

22-7883

No. \_\_\_\_\_

ORIGINAL

FILED

JUN 20 2023

OFFICE OF THE CLERK  
SUPREME COURT, U.S.

IN THE

SUPREME COURT OF THE UNITED STATES

Latron Cross

(Your Name)

— PETITIONER

VS.

People of the State of Illinois

— 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):  
\_\_\_\_\_  
\_\_\_\_\_

☒ 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.

Latron Cross

(Signature)

RECEIVED

JUN 27 2023

OFFICE OF THE CLERK  
SUPREME COURT, U.S.

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

I, Latron Cross, 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</u>                                      | \$ _____    | \$ _____                   | \$ _____    |
| Self-employment  | \$ <u>0</u>                                      | \$ _____    | \$ _____                   | \$ _____    |
| Income from real property (such as rental income)                    | \$ <u>0</u>                                      | \$ _____    | \$ _____                   | \$ _____    |
| Interest and dividends   | \$ <u>0</u>                                      | \$ _____    | \$ _____                   | \$ _____    |
| Gifts  | \$ <u>0</u>                                      | \$ _____    | \$ _____                   | \$ _____    |
| Alimony  | \$ <u>0</u>                                      | \$ _____    | \$ _____                   | \$ _____    |
| Child Support  | \$ <u>0</u>                                      | \$ _____    | \$ _____                   | \$ _____    |
| Retirement (such as social security, pensions, annuities, insurance) | \$ <u>0</u>                                      | \$ _____    | \$ _____                   | \$ _____    |
| Disability (such as social security, insurance payments)             | \$ <u>0</u>                                      | \$ _____    | \$ _____                   | \$ _____    |
| Unemployment payments  | \$ <u>0</u>                                      | \$ _____    | \$ _____                   | \$ _____    |
| Public-assistance (such as welfare)                                  | \$ <u>0</u>                                      | \$ _____    | \$ _____                   | \$ _____    |
| Other (specify): _____   | \$ _____   | \$ _____    | \$ _____                   | \$ _____    |
| <b>Total monthly income:</b>   | \$ <u>0</u>                                      | \$ <u>0</u> | \$ <u>0</u>                | \$ <u>0</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 |
|----------|---------|---------------------|-------------------|
| None     | None    | None                | \$ 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 |
|----------|---------|---------------------|-------------------|
| None     | None    | none                | \$ 0              |
|          |         |                     | \$                |
|          |         |                     | \$                |

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 |
|-----------------------|-----------------|-----------------|------------------------|
| NIA                   | NIA             | \$ N/A 0        | \$ 0                   |
|                       |                 | \$              | \$                     |
|                       |                 | \$              | \$                     |

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 None  
Value \$0

☐ Motor Vehicle #2  
Year, make & model None  
Value \$0

☐ Other assets  
Description None  
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

None

Amount owed to you

\$ 0

Amount owed to your spouse

\$ 0

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

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

Name

None

Relationship

None

Age

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, or annually to show the monthly rate.

You

Your spouse

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

\$ 0

\$ 0

Are real estate taxes included? ☐ Yes ☐ No

Is property insurance included? ☐ Yes ☐ No

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

|   | You         | Your spouse |
|---|-------------|-------------|
| Transportation (not including motor vehicle payments)                                       | \$ <u>0</u> | \$ <u>0</u> |
| Recreation, entertainment, newspapers, magazines, etc.                                      | \$ <u>0</u> | \$ <u>0</u> |
| Insurance (not deducted from wages or included in mortgage payments)                        |             |             |
| Homeowner's or renter's   | \$ <u>0</u> | \$ <u>0</u> |
| Life  | \$ <u>0</u> | \$ <u>0</u> |
| Health  | \$ <u>0</u> | \$ <u>0</u> |
| Motor Vehicle   | \$ <u>0</u> | \$ <u>0</u> |
| Other: _____  | \$ <u>0</u> | \$ <u>0</u> |
| Taxes (not deducted from wages or included in mortgage payments)                            |             |             |
| (specify): _____  | \$ <u>0</u> | \$ <u>0</u> |
| Installment payments  |             |             |
| Motor Vehicle   | \$ <u>0</u> | \$ <u>0</u> |
| Credit card(s)  | \$ <u>0</u> | \$ <u>0</u> |
| Department store(s)   | \$ <u>0</u> | \$ <u>0</u> |
| Other: _____  | \$ <u>0</u> | \$ <u>0</u> |
| Alimony, maintenance, and support paid to others  | \$ <u>0</u> | \$ <u>0</u> |
| Regular expenses for operation of business, profession, or farm (attach detailed statement) | \$ <u>0</u> | \$ <u>0</u> |
| Other (specify): _____  | \$ <u>0</u> | \$ <u>0</u> |
| <b>Total monthly expenses:</b>  | \$ <u>0</u> | \$ <u>0</u> |

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:

None

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:

N/A

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

I'm in prison and indigent. Need help.

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

Executed on: May 15, 2023

  
(Signature)

CERTIFICATE

( TO BE COMPLETED FOR PRISONERS ONLY. THIS IS A STATEMENT BY THE PRISON  
AND NOT THE PRISONER)

I hereby certify that the plaintiff or petitioner in this action has the  
sum of \$ 75.97 in his trust fund account at this correctional  
center where is confined. I further certify that the plaintiff or  
petitioner has the following securities to his credit according to the  
records of this institution: Menard CC

711 Kaskaskia St.

Menard, IL 62259

James A. Allen  
Authorized Officer

Menard CC  
Institution

Account Technician I  
Title

4-11-23  
Date

IMPORTANT:

THIS CERTIFICATE MUST BE ACCOMPANIED BY A COPY OF A SIX MONTH LEDGER OF  
THE PLAINTIFF'S TRUST FUND ACCOUNT.

Date: 4/11/2023

# Menard Correctional Center Trust Fund

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## Inmate Transaction Statement

REPORT CRITERIA - Date: 10/01/2022 thru End; Inmate: M18686; Active Status Only ? : No; Print Restrictions ? : Yes;  
Transaction Type: All Transaction Types; Print Furloughs / Restitutions ? : Yes; Include Inmate Totals ? : Yes; Print Balance  
Errors Only ? : No

Inmate: M18686 Cross, Latron Y.

Housing Unit: MEN-N2-03-38

| Date               | Source        | Transaction Type                    | Batch   | Reference #    | Description                                 | Amount  | Balance |
|--------------------|---------------|-------------------------------------|---------|----------------|---|---------|---------|
| Beginning Balance: |               |                                     |         |                |   |         | 40.21   |
| 10/07/22           | Payroll       | 20 Payroll Adjustment               | 2801226 |                | P/R month of 9 2022                         | 13.00   | 53.21   |
| 10/11/22           | Mail Room     | 10 Western Union                    | 284200  | 9286278810     | Cross, Augunda                              | 50.00   | 103.21  |
| 10/12/22           | Mail Room     | 16 GTL                              | 285200  | 21310942658213 | Cross, Angie                                | 50.00   | 153.21  |
| 10/12/22           | Mail Room     | 16 GTL                              | 285200  | 21310893171235 | Cross, Naomi                                | 50.00   | 203.21  |
| 10/13/22           | Disbursements | 84 Library                          | 2863113 | Chk #211168    | 782525, DOC: 523 Fun, Inv. Date: 10/05/2022 | -2.40   | 200.81  |
| 10/13/22           | Disbursements | 84 Library                          | 2863113 | Chk #211168    | 782894, DOC: 523 Fun, Inv. Date: 10/12/2022 | -.60    | 200.21  |
| 10/13/22           | Point of Sale | 60 Commissary                       | 2867323 | 1561954        | Commissary                                  | -192.43 | 7.78    |
| 10/21/22           | Mail Room     | 15 JPAY                             | 294200  | 148923684      | Jake, Maurice                               | 50.00   | 57.78   |
| 10/25/22           | Mail Room     | 16 GTL                              | 298200  | 21311588812326 | Cross, Angie                                | 50.00   | 107.78  |
| 10/26/22           | Mail Room     | 16 GTL                              | 299200  | 21311680446884 | Cross, Angie                                | 40.00   | 147.78  |
| 10/26/22           | Point of Sale | 60 Commissary                       | 2997284 | 1563855        | Commissary                                  | -113.39 | 34.39   |
| 10/31/22           | Mail Room     | 10 Western Union                    | 304200  | 7827477690     | Jake Sr, Maurice                            | 50.00   | 84.39   |
| 11/09/22           | Payroll       | 20 Payroll Adjustment               | 3131226 |                | P/R month of 102022                         | 13.00   | 97.39   |
| 11/14/22           | Point of Sale | 60 Commissary                       | 3187214 | 1565687        | Commissary                                  | -97.27  | .12     |
| 11/22/22           | Mail Room     | 16 GTL                              | 326200  | 21356071734950 | Cross, Angie                                | 50.00   | 50.12   |
| 11/22/22           | Point of Sale | 60 Commissary                       | 3267277 | 1567076        | Commissary                                  | -49.68  | .44     |
| 11/26/22           | Mail Room     | 10 Western Union                    | 330200  | 6569643150     | Cotton, Donald                              | 40.00   | 40.44   |
| 12/01/22           | Mail Room     | 16 GTL                              | 335200  | 21357829049381 | Cross, Angie                                | 60.00   | 100.44  |
| 12/08/22           | Point of Sale | 60 Commissary                       | 3427323 | 1568674        | Commissary                                  | -80.88  | 19.56   |
| 12/13/22           | Disbursements | 88 WARRANTY REPAIR                  | 3473113 | Chk #212844    | 88306884, Koss Corpo, Inv. Date: 12/13/2022 | -9.00   | 10.56   |
| 12/14/22           | Mail Room     | 10 Western Union                    | 348200  | 7913598935     | Cross, Augunda                              | 90.00   | 100.56  |
| 12/14/22           | Payroll       | 20 Payroll Adjustment               | 3481226 |                | P/R month of 112022                         | 10.12   | 110.68  |
| 12/21/22           | Point of Sale | 60 Commissary                       | 3557311 | 1570443        | Commissary                                  | -103.86 | 6.82    |
| 12/22/22           | Disbursements | 80 Postage                          | 3563113 | Chk #213217    | 787606, Pitney Bowes, Inv. Date: 12/16/2022 | -6.20   | .62     |
| 01/12/23           | Payroll       | 20 Payroll Adjustment               | 0121282 |                | P/R month of 122022                         | 11.88   | 12.50   |
| 01/26/23           | Mail Room     | 10 Western Union                    | 026200  | 1557070407     | Cotton, Donald                              | 40.00   | 52.50   |
| 01/27/23           | Mail Room     | 16 GTL                              | 027200  | 21433974317734 | Cross, Angie                                | 60.00   | 112.50  |
| 01/31/23           | Disbursements | 84 Library                          | 0313113 | Chk #214211    | 790825, DOC: 523 Fun, Inv. Date: 01/31/2023 | -.90    | 111.60  |
| 02/01/23           | Point of Sale | 60 Commissary                       | 0327323 | 1573820        | Commissary                                  | -99.97  | 11.63   |
| 02/08/23           | Payroll       | 20 Payroll Adjustment               | 0391226 |                | P/R month of 1 2023                         | 5.72    | 17.35   |
| 02/22/23           | Mail Room     | 16 GTL                              | 053200  | 21458242708772 | Scott, Angie                                | 60.00   | 77.35   |
| 03/01/23           | Point of Sale | 60 Commissary                       | 0607323 | 1576501        | Commissary                                  | -51.80  | 25.55   |
| 03/07/23           | Mail Room     | 16 GTL                              | 066200  | 21466166447525 | Scott, Angie                                | 50.00   | 75.55   |
| 03/08/23           | Payroll       | 20 Payroll Adjustment               | 0671226 |                | P/R month of 2 2023                         | 3.52    | 79.07   |
| 03/09/23           | Disbursements | 84 Library                          | 0683113 | Chk #215005    | 792721, DOC: 523 Fun, Inv. Date: 03/03/2023 | -1.10   | 77.97   |
| 03/09/23           | Disbursements | 80 Postage                          | 0683113 | Chk #215012    | 792593, Pitney Bowes, Inv. Date: 03/02/2023 | -1.50   | 76.47   |
| 03/27/23           | Mail Room     | 10 Western Union                    | 086200  | 1849498070     | Cotton, Donald                              | 40.00   | 116.47  |
| 03/30/23           | Disbursements | 84 Library                          | 0893113 | Chk #215553    | 794143, DOC: 523 Fun, Inv. Date: 03/24/2023 | -.70    | 115.77  |
| 03/30/23           | Disbursements | 84 Library                          | 0893113 | Chk #215553    | 794274, DOC: 523 Fun, Inv. Date: 03/28/2023 | -1.50   | 114.27  |
| 03/30/23           | Disbursements | 82 Debts due to State (non-postage) | 0893113 | Chk #215562    | 794219, DOC: 523 Fun, Inv. Date: 03/27/2023 | -5.00   | 109.27  |
| 03/30/23           | Disbursements | 81 Legal Postage                    | 0893113 | Chk #215562    | 794295, DOC: 523 Fun, Inv. Date: 03/28/2023 | -1.74   | 107.53  |



Date: 4/11/2023

# Menard Correctional Center Trust Fund

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## Inmate Transaction Statement

REPORT CRITERIA - Date: 10/01/2022 thru End; Inmate: M18686; Active Status Only ? : No; Print Restrictions ? : Yes;  
Transaction Type: All Transaction Types; Print Furloughs / Restitutions ? : Yes; Include Inmate Totals ? : Yes; Print Balance  
Errors Only ? : No

Inmate: M18686 Cross, Latron Y.

Housing Unit: MEN-N2-03-38

| Date     | Source        | Transaction Type | Batch   | Reference # | Description | Amount | Balance |
|----------|---------------|------------------|---------|-------------|-------------|--------|---------|
| 04/03/23 | Point of Sale | 60 Commissary    | 0937327 | 1579723     | Commissary  | -30.06 | 77.47   |

|                     |       |
|---------------------|-------|
| Total Inmate Funds: | 77.47 |
|---------------------|-------|

|                             |     |
|-----------------------------|-----|
| Less Funds Held For Orders: | .00 |
|-----------------------------|-----|

|                        |      |
|------------------------|------|
| Less Funds Restricted: | 1.50 |
|------------------------|------|

|                  |       |
|------------------|-------|
| Funds Available: | 75.97 |
|------------------|-------|

|                  |     |
|------------------|-----|
| Total Furloughs: | .00 |
|------------------|-----|

|                               |     |
|-------------------------------|-----|
| Total Voluntary Restitutions: | .00 |
|-------------------------------|-----|

### RESTRICTIONS

| Invoice Date        | Invoice Number | Type | Description   | Vendor                                 | Amount |
|---------------------|----------------|------|---------------|--|--------|
| 04/04/2023          | 794781         | Disb | Legal Postage | 99999 DOC: 523 Fund Inmate Reimburseme | \$1.50 |
| Total Restrictions: |                |      |               |  | \$1.50 |