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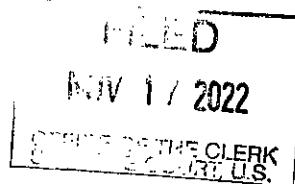
SUPREME COURT OF THE UNITED STATES
October Term, _____

1 MICHAEL JACE,
2 Petitioner,

3 v

4 RON DAVIS, Warden,
5 Respondent,

6 MOTION FOR LEAVE TO PROCEED IN
7 FORMA PAUPERIS



The petitioner, Michael Jace, asks to leave to file the attached, Petition for a Writ of Certiorari, without prepayment of costs and to proceed in forma pauperis, under Rule 12.2 and 39 of the U.S. Supreme Court's Rules, and 28 USC § 1915(a).

Petitioner has previously been granted leave to proceed in forma pauperis in the following courts:

United States District Court, Eastern District of California (DKT 8 & 9)
U.S. Court of Appeals for the Ninth Circuit (DKT 4)

The petitioner's affidavit in support of this motion is attached.

Date: November 17, 2022

Respectfully submitted

MICHAEL JACE
Petitioner

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OFFICE OF THE CLERK
SUPREME COURT, U.S.

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2 October Term, _____

3 Michael Jace,
4 Petitioner,

5 v

6 Ron Davis, Warden,
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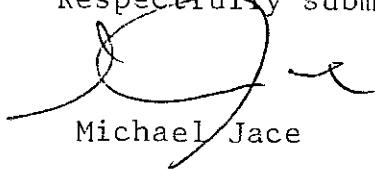
9 DECLARATION IN SUPPORT OF MOTION
10 TO PROCEED IN FORMA PAUPERIS

11 I, Michael Jsce, am the petitioner in the above-entitled case

12 In support of my motion to proceed in forma pauperis, I
13 swear or affirm under penalty of perjury that, because of
14 my poverty, I cannot pay the costs of this case or post a
15 bond for them. I believed I am entitled to redress. I swear
16 or affirm under penalty of perjury under United States laws
17 that my answers on the attached financial forms are true and
18 correct. (28 USC §1746; 18 USC §1621)

19 Date November 17, 2022

20 Respectfully submitted

21 
Michael Jace

22 Petitioner

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Name: M. JACE
CDC No: B A 3655
Address: _____

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA

CASE NUMBER: _____

Plaintiff/Petitioner,

v.

APPLICATION TO PROCEED
IN FORMA PAUPERIS
BY A PRISONER

Defendants/Respondent: _____ /

I, _____, declare that I am the plaintiff in the above-entitled proceeding; that, in support of my request to proceed without prepayment of fees under 28 U.S.C. § 1915, I declare that I am unable to pay the fees for these proceedings or give security therefor and that I am entitled to the relief sought in the complaint.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? Yes No (If "no" DO NOT USE THIS FORM)

State the place of your incarceration. Corcoran prison

2. Are you currently employed (includes prison employment)? Yes No

a. If the answer is "yes" state the amount of your pay. \$0

3. Have you received any money from the following sources over the last twelve months?

a. Business, profession, or other self-employment:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Rent payments, interest or dividends:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c. Pensions, annuities or life insurance payments:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d. Disability or workers compensation payments:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
e. Re Gifts or inheritances:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
f. Any other sources:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

If the answer to any of the above is "yes," describe by that item each source of money, state the amount received, as well as what you expect you will continue to receive (attach an additional sheet if necessary).

M. JACE
BA3055

4. Do you have cash (includes balance of checking or savings accounts)? Yes No
If "yes" state the total amount: 250.00

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property? Yes No
If "yes" describe the property and state its value: N/A

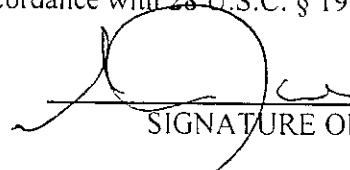
6. Do you have any other assets? Yes No
If "yes," list the asset(s) and state the value of each asset listed:

7. List all persons dependent on you for support, stating your relationship to each person listed and how much you contribute to their support.
N/A

This form must be dated and signed below for the court to consider your application.

I hereby authorize the agency having custody of me to provide a certified copy of my trust account statement for activity covering the last six months to the Court. Additionally, once eligibility is established, I further authorize the agency having custody of me to collect from my trust account and forward to the Clerk of the United States District Court payments in accordance with 28 U.S.C. § 1915(b)(2).

11/17/22
DATE



SIGNATURE OF APPLICANT

Applicant's CDCR Number (Mandatory for CDCR Applicants): _____

CERTIFICATION BELOW IS TO BE COMPLETED BY
NON-CDCR INCARCERATED PRISONERS ONLY

CERTIFICATE

(To be completed by the institution of incarceration)

I certify that the applicant named herein has the sum of \$ _____ on account to his/her credit at _____ (name of institution). I further certify that during the past six months the applicant's average monthly balance was \$ _____. I further certify that during the past six months the average monthly deposits to the applicants account was \$ _____.
(Please attach a certified copy of the applicant's trust account statement showing transactions for the past six months.)

DATE

SIGNATURE OF AUTHORIZED OFFICER

Other Assets	Value
N/A	\$ <input type="text" value="0"/>
	\$ <input type="text" value=""/>
	\$ <input type="text" value=""/>

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse	Amount owed to you	Amount owed to your spouse
N/A	\$ <input type="text" value="0"/>	\$ <input type="text" value="N/A"/>
	\$ <input type="text" value=""/>	\$ <input type="text" value=""/>
	\$ <input type="text" value=""/>	\$ <input type="text" value=""/>

7. State the persons who rely on you or your spouse for support. If a dependent is a minor, list only the initials and not the full name.

Name	Relationship	Age
N/A		

M. SACE
BA3055

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	Spouse
Rent or home-mortgage payment (include lot rented for mobile home)	\$ <input type="text" value="N/A"/>	\$ <input type="text" value="N/A"/>
- Are real estate taxes included? <input type="radio"/> Yes <input checked="" type="radio"/> No		
- Is property insurance included? <input type="radio"/> Yes <input checked="" type="radio"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <input type="text" value="N/A"/>	\$ <input type="text" value=""/>
Home maintenance (repairs and upkeep)	\$ <input type="text" value="N/A"/>	\$ <input type="text" value=""/>
Food	\$ <input type="text" value="≈ 175"/>	\$ <input type="text" value=""/>
Clothing	\$ <input type="text" value="Ø"/>	\$ <input type="text" value=""/>
Laundry and dry-cleaning	\$ <input type="text" value="Ø"/>	\$ <input type="text" value=""/>
Medical and dental expenses	\$ <input type="text" value="Ø"/>	\$ <input type="text" value=""/>
Transportation (not including motor vehicle payments)	\$ <input type="text" value="Ø"/>	\$ <input type="text" value=""/>
Recreation, entertainment, newspapers, magazines, etc.	\$ <input type="text" value="Ø"/>	\$ <input type="text" value=""/>
Insurance (not deducted from wages or included in mortgage payments)		
- Homeowner's or renter's	\$ <input type="text" value="N/A"/>	\$ <input type="text" value=""/>
- Life	\$ <input type="text" value="Ø"/>	\$ <input type="text" value=""/>
- Health	\$ <input type="text" value="Ø"/>	\$ <input type="text" value=""/>
- Motor Vehicle	\$ <input type="text" value="Ø"/>	\$ <input type="text" value=""/>
- Other <input type="text" value="N/A"/>	\$ <input type="text" value="Ø"/>	\$ <input type="text" value=""/>
Taxes (not deducted from wages or included in mortgage payments)		
Specify <input type="text" value="N/A"/>	\$ <input type="text" value="Ø"/>	\$ <input type="text" value=""/>

 11/17/22

Feedback or questions about this form? Email us at forms@ca9.uscourts.gov