

22-5739

No. _____

FILED

SEP 28 2022

OFFICE OF THE CLERK
SUPREME COURT

ORIGINAL

IN THE

SUPREME COURT OF THE UNITED STATES

LaTausha Simmons — PETITIONER
(Your Name)

VS.

People of the State of Michigan — RESPONDENT(S)

MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

The petitioner asks leave to file the attached petition for a writ of certiorari without prepayment of costs and to proceed *in forma pauperis*.

Please check the appropriate boxes:

☒ Petitioner has previously been granted leave to proceed *in forma pauperis* in the following court(s):

Michigan Supreme Court; Michigan Court of Appeals, Macomb County

Circuit Court and 37th District Court in the City of Warren, Michigan

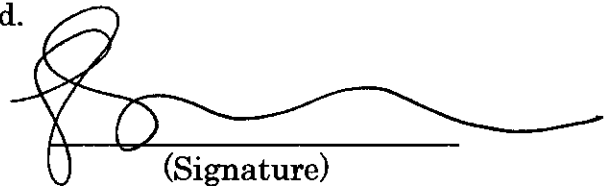
☐ Petitioner has **not** previously been granted leave to proceed *in forma pauperis* in any other court.

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

☐ Petitioner's affidavit or declaration is **not** attached because the court below appointed counsel in the current proceeding, and:

☐ The appointment was made under the following provision of law: _____, or

☐ a copy of the order of appointment is appended.


(Signature)

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

I, LaTausha Simmons, 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>0</u>	\$ <u>n/a</u>	\$ <u>0</u>	\$ <u>n/a</u>
Self-employment	\$ <u>0</u>	\$ <u>n/a</u>	\$ <u>0</u>	\$ <u>n/a</u>
Income from real property	\$ <u>0</u>	\$ <u>n/a</u>	\$ <u>0</u>	\$ <u>n/a</u>
Interest and dividends	\$ <u>0</u>	\$ <u>n/a</u>	\$ <u>0</u>	\$ <u>n/a</u>
Gifts	\$ <u>0</u>	\$ <u>n/a</u>	\$ <u>0</u>	\$ <u>n/a</u>
Alimony	\$ <u>0</u>	\$ <u>n/a</u>	\$ <u>0</u>	\$ <u>n/a</u>
Child Support	\$ <u>0</u>	\$ <u>n/a</u>	\$ <u>0</u>	\$ <u>n/a</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0</u>	\$ <u>n/a</u>	\$ <u>0</u>	\$ <u>n/a</u>
Disability (such as social security, insurance payments)	\$ <u>0</u>	\$ <u>n/a</u>	\$ <u>0</u>	\$ <u>n/a</u>
Unemployment payments	\$ <u>0</u>	\$ <u>n/a</u>	\$ <u>0</u>	\$ <u>n/a</u>
Public-assistance (such as welfare)	\$ <u>0</u>	\$ <u>n/a</u>	\$ <u>0</u>	\$ <u>n/a</u>
Other (specify):	\$ <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 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
n/a	n/a	n/a	\$ 0
n/a	n/a	n/a	\$ 0
n/a	n/a	n/a	\$ 0

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	\$ 0
n/a	n/a	n/a	\$ 0
n/a	n/a	n/a	\$ 0

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.

Type of account (e.g., checking or savings)	Amount you have	Amount your spouse has
none n/a	\$ 0	\$ 0
none n/a	\$ 0	\$ 0
none n/a	\$ 0	\$ 0

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 none

☐ Motor Vehicle #1
Year, make & model none
Value n/a

☐ Motor Vehicle #2
Year, make & model none
Value n/a

☐ Other assets Description none
Value n/a

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 n/a</u>	\$ <u>0</u>	\$ <u>n/a</u>
<u>none n/a</u>	\$ <u>0</u>	\$ <u>n/a</u>
<u>none n/a</u>	\$ <u>0</u>	\$ <u>n/a</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 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, or annually to show the monthly rate.

	You	Your spouse
Rent or home-mortgage payment (include lot rented for mobile home) Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$ <u>n/a 0</u>	\$ <u>n/a</u>
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <u>n/a 0</u>	\$ <u>n/a</u>
Home maintenance (repairs and upkeep)	\$ <u>n/a 0</u>	\$ <u>n/a</u>
Food	\$ <u>100</u>	\$ <u>n/a</u>
Clothing	\$ <u>n/a 0</u>	\$ <u>n/a</u>
Laundry and dry-cleaning	\$ <u>n/a 0</u>	\$ <u>n/a</u>
Medical and dental expenses	\$ <u>n/a 0</u>	\$ <u>n/a</u>

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>100</u>	\$ <u>n/a</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>n/a 0</u>	\$ <u>n/a</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>n/a 0</u>	\$ <u>n/a</u>
Life	\$ <u>n/a 0</u>	\$ <u>n/a</u>
Health	\$ <u>n/a 0</u>	\$ <u>n/a</u>
Motor Vehicle	\$ <u>n/a 0</u>	\$ <u>n/a</u>
Other: _____	\$ <u>n/a 0</u>	\$ <u>n/a</u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ <u>n/a 0</u>	\$ <u>n/a</u>
Installment payments		
Motor Vehicle	\$ <u>n/a 0</u>	\$ <u>n/a</u>
Credit card(s)	\$ <u>n/a 0</u>	\$ <u>n/a</u>
Department store(s)	\$ <u>n/a 0</u>	\$ <u>n/a</u>
Other: _____	\$ <u>n/a 0</u>	\$ <u>n/a</u>
Alimony, maintenance, and support paid to others	\$ <u>n/a 0</u>	\$ <u>n/a</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>n/a 0</u>	\$ <u>n/a</u>
Other (specify): _____	\$ <u>n/a 0</u>	\$ <u>n/a</u>
Total monthly expenses:	\$ <u>n/a 0</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? _____

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? _____

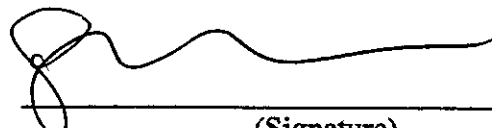
If yes, state the person's name, address, and telephone number:

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

Indigent. Income loss due to Covid

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

Executed on: September 28, 2022



(Signature)

W A I V E R

SUPREME COURT OF THE UNITED STATES

No.

LaTauscha Simmons

(Petitioner)

People of the State of Michigan

V.

(Respondent)

I DO NOT INTEND TO FILE A RESPONSE to the petition for a writ of certiorari unless one is requested by the Court.

Please check the appropriate box:

- ☐ I am filing this waiver on behalf of all respondents.
- ☐ I only represent some respondents. I am filing this waiver on behalf of the following respondent(s):

Please check the appropriate box:

- ☐ I am a member of the Bar of the Supreme Court of the United States. (Filing Instructions: File a signed Waiver in the Supreme Court Electronic Filing System. The system will prompt you to enter your appearance first.)
- ☐ I am not presently a member of the Bar of this Court. Should a response be requested, the response will be filed by a Bar member. (Filing Instructions: Mail the original signed form to: Supreme Court, Attn: Clerk's Office, 1 First Street, NE, Washington, D.C. 20543).

Signature:

Date:

(Type or print) Name

☐ Mr. ☐ Ms. ☐ Mrs. ☐ Miss

Firm

Address

City & State

Zip

Phone

Email

A copy of this form must be sent to petitioner's counsel or to petitioner if *pro se*. Please indicate below the name(s) of the recipient(s) of a copy of this form. No additional certificate of service or cover letter is required.

cc:

Macomb County Prosecutor Office, 1 South Main Street, 3rd Floor, Mt. Clemens, MI 48043

Supreme Court of the United States

ARGUMENT FORM

TO: Counsel of Record in Case(s) for Argument

Please complete all applicable sections of this form and return to Merits Cases Clerk:
dmcnerney@supremecourt.gov or (f) 202-479-3204.

A Case No(s): _____ Date of Argument: _____
Case Caption: LaTasha Simmons v. People of the State of Michigan
(Petitioner(s) or Appellant(s)) (Respondent(s) or Appellee(s))

Arguing Counsel: _____ Date of Birth: _____
Admitted to Bar of this Court? ☐ Yes ☐ No If no, allowed to argue *pro hac vice*? ☐ Yes ☐ No
Appointed by this Court? ☐ Yes ☐ No If yes, are you under C. J. A.? ☐ Yes ☐ No

NOTE: Phonetic Pronunciation of name: _____
☐ Mr. ☐ Ms.

Federal or State Title, if any: _____

Address: _____

City and State: _____ Zip: _____

Telephone: _____ E-Mail: _____

Name of Party(ies) for whom counsel will argue: _____

NOTE: Phonetic Pronunciation of Party(ies): _____

B **DIVIDED ARGUMENT: Complete this section if your time for argument has been divided or a motion for such is pending.**

Name of party(ies) for whom counsel will argue: _____

(Name of counsel to argue FIRST) Minutes: _____

Name of party(ies) for whom counsel will argue: _____

(Name of counsel to argue SECOND) Minutes: _____

C Names of counsel, who must be members of the Bar of the Supreme Court, to be seated with arguing counsel at Counsel table. **NOTE:** If your time for argument has been divided the 4 seats at Counsel Table are to be shared.

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

DATE: _____ Signature: _____

DO NOT SUBMIT THIS FORM TO THE ELECTRONIC FILING SYSTEM.

For Questions Contact: Denise McNerney, Merits Cases Clerk, 202-479-3032; dmcnerney@supremecourt.gov