

No. _____

IN THE
Supreme Court of the United States

TYRONE DESANTE MORANT,
Petitioner,
v.

BILL STANGE, WARDEN,
SOUTHEAST CORRECTIONAL CENTER,
Respondent.

MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

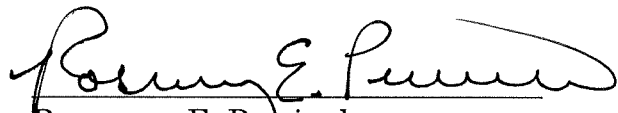
Rosemary E. Percival,
Counsel of Record
Office of the Missouri State Public
Defender
920 Main Street, Suite 500
Kansas City, Missouri 64105-2017
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Comes now Rosemary E. Percival, attorney for petitioner, Tyrone Desante Morant, and pursuant to Rule 39, requests leave to file the attached Petition for Writ of Certiorari without prepayment of costs and to proceed *in forma pauperis*.

1. Petitioner has been incarcerated in the Missouri Department of Corrections for over 25 years. He is represented by counsel from the Missouri State Public Defender's Office. Petitioner has insufficient assets to pay the costs of this case. His affidavit in support of this motion is attached hereto.

2. Petitioner was granted leave to proceed *in forma pauperis* by the Missouri Supreme Court in 2013 in *State ex rel. Morant v. Stange*, No. SC93248.

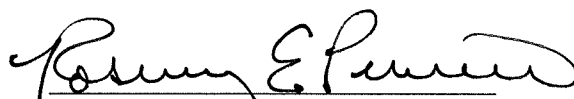
Respectfully submitted,



Rosemary E. Percival
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Certificate of Service

I, Rosemary Percival, hereby certify that on this 5th day of June, 2023, a true and correct copy of the foregoing was mailed first-class postage prepaid to Mr. Andrew Bailey and Mr. Andrew Crane, Office of the Attorney General, P.O. Box 899, Jefferson City, Missouri 65102 and e-mailed to Mr. Andrew Bailey and Mr. Andrew Crane at andrew.crane@ago.mo.gov.



Rosemary E. Percival

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

I, Tyrone D. Morant, am the petitioner in the above-entitled case. In support of my motion to proceed *in forma pauperis*, I affirm under penalty of perjury that, because of my poverty, I am unable to pay the costs of this action or to give security therefor. I believe that I am entitled to redress. I affirm under penalty of perjury that my answers on this form are true and correct.

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	\$ 0	\$ N/A	\$ 0	\$ N/A
Self-employment	\$ 0	\$ N/A	\$ 0	\$ N/A
Income from real property (such as rental income)	\$ 0	\$ N/A	\$ 0	\$ N/A
Interest and dividends	\$ 0	\$ N/A	\$ 0	\$ N/A
Gifts	\$ 0	\$ N/A	\$ 0	\$ N/A
Alimony	\$ 0	\$ N/A	\$ 0	\$ N/A
Child support	\$ 0	\$ N/A	\$ 0	\$ N/A
Retirement (such as social security, pensions, annuities, insurance)	\$ 0	\$ N/A	\$ 0	\$ N/A
Disability (such as social security, insurance payments)	\$ 0	\$ N/A	\$ 0	\$ N/A
Unemployment payments	\$ 0	\$ N/A	\$ 0	\$ N/A
Public-assistance (such as welfare)	\$ 0	\$ N/A	\$ 0	\$ N/A

Other (specify):	\$ 0	\$ 0	\$ 0	\$ 0
Total monthly income:	\$ 8.50	\$ N/A	\$ 8.50	\$ N/A

2. List your 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
N/A	N/A	N/A	
N/A	N/A	N/A	\$ 0
N/A	N/A	N/A	\$ 0
N/A	N/A	N/A	\$ 0

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
N/A	N/A	N/A	
N/A	N/A	N/A	\$ 0 N/A
N/A	N/A	N/A	\$ 0 N/A
N/A	N/A	N/A	\$ 0 N/A

4. How much cash do you and your spouse have? \$ N/A

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

If you are a prisoner seeking to appeal a judgment in a civil action or proceeding, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

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

Home	Other real estate	Motor vehicle #1
(Value) \$ N/A	(Value) \$ N/A	(Value) \$ N/A
N/A	N/A	Make and year: N/A
		Model: N/A
		Registration #: N/A

Motor vehicle #2	Other assets	Other assets
(Value) \$ N/A	(Value) \$ N/A	(Value) \$ N/A
Make and year: N/A	N/A	N/A
Model: N/A	N/A	N/A
Registration #: N/A	N/A	N/A

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	\$ 0	\$ N/A
N/A	\$ 0	\$ N/A
N/A	\$ 0	\$ N/A
N/A	\$ 0	\$ N/A

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

Name [or, if under 18, initials only]	Relationship	Age
N/A	N/A	N/A
N/A	N/A	N/A
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, semiannually, 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? <input type="checkbox"/> Yes <input type="checkbox"/> No Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ 0	\$ N/A
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 0	\$ 0
Home maintenance (repairs and upkeep)	\$ 0	\$ 0
Food	\$ 0	\$ 0

Clothing	\$ 0	\$ 0
Laundry and dry-cleaning	\$ 0	\$ 0
Medical and dental expenses	\$ 0	\$ 0
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:	\$ 0	\$ 0
Taxes (not deducted from wages or included in mortgage payments) (specify):	\$ 0	\$ 0
Installment payments		
Motor Vehicle:	\$ 0	\$ 0
Credit card (name):	\$ 0	\$ 0
Department store (name):	\$ 0	\$ 0
Other:	\$ 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):	\$ 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 spent — or will you be spending — any money for expenses or attorney fees in connection with this lawsuit? [] Yes [X] No

If yes, how much? \$ N/A

11. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.

12. State the city and state of your legal residence. ~~St. Louis~~ Charleston Missouri.

Your daytime phone number: () _____

Your age: 44 Your years of schooling: GED

Last four digits of your social-security number: 6648

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


Tyrone D. Morant

4-21-23
Date