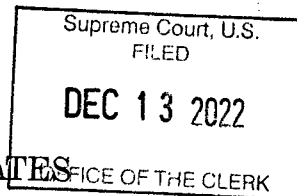


No. 22-6471

IN THE  
SUPREME COURT OF THE UNITED STATES



Kyle Maurice Parks  
(Your Name)

— PETITIONER

VS.

United States of America

— 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*.

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

\_\_\_\_\_  
\_\_\_\_\_

☒ 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.

Kyle Maurice Parks  
(Signature)

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

I, Kyle M. Parks, 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	\$ 000	\$ _____	\$ _____	\$ _____
Self-employment	\$ 000	\$ _____	\$ _____	\$ _____
Income from real property (such as rental income)	\$ 000	\$ _____	\$ _____	\$ _____
Interest and dividends	\$ 000	\$ _____	\$ _____	\$ _____
Gifts	\$ 000	\$ _____	\$ _____	\$ _____
Alimony	\$ 000	\$ _____	\$ _____	\$ _____
Child Support	\$ 000	\$ _____	\$ _____	\$ _____
Retirement (such as social security, pensions, annuities, insurance)	\$ 000	\$ _____	\$ _____	\$ _____
Disability (such as social security, insurance payments)	\$ 000	\$ _____	\$ _____	\$ _____
Unemployment payments	\$ 000	\$ _____	\$ _____	\$ _____
Public-assistance (such as welfare)	\$ 000	\$ _____	\$ _____	\$ _____
Other (specify): _____	\$ 000	\$ _____	\$ _____	\$ _____
<b>Total monthly income:</b>	\$ 000	\$ _____	\$ _____	\$ _____

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

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

4. How much cash do you and your spouse have? \$ NONE  
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
		\$	\$
		\$	\$
		\$	\$

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 \_\_\_\_\_

☐ Motor Vehicle #1  
Year, make & model N/A  
Value \_\_\_\_\_

☐ Motor Vehicle #2  
Year, make & model \_\_\_\_\_  
Value \_\_\_\_\_

☐ Other assets  
Description N/A  
Value \_\_\_\_\_

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

N/A

\$ N/A

\$ N/A

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

Name

Relationship

Age

N/A

N/A

N/A

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? ☐ Yes ☐ No

Is property insurance included? ☐ Yes ☐ No

\$ N/A

\$ N/A

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

\$ N/A

\$ N/A

Home maintenance (repairs and upkeep)

\$ N/A

\$ N/A

Food

\$ N/A

\$ N/A

Clothing

\$ N/A

\$ N/A

Laundry and dry-cleaning

\$ N/A

\$ N/A

Medical and dental expenses

\$

\$

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

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

Executed on: DEC 2, , 20 22

Kyle M. Puck  
(Signature)


# Inmate Inquiry



Inmate Reg #: 44051044      Current Institution: Terre Haute - FCC  
Inmate Name: PARKS, KYLE      Housing Unit: THP-F-B  
Report Date: 12/02/2022      Living Quarters: F02-222L  
Report Time: 8:58:51 AM

[General Information](#) | [Account Balances](#) | [Commissary History](#) | [Commissary Restrictions](#) | [Comments](#)

## General Information

Administrative Hold Indicator: No  
No Power of Attorney: No  
Never Waive NSF Fee: No  
Max Allowed Deduction %: 100  
PIN: 3764  
PAC #: 850439191  
Revalidation Date: 4th  
FRP Participation Status: Participating  
Arrived From: OKL  
Transferred To:  
Account Creation Date: 5/17/2017  
Local Account Activation Date: 6/4/2019 4:15:30 AM  
Sort Codes:   
Last Account Update: 12/1/2022 12:11:39 AM  
Account Status: Active  
Phone Balance: \$0.00

## Pre-Release Plan Information

Target Pre-Release Account Balance: \$33.32  
Pre-Release Deduction %: 0%  
Income Categories to Deduct From: ☒ Payroll ☐ Outside Source Funds

## FRP Plan Information

FRP Plan Type	Expected Amount	Expected Rate
Quarterly	\$25.00	0%

## Account Balances

Account Balance: \$10.00  
Pre-Release Balance: \$0.00  
Debt Encumbrance: \$0.00  
SPO Encumbrance: \$0.00  
Other Encumbrances: \$0.00  
Outstanding Negotiable Instruments: \$0.00  
Administrative Hold Balance: \$0.00  
Available Balance: \$10.00  
National 6 Months Deposits: \$135.00

National 6 Months Withdrawals: \$125.75  
Available Funds to be considered for IFRP Payments: (\$315.00)  
National 6 Months Avg Daily Balance: \$16.50  
Local Max. Balance - Prev. 30 Days: \$25.30  
Average Balance - Prev. 30 Days: \$11.71

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## Commissary History

### Purchases

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Validation Period Purchases: \$15.25  
YTD Purchases: \$48.00  
Last Sales Date: 11/16/2022 8:37:43 AM

### SPO Information

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SPO's this Month: 0  
SPO \$ this Quarter: \$0.00

### Spending Limit Info

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Spending Limit Override: No  
Weekly Revalidation: No  
Bi-Weekly Revalidation: Yes  
Spending Limit: \$180.00  
Expended Spending Limit: \$0.00  
Remaining Spending Limit: \$180.00

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## Commissary Restrictions

### Spending Limit Restrictions

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Restricted Spending Limit: \$0.00  
Restricted Expended Amount: \$0.00  
Restricted Remaining Spending Limit: \$0.00  
Restriction Start Date: N/A  
Restriction End Date: N/A

### Item Restrictions

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List Name	List Type	Start Date	End Date	Active
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## Comments

Comments: