$0 </u>	\$ <u> N/A </u>	\$ <u> \$0 </u>	\$ <u> N/A </u>
Total monthly Income:	\$ <u> \$0 </u>	\$ <u> N/A </u>	\$ <u> \$0 </u>	\$ <u> N/A </u>

2. List your employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross monthly pay

3. List your spouse's employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross monthly pay
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

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

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
<u>N/A</u>	<u>N/A</u>	\$ <u> N/A </u>	\$ <u> N/A </u>
<u>N/A</u>	<u>N/A</u>	\$ <u> N/A </u>	\$ <u> N/A </u>
<u>N/A</u>	<u>N/A</u>	\$ <u> N/A </u>	\$ <u> N/A </u>

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

5. 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 (Value)
<u>N/A</u>	<u>N/A</u>	Make & Year: <u>N/A</u>
<u>N/A</u>	<u>N/A</u>	Model: <u>N/A</u>
<u>N/A</u>	<u>N/A</u>	Registration # <u>N/A</u>
Motor vehicle #2 (Value)	Other assets (Value)	Other assets (Value)
Make & Year: <u>N/A</u>	<u>N/A</u>	<u>N/A</u>
Model: <u>N/A</u>	<u>N/A</u>	<u>N/A</u>
Registration # <u>N/A</u>	<u>N/A</u>	<u>N/A</u>

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>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

7. State the persons who rely on you or your spouse for support.

Name	Relationship	Age
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>	<u>N/A</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, semiannually, or annually to show the monthly rate.

	You	Your Spouse
Rent or home-mortgage payment (include lot rented for mobile home)	\$ <u>\$0</u>	\$ <u>N/A</u>
Are real-estate taxes included? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Is property insurance included? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Utilities (electricity, heating fuel, water, sewer and Telephone)	\$ <u>\$0</u>	\$ <u>N/A</u>
Home maintenance (repairs and upkeep)	\$ <u>\$0</u>	\$ <u>N/A</u>
Food	\$ <u>\$0</u>	\$ <u>N/A</u>
Clothing	\$ <u>\$0</u>	\$ <u>N/A</u>

Laundry and dry-cleaning	\$ <u> </u> <u>0</u>	\$ <u> </u> <u>N/A</u>
Medical and Dental expenses	\$ <u> </u> <u>0</u>	\$ <u> </u> <u>N/A</u>
Transportation (not including motor vehicle payments)	\$ <u> </u> <u>0</u>	\$ <u> </u> <u>N/A</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u> </u> <u>0</u>	\$ <u> </u> <u>N/A</u>
Insurance (not deducted from wages or included in Mortgage payments)	\$ <u> </u> <u>0</u>	\$ <u> </u> <u>N/A</u>
Homeowners or Renter's	\$ <u> </u> <u>0</u>	\$ <u> </u> <u>N/A</u>
Life	\$ <u> </u> <u>0</u>	\$ <u> </u> <u>N/A</u>
Health	\$ <u> </u> <u>0</u>	\$ <u> </u> <u>N/A</u>
Motor Vehicle	\$ <u> </u> <u>0</u>	\$ <u> </u> <u>N/A</u>
Other:	\$ <u> </u> <u>0</u>	\$ <u> </u> <u>N/A</u>
Taxes (not deducted from wages or included in Mortgage payments) (specify): _____	\$ <u> </u> <u>0</u>	\$ <u> </u> <u>N/A</u>
Installment payments	\$ <u> </u> <u>0</u>	\$ <u> </u> <u>N/A</u>
Motor Vehicle	\$ <u> </u> <u>0</u>	\$ <u> </u> <u>N/A</u>
Credit Card (name):	\$ <u> </u> <u>0</u>	\$ <u> </u> <u>N/A</u>
Department Store (name):	\$ <u> </u> <u>0</u>	\$ <u> </u> <u>N/A</u>
Other:	\$ <u> </u> <u>0</u>	\$ <u> </u> <u>N/A</u>
Alimony, maintenance and support paid to others	\$ <u> </u> <u>0</u>	\$ <u> </u> <u>N/A</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u> </u> <u>0</u>	\$ <u> </u> <u>N/A</u>
Other (specify):	\$ <u> </u> <u>0</u>	\$ <u> </u> <u>N/A</u>
Total Monthly Expenses	\$ <u> </u> <u>0</u>	\$ <u> </u> <u>N/A</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? \$ 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 a 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 person'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.

13. State the address of your legal residence.

Clinton Correctional Facility Main, P.O. Box 2001, Dannemora, New York 12929

Your daytime phone number: (N/A) N/A

Your age: 52. Your years of schooling: College

Your social-security number