

No. 21-2918

22-5763

ORIGINAL

IN THE
SUPREME COURT OF THE UNITED STATES

Supreme Court, U.S.
FILED

SEP 13 2022

OFFICE OF THE CLERK

Benjamin Justin Brownlee — PETITIONER
(Your Name)

VS.

The people of New York State — 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):

Appellate Division Fourth Department, Court of Appeals, United States Supreme Court, Western District Court, Second Circuit Court of Appeals

☐ 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: _____

☐ a copy of the order of appointment is appended.

or
RECEIVED

SEP 21 2022

OFFICE OF THE CLERK
SUPREME COURT, U.S.

RECEIVED

OCT - 4 2022

OFFICE OF THE CLERK
SUPREME COURT, U.S.

(Signature)

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

I, Benjamin Justin Brawnlee, 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>6.50</u>	\$ <u>Ø</u>	\$ <u>6.50</u>	\$ <u>Ø</u>
Self-employment	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>
Income from real property (such as rental income)	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>
Interest and dividends	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>
Gifts	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>
Alimony	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>
Child Support	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>
Disability (such as social security, insurance payments)	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>
Unemployment payments	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>
Public-assistance (such as welfare)	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>
Other (specify): <u>Settlement</u>	\$ <u>7,000</u>	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>
Total monthly income:	\$ <u>7,006.50</u>	\$ <u>Ø</u>	\$ <u>6.50</u>	\$ <u>Ø</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
CDCR CSP-Sacramento Prison	100 Prison Road P.O. Box 290066 Represe, CA 95671	8/9/82-Present	\$ 6.50
			\$
			\$

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
None	None	None	\$ 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
Checking account	\$ 1.50	\$ 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 0

☐ Other real estate
Value 0

☐ Motor Vehicle #1
Year, make & model 0
Value 0

☐ Motor Vehicle #2
Year, make & model 0
Value 0

☐ Other assets
Description 0
Value 0

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

None

\$ 0

\$ 0

\$ _____

\$ _____

\$ _____

\$ _____

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

A J B

Son

Six year old

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)

\$ 0

\$ 0

Are real estate taxes included? ☐ Yes ☒ No

Is property insurance included? ☐ Yes ☒ No

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

\$ 0

\$ 0

Home maintenance (repairs and upkeep)

\$ 0

\$ 0

Food

\$ 0

\$ 0

Clothing

\$ 0

\$ 0

Laundry and dry-cleaning

\$ 0

\$ 0

Medical and dental expenses

\$ 0

\$ 0

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>0</u>	\$ <u>0</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>0</u>	\$ <u>0</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>0</u>	\$ <u>0</u>
Life	\$ <u>0</u>	\$ <u>0</u>
Health	\$ <u>0</u>	\$ <u>0</u>
Motor Vehicle	\$ <u>0</u>	\$ <u>0</u>
Other: <u>None</u>	\$ <u>0</u>	\$ <u>0</u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>None</u>	\$ <u>0</u>	\$ <u>0</u>
Installment payments		
Motor Vehicle	\$ <u>0</u>	\$ <u>0</u>
Credit card(s)	\$ <u>0</u>	\$ <u>0</u>
Department store(s)	\$ <u>0</u>	\$ <u>0</u>
Other: <u>None</u>	\$ <u>0</u>	\$ <u>0</u>
Alimony, maintenance, and support paid to others	\$ <u>0</u>	\$ <u>0</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>0</u>	\$ <u>0</u>
Other (specify): <u>Restitution and court fees</u>	\$ <u>6,000</u>	\$ <u>0</u>
Total monthly expenses:	\$ <u>6,000</u>	\$ <u>0</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.

See Attached Trust Statement from my Prison Account.

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? *None*

If yes, state the attorney's name, address, and telephone number: *None*

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? *6,000 dollars*

If yes, state the person's name, address, and telephone number: *court fees and Restitution fees.*

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

Please see Attached Trust Statements

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

Executed on: *September*, 20*22*


(Signature)

STATEMENT OF ACCOUNT CERTIFICATIONInstructions

- (1) Prepare a statement of account for the named inmate for the six-month period immediately preceding the date the inmate signed this form.
- (2) Fill out and sign this Statement of Account Certification, and attach the statement of account to this form.
- (3) Return the form and attached statement of account to the inmate.

I hereby certify that the attached statement of account is a true and correct copy of the statement of account for this applicant inmate, for the six-month period immediately preceding the date of the inmate's signature on Page 1.

Upon receipt of a bill from the Superior Court of California, County of Sacramento for the initial partial filing fee payment required under Government Code section 68635 (d), of the 20% of the greater of the average monthly deposits to my account, or the average monthly balance for the 6 month period preceding the filing, payment will be made to the court from the inmate's account, and credited against the balance of filing fee owed, as identified in that bill. Any remaining balance will be paid per Government Code section 68511.3(e) (3), through subsequent monthly payments, of 20% of the each successive month's income credited to the inmate applicant's account each time the amount in the account exceeds \$10.00, until the filing fee is paid in full.

Date: 7-12-88

Trust account balance as of date of certification: \$ 0.19

Signature of prison or jail official: X 

Name and title (print or type): K. Shuman AT

Mailing address: 100 Prison Rd

Repres, CA

95671

STATEMENT OF ACCOUNT CERTIFICATIONInstructions

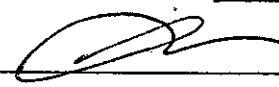
- (1) Prepare a statement of account for the named inmate for the six-month period immediately preceding the date the inmate signed this form.
- (2) Fill out and sign this Statement of Account Certification, and attach the statement of account to this form.
- (3) Return the form and attached statement of account to the inmate.

I hereby certify that the attached statement of account is a true and correct copy of the statement of account for this applicant inmate, for the six-month period immediately preceding the date of the inmate's signature on Page 1.

Upon receipt of a bill from the Superior Court of California, County of Sacramento for the initial partial filing fee payment required under Government Code section 68635 (d), of the 20% of the greater of the average monthly deposits to my account, or the average monthly balance for the 6 month period preceding the filing, payment will be made to the court from the inmate's account, and credited against the balance of filing fee owed, as identified in that bill. Any remaining balance will be paid per Government Code section 68511.3(e) (3), through subsequent monthly payments, of 20% of the each successive month's income credited to the inmate applicant's account each time the amount in the account exceeds \$10.00, until the filing fee is paid in full.

Date: 7/25/20

Trust account balance as of date of certification: \$ 0.19

Signature of prison or jail official: X 

Name and title (print or type): Mr. Shinn (AT)

Mailing address: Csp-Sac

P.O. Box 290001

Reynosa, CA 95671

Date\Time: 7/25/2022 11:25:59 AM

Institution: SAC

CDCR

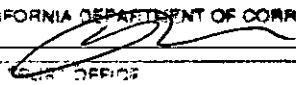


THE WITHIN INSTRUMENT IS A CORRECT
COPY OF THE TRUST ACCOUNT MAINTAINED

BY THIS OFFICE

CALIFORNIA DEPARTMENT OF CORRECTIONS

Inmate Statement Report

BY  OFFICE

Start Date: 1/1/2022

Revalidation Cycle: All

End Date: 7/25/2022

Housing Unit: All

Inmate/Group#: BE3069

Date\Time: 7/25/2022 11:25:59 AM

Institution: SAC

CDCR

Inmate Statement Report

THE WITHIN INSTRUMENT IS A CORRECT
COPY OF THE TRUST ACCOUNT MAINTAINED
BY THIS OFFICEVerified: CALIFORNIA DEPARTMENT OF CORRECTIONS
BY  TRUST OFFICE

CDCR#	Inmate/Group Name	Institution	Unit	Cell/Bed
BE3069	BROWNLEE, BENJAMIN	SAC	A 006 2	013001

Current Available Balance: \$0.19

Transaction List

Transaction Date	Institution	Transaction Type	Source Doc#	Receipt#/Check#	Amount	Account Balance
01/01/2022	SAC	BEGINNING BALANCE				\$12.51
01/18/2022	SAC	SALES	19		(\$6.30)	\$6.21
03/01/2022	SAC	REGULAR MAIL	REG POST 022222		(\$0.11)	\$6.10
05/10/2022	SAC	I/M PAY - SUPPORT	APRIL		\$1.28	\$7.38
05/10/2022	SAC	RESTITUTION FINE PAYMENT	APRIL		(\$0.64)	\$6.74
06/21/2022	SAC	SALES	35		(\$0.60)	\$6.14
07/06/2022	SAC	I/M PAY - SUPPORT	JUNE		\$0.96	\$7.10
07/06/2022	SAC	RESTITUTION FINE PAYMENT	JUNE		(\$0.48)	\$6.62

Encumbrance List

Encumbrance Type	Transaction Date	Amount
Other Encumbrance	10/15/2020	\$5.95
Other Encumbrance	07/06/2022	\$0.19
Other Encumbrance	07/06/2022	\$0.19
Other Encumbrance	07/06/2022	\$0.10

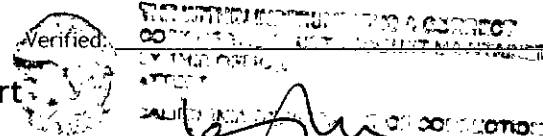
Obligation List

Obligation Type	Court Case#	Original Owed Balance	Sum of Tx for Date Range for Oblg	Current Balance
PLRA	2:17-CV-0872 CKD P	\$350.00	\$0.00	\$279.81
REGULAR MAIL	REG POSTAGE 6/17/18	\$1.07	\$0.00	\$1.07
DAMAGES - STATE PROPERTY	SHEET OF PLEXIGLASS	\$128.00	\$0.00	\$122.05
LIBRARY	PAGING 1 07/01/18	\$11.00	\$0.00	\$11.00
REGULAR MAIL	REG POST 10/04/18	\$3.31	\$0.00	\$3.31
REGULAR MAIL	REG POSTAGE 120918	\$0.47	\$0.00	\$0.47
REGULAR MAIL	REG POSTAGE 120918	\$0.47	\$0.00	\$0.47
REGULAR MAIL	REG POSTAGE 120918	\$0.47	\$0.00	\$0.47
DAMAGES - STATE PROPERTY	#797 REPL. LOCK	\$250.00	\$0.00	\$250.00
DAMAGES - STATE PROPERTY	RVR #6155387	\$87.50	\$0.00	\$87.50
DAMAGES - STATE PROPERTY	RVR #6156148	\$87.50	\$0.00	\$87.50

Date\Time: 7/25/2022 11:25:59 AM

Institution: SAC

CDCR
Inmate Statement Report



Obligation Type	Court Case#	Original Owed Balance	Sum of Tx for Date Range for Oblg	Current Balance
DAMAGES - STATE PROPERTY	RVR 5183725	\$174.00	\$0.00	\$174.00
LIBRARY	2 ITEMS PGING 051119	\$22.00	\$0.00	\$22.00
DAMAGES - STATE PROPERTY	3 WINDOWS/LIGHT	\$530.00	\$0.00	\$530.00
PLRA	2:19-CV-01987-DMC	\$350.00	\$0.00	\$287.31
PLRA	2:19-CV-02056KJM- CKD	\$350.00	\$0.00	\$344.90
PLRA	2:20-CV-00696JAM- KJN	\$350.00	\$0.00	\$350.00
PLRA	2:20-CV-01577JAM- DMC	\$350.00	\$0.00	\$350.00
FEDERAL FILING FEE	2:21-CV-00610-JAM- DM	\$350.00	\$0.00	\$350.00
LIBRARY	PGING ITEM 052721	\$11.00	\$0.00	\$11.00

Restitution List

Restitution	Court Case#	Status	Original Owed Balance	Interest Accrued	Sum of Tx for Date Range for Oblg	Current Balance
RESTITUTION FINE	16FE018278	Active	\$10,000.00	\$0.00	(\$1.12)	\$3,124.93