

No. 22-6471

IN THE
SUPREME COURT OF THE UNITED STATES

Supreme Court, U.S.
FILED

DEC 13 2022

OFFICE OF THE CLERK

Kyle Maurice Paris — PETITIONER
(Your Name)

United States of America VS.
— 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 Paris
(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	\$ <u>000</u>	\$ _____	\$ _____	\$ _____
Self-employment	\$ <u>000</u>	\$ _____	\$ _____	\$ _____
Income from real property (such as rental income)	\$ <u>000</u>	\$ _____	\$ _____	\$ _____
Interest and dividends	\$ <u>000</u>	\$ _____	\$ _____	\$ _____
Gifts	\$ <u>000</u>	\$ _____	\$ _____	\$ _____
Alimony	\$ <u>000</u>	\$ _____	\$ _____	\$ _____
Child Support	\$ <u>000</u>	\$ _____	\$ _____	\$ _____
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>000</u>	\$ _____	\$ _____	\$ _____
Disability (such as social security, insurance payments)	\$ <u>000</u>	\$ _____	\$ _____	\$ _____
Unemployment payments	\$ <u>600</u>	\$ _____	\$ _____	\$ _____
Public-assistance (such as welfare)	\$ <u>000</u>	\$ _____	\$ _____	\$ _____
Other (specify): _____	\$ <u>000</u>	\$ _____	\$ _____	\$ _____
Total monthly income:	\$ <u>000</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
<u>N</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</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**

N/A

Amount owed to you

\$ *N/A*
\$ *N/A*
\$ *N/A*

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

N/A

Relationship

N/A

Age

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)

\$ *N/A* \$ *N/A*

Are real estate taxes included? Yes No

Is property insurance included? Yes No

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

\$ *N/A* \$ *N/A*

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>X/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	\$ <u>N/A</u>	\$ _____
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>N/A</u>	\$ _____
Other (specify): _____	\$ <u>N/A</u>	\$ _____
Total monthly expenses:	\$ <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, 2022

Kyle W. Parker
(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

Commissary History

Purchases

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

SPO Information

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

Spending Limit Info

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

Commissary Restrictions

Spending Limit Restrictions

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

List Name	List Type	Start Date	End Date	Active
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Comments

Comments: