

22-7141

IN THE
SUPREME COURT OF THE UNITED STATES

DONALD LEE MCDONALD, SR.
Petitioner

Supreme Court, U.S.
FILED

FEB 24 2023

OFFICE OF THE CLERK

-VS-

PEOPLE OF THE STATE OF ILLINOIS
Respondent

MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

The Petitioner asks leave to file the attached petition for writ of certiorari in forma pauperis.

Petitioner has previously been granted leave to proceed in forma pauperis in the following courts:

Northern District of Illinois and the Seventh Circuit Court of Appeals.

Petitioner's affidavit or declaration is attached hereto.

Donald L. McDonald, Sr.
Donald L. McDonald, Sr. pro se

RECEIVED

MAR - 7 2023

OFFICE OF THE CLERK
SUPREME COURT, U.S.

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

I, Donald L. McDonald, 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	\$ None	\$ None	\$ None	\$ None
Self-employment	\$ None	\$ None	\$ None	\$ None
Income from real property (such as rental income)	\$ None	\$ None	\$ None	\$ None
Interest and dividends	\$ None	\$ None	\$ None	\$ None
Gifts	\$ None	\$ None	\$ None	\$ None
Alimony	\$ None	\$ None	\$ None	\$ None
Child Support	\$ None	\$ None	\$ None	\$ None
Retirement (such as social security, pensions, annuities, insurance)	\$ None	\$ None	\$ None	\$ None
Disability (such as social security, insurance payments)	\$ None	\$ None	\$ None	\$ None
Unemployment payments	\$ None	\$ None	\$ None	\$ None
Public-assistance (such as welfare)	\$ None	\$ None	\$ None	\$ None
Other (specify): None	\$ None	\$ None	\$ None	\$ None
Total monthly income:	\$ None	\$ None	\$ None	\$ None

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	None	None	\$ None
None	None	None	\$ None
None	None	None	\$ None

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	None	None	\$ None
None	None	None	\$ None
None	None	None	\$ None

4. How much cash do you and your spouse have? \$ —0—
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	None	\$ None	\$ None
None	None	\$ None	\$ None
None	None	\$ None	\$ None

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—

Other real estate

Value —0—

Motor Vehicle #1

Year, make & model —0—

Value —0—

Motor Vehicle #2

Year, make & model —0—

Value —0—

Other assets

Description —0—

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>None</u>	\$ <u>None</u>
<u>None</u>	\$ <u>None</u>	\$ <u>None</u>
<u>None</u>	\$ <u>None</u>	\$ <u>None</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>None</u>	<u>None</u>	<u>N/A</u>
<u>None</u>	<u>None</u>	<u>N/A</u>

8. Estimate the average monthly expenses of you and your family. Show separately the amount paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, annually to show the monthly rate.

	You	Your spouse
Rent or home-mortgage payment (include lot rented for mobile home)	\$ <u>0 -</u>	\$ <u>0 -</u>
Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Utilities (electricity, heating fuel, 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)	\$ -0-	\$ -0-
Recreation, entertainment, newspapers, magazines, etc.	\$ -0-	\$ -0-
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ -0-	\$ -0-
Life	\$ -0-	\$ -0-
Health	\$ -0-	\$ -0-
Motor Vehicle	\$ -0-	\$ -0-
Other: <u>N/A</u>	\$ -0-	\$ -0-
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>N/A</u>	\$ -0-	\$ -0-
Installment payments		
Motor Vehicle	\$ -0-	\$ -0-
Credit card(s)	\$ -0-	\$ -0-
Department store(s)	\$ -0-	\$ -0-
Other: <u>N/A</u>	\$ -0-	\$ -0-
Alimony, maintenance, and support paid to others	\$ -0-	\$ -0-
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ -0-	\$ -0-
Other (specify): <u>N/A</u>	\$ -0-	\$ -0-
Total monthly expenses:	\$ -0-	\$ -0-

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? N/A

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

N/A

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

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

Executed on February, 20, 2023

Donald Z. McDonald
Paralegal (Signature)

NO.
IN THE
SUPREME COURT OF THE UNITED STATES
OCTOBER TERM 2019

DONALD L. MCDONALD

Petitioner

-vs-

WARDEN SHERWIN MILES

Respondent

PETITION FOR WRIT OF HABEAS CORPUS