

No. 22-6388

In The  
SUPREME COURT OF The United States

CORNELIUS L. JONES,  
Petitioner.

-VS-

People Of The State Of Illinois,  
Respondents.

The Circuit Court of the Sixth Judicial  
Circuit, Macon County, Illinois  
CASE No. 08-CF-1053  
APPELLATE COURT OF ILLINOIS, F  
CASE No. 4-20-0520

FILED

DEC 15 2022

SUPREME COURT OF ILLINOIS  
CASE No. 128369

Motion To Proceed In Forma Pauperis

I, Cornelius L. Jones, Petitioner in the above entitled case. In support of my motion to Proceed, I state that because of my poverty I am unable to PAY the costs of said proceeding OR to give security therefore, and that I believe I am entitled to Redress under Section 1915 of title 28 of the United States Code. I declare that the responses which I have made below are true.

1. Petitioner is currently not employed due to his incarceration at Menard CORR. Center however he receives a state stipend of \$20.00 per month.

2. I do not have any CASH or money in a checking or savings account.

3. I do not own any real estate, stock, bonds, notes, or other valuable property including ordinary household furnishings.

RECEIVED  
DEC 17 2022  
OFFICE OF THE CLERK  
SUPREME COURT U.S.

4. I have received no more than \$200.00 from the state of Illinois in the past 12 months.

I understand that a false statement in this declaration will subject me to the penalties of perjury.

Cornelius L. Jones  
Cornelius L. Jones

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

I, Cornelius L. Jones,

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>0</u>    | \$ <u>0</u>                | \$ <u>0</u>    |
| Self-employment  | \$ <u>0</u>                                      | \$ <u>0</u>    | \$ <u>0</u>                | \$ <u>0</u>    |
| Income from real property<br>(such as rental income)                 | \$ <u>0</u>                                      | \$ <u>0</u>    | \$ <u>0</u>                | \$ <u>0</u>    |
| Interest and dividends   | \$ <u>0</u>                                      | \$ <u>0</u>    | \$ <u>0</u>                | \$ <u>0</u>    |
| Gifts  | \$ <u>0</u>                                      | \$ <u>0</u>    | \$ <u>0</u>                | \$ <u>0</u>    |
| Alimony  | \$ <u>0</u>                                      | \$ <u>0</u>    | \$ <u>0</u>                | \$ <u>0</u>    |
| Child Support  | \$ <u>0</u>                                      | \$ <u>0</u>    | \$ <u>0</u>                | \$ <u>0</u>    |
| Retirement (such as social security, pensions, annuities, insurance) | \$ <u>0</u>                                      | \$ <u>0</u>    | \$ <u>0</u>                | \$ <u>0</u>    |
| Disability (such as social security, insurance payments)             | \$ <u>0</u>                                      | \$ <u>0</u>    | \$ <u>0</u>                | \$ <u>0</u>    |
| Unemployment payments  | \$ <u>0</u>                                      | \$ <u>0</u>    | \$ <u>0</u>                | \$ <u>0</u>    |
| Public-assistance<br>(such as welfare)                               | \$ <u>0</u>                                      | \$ <u>0</u>    | \$ <u>0</u>                | \$ <u>0</u>    |
| Other (specify): _____   | \$ <u>None</u>                                   | \$ <u>None</u> | \$ <u>None</u>             | \$ <u>None</u> |
| Total monthly income:  | \$ <u>0</u>                                      | \$ <u>0</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 |
|----------|---------|---------------------|-------------------|
| none     | N/A     | N/A                 | \$ 0              |
|          |         |                     | \$ 0              |
|          |         |                     | \$ 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 |
|----------|---------|---------------------|-------------------|
| none     | N/A     | N/A                 | \$ 0              |
|          |         |                     | \$ 0              |
|          |         |                     | \$ 0              |

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

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 |
|-----------------------|-----------------|-----------------|------------------------|
| NONE                  | N/A             | \$ 0            | \$ 0                   |
|                       |                 | \$ 0            | \$ 0                   |
|                       |                 | \$ 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 N/A

Other real estate  
Value N/A

Motor Vehicle #1  
Year, make & model N/A  
Value 0

Motor Vehicle #2  
Year, make & model N/A  
Value 0

Other assets  
Description none  
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 |
|---------------------------------------|--------------------|----------------------------|
| <u>NONE</u>                           | \$ <u>0</u>        | \$ <u>0</u>                |
| <u> </u>                              | \$ <u>0</u>        | \$ <u>0</u>                |
| <u> </u>                              | \$ <u>0</u>        | \$ <u>0</u>                |

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

| Name        | Relationship | Age        |
|-------------|--------------|------------|
| <u>NONE</u> | <u>NONE</u>  | <u>N/A</u> |
| <u> </u>    | <u> </u>     | <u> </u>   |
| <u> </u>    | <u> </u>     | <u> </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<br>(include lot rented for mobile home)                    | \$ <u>0</u> | \$ <u>0</u> |
| Are real estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No |             |             |
| Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No |             |             |
| Utilities (electricity, heating fuel,<br>water, sewer, and telephone)                    | \$ <u>0</u> | \$ <u>0</u> |
| Home maintenance (repairs and upkeep)  | \$ <u>0</u> | \$ <u>0</u> |
| Food   | \$ <u>0</u> | \$ <u>0</u> |
| Clothing   | \$ <u>0</u> | \$ <u>0</u> |
| Laundry and dry-cleaning   | \$ <u>0</u> | \$ <u>0</u> |
| Medical and dental expenses  | \$ <u>0</u> | \$ <u>0</u> |

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

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:

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:

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

I AM CURRENTLY INCARCERATED IN A STATE PRISON, I AM UNEMPLOYED AND HAVE NO MONEY OR ASSETS TO PAY THE FILING FEE.

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

Executed on: December 12, 2022

Conelius L Jones  
(Signature)