

No. 22-6949

IN THE

SUPREME COURT OF THE UNITED STATES

CHRISTOPHER MAURICE
McDOWELL — PETITIONER
(Your Name)

Supreme Court, U.S.
FILED
FEB 10 2023
OFFICE OF THE CLERK

① Carlton
W. Reeves 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*.

Please check the appropriate boxes:

Petitioner has previously been granted leave to proceed *in forma pauperis* in the following court(s):
United States District Court Southern
District 501 E. COURT STREET SUITE 2.500
JACKSON, MS 39201 ALSO UNITED STATES COURT OF
 Petitioner has **not** previously been granted leave to proceed *in forma pauperis* in any other court. NO Appeal
600 S.
MAESTR

Petitioner's affidavit or declaration in support of this motion is attached hereto. p1

Petitioner's affidavit or declaration is **not** attached because the court below appointed counsel in the current proceeding, and: NOT SO, I FILE NEW
CASE MYSELF. REQUESTED INFORMATION PAUPERIS IN BOTH COURTS. ORLEANS
 The appointment was made under the following provision of law: NONE. 70130
NOT SO. I FILE CASE 321-CV-00722 AND LOUISIANA
32-40295 MYSELF IN BOTH COURTS. 70130

a copy of the order of appointment is appended.

FILCO MYSELF JUST
ANSWERING ALL QUESTIONS mg. Christopher McDowell
(Signature)

2-2-2023.

XII. Statement of the Case

Provide a **concise** statement of the case containing the facts material to the consideration of the question(s) presented; you should summarize the relevant facts of the case and the proceedings that took place in the lower courts. You may need to attach additional pages, but the statement should be concise and limited to the relevant facts of the case.

XIII. Reasons for Granting the Petition

The purpose of this section of the petition is to explain to the Court why it should grant certiorari. It is important to read Rule 10 and address what compelling reasons exist for the exercise of the Court's discretionary jurisdiction. Try to show not only why the decision of the lower court may be erroneous, but the national importance of having the Supreme Court decide the question involved. It is important to show whether the decision of the court that decided your case is in conflict with the decisions of another appellate court; the importance of the case not only to you but to others similarly situated; and the ways the decision of the lower court in your case was erroneous. You will need to attach additional pages, but the reasons should be as concise as possible, consistent with the purpose of this section of the petition.

XIV. Conclusion

Enter your name and the date that you submit the petition.

XV. Proof of Service

You must serve a copy of your petition on counsel for respondent(s) as required by Rule 29. If you serve the petition by first-class mail or by third-party commercial carrier, you may use the enclosed proof of service form. If the United States or any department, office, agency, officer, or employee thereof is a party, you must serve the Solicitor General of the United States, Room 5614, Department of Justice, 950 Pennsylvania Ave., N.W., Washington, D. C. 20530-0001. The lower courts that ruled on your case are not parties and need not be served with a copy of the petition. The proof of service may be in the form of a declaration pursuant to 28 U. S. C. § 1746.

AFFIDAVIT OR DECLARATION

IN SUPPORT OF MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

I, Christopher McDowell, 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
Employment	You <u>NOT Employed</u> Spouse <u>NO SPOUSE</u>	You <u>NOT Employed</u> Spouse <u>NO SPOUSE</u>
Self-employment	\$ <u>NOT Employed</u> \$ <u>Spouse</u>	\$ <u>NOT Employed</u> \$ <u>Spouse</u>
Income from real property (such as rental income)	\$ <u>NONE</u> \$ <u>NONE</u>	\$ <u>NONE</u> \$ <u>NONE</u>
Interest and dividends	\$ <u>NONE</u>	\$ <u>NONE</u>
Gifts	\$ <u>NONE</u>	\$ <u>NONE</u>
Alimony	\$ <u>NONE</u> (\$ <u>NO KIDS</u>)	\$ <u>NONE</u>
Child Support	\$ <u>NONE</u>	\$ <u>NONE</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>NONE</u>	\$ <u>NONE</u>
Disability (such as social security, insurance payments)	\$ <u>NONE</u>	\$ <u>NONE</u>
Unemployment payments	\$ <u>NONE</u>	\$ <u>NONE</u>
Public-assistance (such as welfare)	\$ <u>NONE</u>	\$ <u>NONE</u>
Other (specify): <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>
Total monthly income:	\$ <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
No job	No job	No job	\$ No job
No job	No job	No job	\$ No job
No job	No job	No job	\$ No job

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
No spouse	No spouse	No spouse	\$ No spouse
No job	No job	No job	\$ No job
No job	No job	No job	\$ No job

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.

Type of account (e.g., checking or savings)	Amount you have	Amount your spouse has
<u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>
<u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>
<u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>

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

<input checked="" type="checkbox"/> Home Value	No home at all	<input checked="" type="checkbox"/> Other real estate Value	No spouse at all
<input checked="" type="checkbox"/> Motor Vehicle #1 Year, make & model Value	No car at all	<input checked="" type="checkbox"/> Motor Vehicle #2 Year, make & model Value	No spouse at all.
<input checked="" type="checkbox"/> Other assets Description Value	No spouse at all.		
	No spouse at all.		

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>NONE</u>	<u>NONE</u>
<u>NONE</u>	<u>NO Spouse</u>	<u>NO Spouse</u>
<u>NONE</u>	<u>NONE</u>	<u>NONE</u>
<u>NONE</u>	<u>NO Spouse</u>	<u>NO Spouse</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>NO ONE</u>	<u>No Spouse</u>	<u>NO</u>
<u>NO ONE</u>	<u>No Spouse</u>	<u>NO ONE Spouse</u>
<u>NO ONE</u>	<u>No Spouse</u>	<u>NO ONE</u>
<u>NO ONE</u>	<u>No Spouse</u>	<u>NO ONE</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.

Rent or home-mortgage payment
(include lot rented for mobile home)

Are real estate taxes included? Yes No
Is property insurance included? Yes No

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

Home maintenance (repairs and upkeep)

Food

Clothing

Laundry and dry-cleaning

Medical and dental expenses

You	Your spouse
<u>NONE</u>	<u>NONE</u>
<u>NO Spouse</u>	<u>NO Spouse</u>
<u>NONE</u>	<u>NONE</u>
<u>NO Spouse</u>	<u>NO Spouse</u>
<u>NONE</u>	<u>NONE</u>
<u>NO Spouse</u>	<u>NO Spouse</u>
<u>NONE</u>	<u>NONE</u>
<u>NO Spouse</u>	<u>NO Spouse</u>
<u>NONE</u>	<u>NONE</u>
<u>NO Spouse</u>	<u>NO Spouse</u>

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>NONE</u>	\$ <u>NO SPOUSE</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>NONE</u>	\$ <u>NO SPOUSE</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>NONE</u>	\$ <u>NO SPOUSE</u>
Life	\$ <u>NONE</u>	\$ <u>NO SPOUSE</u>
Health	\$ <u>NONE</u>	\$ <u>NO SPOUSE</u>
Motor Vehicle	\$ <u>NONE</u>	\$ <u>NO SPOUSE</u>
Other:	\$ <u>NONE</u>	\$ <u>NO SPOUSE</u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>None At All</u>	\$ <u>NONE</u>	\$ <u>NO SPOUSE</u>
Installment payments	\$ <u>NONE</u>	\$ <u>NO SPOUSE</u>
Motor Vehicle	\$ <u>No CARE</u>	\$ <u>NO SPOUSE</u>
Credit card(s)	\$ <u>No CARDS</u>	\$ <u>NO SPOUSE</u>
Department store(s)	\$ <u>NONE</u>	\$ <u>NO SPOUSE</u>
Other:	\$ <u>NONE</u>	\$ <u>NO SPOUSE</u>
Alimony, maintenance, and support paid to others	\$ <u>NONE</u>	\$ <u>NO SPOUSE</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>NONE</u>	\$ <u>NO SPOUSE</u>
Other (specify): <u>None At All</u>	\$ <u>NONE</u>	\$ <u>NO SPOUSE</u>
Total monthly expenses:	\$ <u>NONE</u>	\$ <u>NO SPOUSE</u>
	<i>NOT BUSINESS OWNER OF ANY SORTS.</i>	

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.

*NONE
AT ALL.*

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? ON ATTORNEY PRO SE

If yes, state the attorney's name, address, and telephone number:

*NONE
ON ATTORNEY
PRO SE*

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? ON ATTORNEY PRO SE

If yes, state the person's name, address, and telephone number:

*ON ATTORNEY
PRO SE*

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

*Disability AND NOT ABLE to
work, but not getting ANY disability
profits.*

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

Executed on: FEBURARY 2ND, 2023

Christopher Dowell
(Signature)