

22-6525 ORIGINAL

IN THE
SUPREME COURT OF THE UNITED STATES

KEITH D. ARLINE, JR. — PETITIONER
(Your Name)

Supreme Court, U.S.
FILED
DEC 22 2022
OFFICE OF THE CLERK

VS.

S. MOORE, WARDEN — 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):

ARLINE V. CORNEJO, ET AL.; 3:22-CV-00284-DMS-RBB;

U.S. DISTRICT COURT FOR THE SOUTHERN DISTRICT OF CALIFORNIA.

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: _____
_____, or

a copy of the order of appointment is appended.

K. D. A.
(Signature)

RECEIVED

JAN 11 2023

OFFICE OF THE CLERK
SUPREME COURT, U.S.

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

I, KEITH D. ARLINE, JR., 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>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Self-employment	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Income from real property (such as rental income)	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Interest and dividends	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Gifts	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Alimony	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Child Support	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Disability (such as social security, insurance payments)	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Unemployment payments	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Public-assistance (such as welfare)	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Other (specify): _____	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Total monthly income:	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</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/A</u>	<u>N/A</u>	<u>N/A</u>	\$ <u>0.00</u>
			\$ <u>0.00</u>
			\$ <u>0.00</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>N/A</u>	<u>N/A</u>	\$ <u>0.00</u>
			\$ <u>0.00</u>
			\$ <u>0.00</u>

4. How much cash do you and your spouse have? \$ 0.00

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
<u>INSTITUTION TRUST ACCOUNT</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
<u>N/A</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
<u>N/A</u>	\$ <u>0.00</u>	\$ <u>0.00</u>

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Home
Value 0.00

Other real estate
Value 0.00

Motor Vehicle #1
Year, make & model N/A
Value 0.00

Motor Vehicle #2
Year, make & model N/A
Value 0.00

Other assets
Description N/A
Value 0.00

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>N/A</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
	\$ <u>0.00</u>	\$ <u>0.00</u>
	\$ <u>0.00</u>	\$ <u>0.00</u>

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
<u>N/A</u>	<u>N/A</u>	<u>N/A</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 (include lot rented for mobile home)	\$ <u>0.00</u>	\$ <u>0.00</u>
Are real estate taxes included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is property insurance included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <u>0.00</u>	\$ <u>0.00</u>
Home maintenance (repairs and upkeep)	\$ <u>0.00</u>	\$ <u>0.00</u>
Food	\$ <u>0.00</u>	\$ <u>0.00</u>
Clothing	\$ <u>0.00</u>	\$ <u>0.00</u>
Laundry and dry-cleaning	\$ <u>0.00</u>	\$ <u>0.00</u>
Medical and dental expenses	\$ <u>0.00</u>	\$ <u>0.00</u>

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 0.00	\$ 0.00
Recreation, entertainment, newspapers, magazines, etc.	\$ 0.00	\$ 0.00
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ 0.00	\$ 0.00
Life	\$ 0.00	\$ 0.00
Health	\$ 0.00	\$ 0.00
Motor Vehicle	\$ 0.00	\$ 0.00
Other: _____	\$ 0.00	\$ 0.00
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ 0.00	\$ 0.00
Installment payments		
Motor Vehicle	\$ 0.00	\$ 0.00
Credit card(s)	\$ 0.00	\$ 0.00
Department store(s)	\$ 0.00	\$ 0.00
Other: _____	\$ 0.00	\$ 0.00
Alimony, maintenance, and support paid to others	\$ 0.00	\$ 0.00
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0.00	\$ 0.00
Other (specify): _____	\$ 0.00	\$ 0.00
Total monthly expenses:	\$ 0.00	\$ 0.00

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.

CONFINED FOR A TOTAL OF TWENTY-TWO (22) YEAR WITH NO FAMILY
OR FRIENDS SUPPORT. PLUS, IN DEBT WITH CIVIL ACTION FILINGS.

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

Executed on: DECEMBER 22, 2022


(Signature)

If you are a **prisoner** you must have an officer from your institution provide this official certificate as to the amount of money in your prison account. **There are no exceptions to this requirement.**

PRISON CERTIFICATE
(Incarcerated applicants only)
(To be completed by the institution of incarceration)

I certify that the applicant ARLINE, KEITH
(NAME OF INMATE)

T13192
(INMATE'S CDCR NUMBER)

has the sum of \$ 0.57 on account to his/her credit at

CENTINELA STATE PRISON

(NAME OF INSTITUTION)

I further certify that the applicant has the following securities None

to his/her credit according to the records of the aforementioned institution. I further certify that **during the past six months** the applicant's **average monthly balance** was \$ 152.39

and the **average monthly deposits** to the applicant's account was \$ 0.00

ALL PRISONERS MUST ATTACH A CERTIFIED COPY OF THEIR TRUST ACCOUNT STATEMENT SHOWING TRANSACTIONS FOR THE SIX-MONTH PERIOD IMMEDIATELY PRECEDING THE FILING OF THE COMPLAINT PER 28 U.S.C. § 1915 (a)(2).

January 5, 2023

DATE



SIGNATURE OF AUTHORIZED OFFICER INSTITUTION

Héctor R. Fonseca

OFFICER'S FULL NAME (PRINTED)

Accounting Officer Specialist

OFFICER'S TITLE/RANK

Date\Time: 1/4/2023 3:39:25 PM

Institution: CEN

CDCR

Verified: 

THE WITHIN INSTRUMENT IS A CORRECT
COPY OF THE TRUST ACCOUNT MAINTAINED
BY THIS OFFICE.
ATTEST:

CALIFORNIA DEPARTMENT OF CORRECTIONS

BY H. Fonseca
TRUST OFFICE

Inmate Statement Report

Start Date: 7/4/2022

Revalidation Cycle: All

End Date: 1/4/2023

Housing Unit: All

Inmate/Group#: T13192

Date\Time: 1/4/2023 3:39:25 PM

CDCR

Verified: _____

Institution: CEN

THE WITHIN INSTRUMENT IS A CORRECT
COPY OF THE TRUST ACCOUNT MAINTAINED
BY THIS OFFICE.
ATTEST: _____



CALIFORNIA DEPARTMENT OF CORRECTIONS

BY H. FONSECA
TRUST OFFICE

Inmate Statement Report

CDCR#	Inmate/Group Name	Institution	Unit	Cell/Bed
T13192	ARLINE, KEITH	CEN	C 001 2	229001

Current Available Balance: **\$0.57**

Transaction List

Transaction Date	Institution	Transaction Type	Source Doc#	Receipt#/Check#	Amount	Account Balance
07/04/2022	CEN	BEGINNING BALANCE				\$648.06
07/08/2022	CEN	SALES	15		(\$76.00)	\$572.06
07/20/2022	CEN	GROUP TRANSFER OUT	CKN/T13192		(\$32.00)	\$540.06
07/21/2022	CEN	SALES	45		(\$147.20)	\$392.86
08/01/2022	CEN	LEGAL MAIL	POSTAGE 8/01		(\$10.70)	\$382.16
08/01/2022	CEN	LEGAL MAIL	POSTAGE 8/01		(\$3.12)	\$379.04
08/01/2022	CEN	LEGAL MAIL	POSTAGE 8/01		(\$3.12)	\$375.92
08/18/2022	CEN	SALES	9		(\$172.65)	\$203.27
09/20/2022	CEN	SALES	15		(\$141.95)	\$61.32
10/18/2022	CEN	SALES	10		(\$60.75)	\$0.57

Encumbrance List

Encumbrance Type	Transaction Date	Amount
No information was found for the given criteria.		

Obligation List

Obligation Type	Court Case#	Original Owed Balance	Sum of Tx for Date Range for Oblig	Current Balance
DAMAGES - PERSONAL ITEMS	PROPERTY 7/31/13	\$67.54	\$0.00	\$19.23
REGULAR MAIL	9/12/2014	\$1.40	\$0.00	\$1.40
REGULAR MAIL	9/15/2014	\$1.40	\$0.00	\$1.40
REGULAR MAIL	10/30/2014	\$9.11	\$0.00	\$9.11
REGULAR MAIL	10/30/2014	\$9.11	\$0.00	\$9.11
REGULAR MAIL	10/30/2014	\$9.11	\$0.00	\$9.11
PLRA	APPEAL3: 11CV02450NLS	\$505.00	\$0.00	\$479.96
PLRA	APPEAL2: 11CV03414KJN	\$505.00	\$0.00	\$483.59
REGULAR MAIL	11/14/16	\$6.85	\$0.00	\$6.85
PLRA	1:07-CV-001097	\$805.00	\$0.00	\$698.31
FEDERAL FILING FEE	3:22-CV-00284DMS-RBB	\$350.00	\$0.00	\$350.00

Restitution List

Restitution	Court Case#	Status	Original Owed Balance	Interest Accrued	Sum of Tx for Date Range for Oblig	Current Balance
RESTITUTION FINE	RIF090611	Fulfilled	\$300.00	\$0.00	\$0.00	\$0.00

Date\Time: 1/4/2023 3:39:25 PM

Institution: CEN

CDCR

Verified:

THE WITHIN INSTRUMENT IS A CORRECT
COPY OF THE TRUST ACCOUNT MAINTAINED
BY THIS OFFICE.

ATTEST:



CALIFORNIA DEPARTMENT OF CORRECTIONS

BY H. Lonsdale
TRUST OFFICE

Inmate Statement Report

Restitution	Court Case#	Status	Original Owed Balance	Interest Accrued	Sum of Tx for Date	Range for Oblg	Current Balance
RESTITUTION FINE	RIF078730	Fulfilled	\$200.00	\$0.00	\$0.00		\$0.00