

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.

  
(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): _____	\$ _____	\$ _____	\$ _____	\$ _____
Total monthly income:	\$ <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
		\$	\$
		\$	\$

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	Amount owed to you	Amount owed to your spouse
None	\$ 0	\$ 0
	\$ _____	\$ _____
	\$ _____	\$ _____

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

Name	Relationship	Age
None	None	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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> 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.

Im 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 \$ 15.97 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

Jennifer Ahe  
Authorized Officer

Menard CC  
Institution

Account Technician I  
Title

4-11-23  
Date

IMPORTANT:

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

Date: 4/11/2023

Time: 1:23pm

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**Menard Correctional Center  
Trust Fund**

## Inmate Transaction Statement

Page 1

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

Time: 1:23pm

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**Menard Correctional Center  
Trust Fund**  
**Inmate Transaction Statement**

Page 2

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
					<b>Total Inmate Funds:</b>	<b>77.47</b>	
					<b>Less Funds Held For Orders:</b>	<b>.00</b>	
					<b>Less Funds Restricted:</b>	<b>1.50</b>	
					<b>Funds Available:</b>	<b>75.97</b>	
					<b>Total Furloughs:</b>	<b>.00</b>	
					<b>Total Voluntary Restitutions:</b>	<b>.00</b>	

**RESTRICTIONS**

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