22-7829
NO. _____

IN THE SUPREME COURT OF THE UNITED STATES

JAMES JOSEPH PLATTE, JR. - PETITIONER,
VS.
SARAH SCHROEDER - RESPONDENT.

On Petition for Writ of Certiorari to the
United States Court of Appeals for the Sixth Circuit

MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*
ON PETITION FOR WRIT OF CERTIORARI

Petitioner, James Joseph Platte, Jr., respectfully asks this Honorable Court, pursuant to Supreme Court Rule 39(1), for leave to proceed in forma pauperis so, that he may file the accompanying Petition for Writ of Certiorari with this Court.

Petitioner has been granted in forma pauperis status in the United States District Court on habeas corpus review, and further in the United States Court of Appeals for the Sixth Circuit, on appeal therefrom, in this matter. Petitioner is currently incarcerated in a state prison, is unmarried, and is not receiving any income from any source whatsoever. (See Auttached Affidavit and Account Statement).

[redacted] Petitioner swears, with his signature below, that the foregoing is true and accurate pursuant to 28 U.S.C. § 1746.

Executed on: June 6, 2023

J. Platte
James Joseph Platte, Jr. #285651

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AFFIDAVIT IN SUPPORT OF
MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*
ON PETITION FOR WRIT OF CERTIORARI

I swear or affirm under penalty of perjury that, because of my poverty, I cannot pre-pay the docket fees of my petition or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)
Signed: J. Platte Jr. Dated: June 6, 2023
My question presented in the petition is:

DID THE TRIAL COURT'S SUBSTITUTION OF HYBRID REPRESENTATION OVER SELF-REPRESENTATION VIOLATE PETITIONER'S CONSTITUTIONAL RIGHTS?

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	$ NA	$ 0	$ NA
Self-employment	$ 0	$ NA	$ 0	$ NA
Income from real property (such as rental income)	$ 0	$ NA	$ 0	$ NA
Interest and dividends	$ 0	$ NA	$ 0	$ NA
Gifts	$ 0	$ NA	$ 0	$ NA
Alimony	$ 0	$ NA	$ 0	$ NA
Child support	$ 0	$ NA	$ 0	$ NA
Retirement (such as social security, pensions, annuities, insurance)	$ 0	$ NA	$ 0	$ NA
Disability (such as social security, pensions, annuities, insurance payments)	$ 0	$ NA	$ 0	$ NA
Unemployment payments	$ 0	$ NA	$ 0	$ NA
Public-assistance (such as welfare)	$ 0	$ NA	$ 0	$ NA
Other (specify): none	$ 0	$ NA	$ 0	$ NA
Total monthly income:	$ 0	$ NA	$ 0	$ NA

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
none	NA	NA	NA
none	NA	NA	NA

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~~ NA	NA	NA	NA
~~none~~ NA	NA	NA	NA

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

$ 0

Below, state any money you and your spouse have in bank accounts or in any other financial institutions.

Financial institution Financial institution	Type of account Type of account	Amount you have Amount you have	Amount your spouse has Amount your spouse has
none*	NA	none	NA
NONE	NA	none	NA

* See Certificate of Prisoner Account Activity and account statement showing all receipts, expenditures, and balances during the last six months, attached hereto.

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

Home (Value)	Other real estate (Value)	Motor vehicle #1 (Value)
none	none	Make & year: none
none	none	Model: NA
none	none	Registration #: NA
Motor vehicle #2 (Value)	Other assets (Value)	Other assets (Value)
Make & year: none	none	none
Model: NA	none	none
Registration #: NA	none	none

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
none	NA	NA
none	NA	NA

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

Name [Or, if under 18, initials only]	Relationship	Age
None.	NA	NA
None.	NA	NA

B. 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)	$ 0	$ NA
Are real-estate taxes included ☒ Yes ☒ No NA Is property insurance included ☒ Yes ☒ No NA		
Utilities (electricity, heating fuel, water, sewer, and Telephone)	$ 0	$ NA
Home maintenance	$ 0	$ NA
Food	$ 0	$ NA
Clothing	$ 0	$ NA
Laundry and dry-cleaning	$ 0	$ NA
Medical and dental expenses	$ 0	$ NA
Transportation	$ 0	$ NA
Recreation, entertainment, newspapers, magazines, etc.	$ 0	$ NA
Insurance	$ 0	$ NA
Homeowner's or renter's:	$ 0	$ NA
Life:	$ 0	$ NA
Health:	$ 0	$ NA
Motor Vehicle:	$ 0	$ NA
Other: none	$ 0	$ NA
Taxes (Specify): none	$ 0	$ NA
Installment payments	$ 0	$ NA
Motor Vehicle:	$ 0	$ NA
Credit card (name): none	$ 0	$ NA
Department Store (name): none	$ 0	$ NA
Other: none	$ 0	$ NA
Alimony, maintenance, and support paid to others	$ 0	$ NA
Regular expenses for operation of business, profession, or farm	$ 0	$ NA

Other (specify): none	$ 0	$ NA
Total monthly expenses:	$ 0	$ NA

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

10. Have you spent — or will you be spending — any money for expenses or attorney fees in connection with this lawsuit?
☐ Yes ☒ No

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

I am an indigent prisoner under Mich. Dept. of Corrections Policy Directive 04.02.120, living on a spendable balance of $11 per month as presently loaned to me by the State.

12. State the city and state of your legal residence.

Baraga, Michigan.

Your daily phone number: (__) none
Your age: 45 Your years of schooling: 12.1

FEDERAL COURT - CIVIL ACTION

Prisoner-Plaintiff/Petitioner/Appellant Name and Number		Defendant's/Respondent's/Appellee's Name
James Platte **285651**	V	**Sarah Schroeder**

CERTIFICATE OF PRISONER INSTITUTIONAL/TRUST FUND ACCOUNT ACTIVITY

I am employed by the Michigan Department of Corrections at the facility identified below, at which the prisoner identified as the Plaintiff/Petitioner/Appellant is currently incarcerated.

Attached is a computer printout which accurately reflects the current spendable balance and all activity within this prisoner's account during the preceding six months or, if the prisoner has been incarecrated for less than six months, for the period of incarceration. Code "C" on the printout represents a withdrawal from the account and code "D" represents a deposit to the account. The attached printout reflects, for the reported period, an average monthly account deposit (total number of deposits divided by number of months) of **$ 8.82**, an average monthly account balance (total deposits minus total withdrawals divided by number of months) of **$ -**. There is a current spendable account balance of **$ -**.

Date: **6/8/2023**

Signature of Custodian of Prisoner Institutional/Trust Fund Account

Baraga Correctional Facility

Correctional Facility

Daily Transaction Summary: January 08, 2023 - June 08, 2023

Offender Information

Offender Number:	0285651	Institution:	AMF	Living Unit:	03
Offender Name:	PLATTE, JAMES JOSEPH	Housing Facility:	AMF	Cell:	244
Account Status:	Open	Tier:	D	Bed:	Top

Primary Balance:	$14.00
Available Balance:	$0.00

Primary Trust Transactions

Date	Transaction Type	Payer / Paid To	Voucher Number	Deposit	Expense	Balance	Loc Code
01/08/2023						$14.00	
02/13/2023 04:39:33 PM	Deduction Exempt - Sigma CR	case # 2:22-cv-0051- United States Treasury		$39.00		$53.00	COF
02/14/2023 08:15:17 AM	AMF-Institutional Services	500 - Institutional Services		$4.44		$57.44	AMF
02/14/2023 08:15:17 AM	AMF-Institutional Services	500 - Institutional Services		$2.88		$60.32	AMF
02/16/2023 01:31:01 AM	Commissary Sale	Keefe Commissary	C104897372		($6.82)	$53.50	AMF
02/17/2023 04:18:59 PM	Legal Stamps	AMF Institutional Services	AMF 021723 LGL POST		($3.66)	$49.84	AMF
02/21/2023 08:35:21 AM	Legal Copies Disbursement	AMF Institutional Services			($11.20)	$38.64	AMF
02/28/2023 04:00:02 AM	LEGAL COPIES - STATE	LMF INSTITUTIONAL SERVICES			($2.22)	$36.42	COF
02/28/2023 04:00:02 AM	RAZOR LOAN	LMF INSTITUTIONAL SERVICES			($2.22)	$34.20	COF
02/28/2023 04:00:02 AM	LEGAL COPIES - STATE	LMF INSTITUTIONAL SERVICES			($1.44)	$32.76	COF
02/28/2023 04:00:02 AM	RAZOR LOAN	LMF INSTITUTIONAL SERVICES			($1.44)	$31.32	COF
03/01/2023 01:05:44 PM	Commissary Sale	Keefe Commissary	C104920585		($11.36)	$19.96	AMF
03/01/2023 03:42:51 PM	Legal Stamps	AMF Institutional Services			($0.21)	$19.75	AMF
03/06/2023 02:49:29 PM	Legal Stamps	AMF Institutional Services			($2.94)	$16.81	AMF
03/08/2023 11:25:50 AM	Legal Supplies Disbursement	AMF PBF Legal Supplies			($2.07)	$14.74	AMF
03/14/2023 08:14:44 AM	AMF-Institutional Services	500 - Institutional Services		$5.18		$19.92	AMF
03/14/2023 08:14:44 AM	AMF-Institutional Services	500 - Institutional Services		$1.44		$21.36	AMF
03/31/2023 04:00:01 AM	LEGAL COPIES	AMF INSTITUTIONAL SERVICES			($0.74)	$20.62	COF
03/31/2023 04:00:01 AM	LEGAL COPIES - STATE	LMF INSTITUTIONAL SERVICES			($0.71)	$19.91	COF
03/31/2023 04:00:01 AM	LEGAL POSTAGE - PBF	LMF PBF Postage			($0.46)	$19.45	COF
03/31/2023 04:00:01 AM	LEGAL POSTAGE - PBF	LMF PBF Postage			($0.46)	$18.99	COF
03/31/2023 04:00:01 AM	LEGAL POSTAGE - PBF	LMF PBF Postage			($0.22)	$18.77	COF
03/31/2023 04:00:01 AM	RAZOR LOAN	LMF INSTITUTIONAL SERVICES			($0.93)	$17.84	COF
03/31/2023 04:00:01 AM	LEGAL POSTAGE - PBF	LMF PBF Postage			($0.72)	$17.12	COF
03/31/2023 04:00:01 AM	LEGAL POSTAGE - PBF	AMF PBF Postage			($3.12)	$14.00	COF
06/08/2023				$52.94	($52.94)	$14.00	

Savings

Date	Deposit	Expense	Balance	Loc Code
01/08/2023			$0.00	

No Activity

06/08/2023	$0.00	$0.00	$0.00