

23-5073
No.

In the Supreme Court of the United States

CINQUE ROBINSON,
Petitioner
v.
JANEEN D. GUAJARDO,
Respondent.

ON PETITION FOR WRIT OF CERTIORARI
TO THE ILLINOIS SUPREME COURT

PETITION FOR WRIT OF CERTIORARI

MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

Pursuant to Supreme Court Rule 39, I, *pro se* Petitioner, CINQUE ROBINSON, request that the Court grant me leave to proceed *in forma pauperis*. In support of this Motion, I aver that:

I.

I, the Petitioner am unable to afford the cost of representation, the Court's \$300 Rule 38(a) filing fee or the cost for forty paper copies of my petition for writ of certiorari, as required by Rule 12, in this matter. See accompanying Affidavit.



II.

I, the Petitioner have been granted to proceed as indigent in the Circuit Court of Cook County, Illinois. See attached order as Exhibit A.

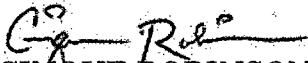
III.

I, the Petitioner was granted leave to file less than the required number of paper copies of my petition for leave to appeal to the Supreme Court of Illinois, which in this case was zero paper copies filed. See attached order as Exhibit B.

WHEREFORE, I, *pro se* petitioner, CINQUE ROBINSON, respectfully requests that I be allowed to proceed *in forma pauperis* without payment of filing fees or service of notice fees, and for such other relief as the Court deems just and proper.

Respectfully submitted this 18th day of June, 2023.

Respectfully Submitted:


CINQUE ROBINSON
Pro se Petitioner
PO Box 498114
Chicago, Illinois 60649
Phone: 312-722-1420
Email: cinque.robinson@yahoo.com

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$0	\$0	\$0	\$0
Self-employment	\$3000.00	\$0	\$3000	\$0
Income from real property (such as rental income)	\$0	\$0	\$0	\$0
Interest and dividends	\$0	\$0	\$0	\$0
Gifts	\$0	\$0	\$0	\$0
Alimony	\$0	\$0	\$0	\$0
Child support	\$0	\$0	\$0	\$0
Retirement (such as social security, pensions, annuities, insurance)	\$0	\$0	\$0	\$0
Disability (such as social security, insurance payments)	\$0	\$0	\$0	\$0
Unemployment payments	\$0	\$0	\$0	\$0
Public-assistance (such as welfare)	\$0	\$0	\$0	\$0
Other (specify):	\$0	\$0	\$0	\$0
Total monthly income:	\$3000.00	\$0	\$0	\$0

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
NA	NA	NA	\$0
NA	NA	NA	\$0
NA	NA	NA	\$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
NA	NA	NA	\$0
NA	NA	NA	\$0
NA	NA	NA	\$0

4. How much cash do you and your spouse have? \$ 100

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
BMO Harris Bank	Checking	\$ -374.00	\$0
BMO Harris Bank	Savings	\$7.00	\$0
		\$	\$

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) \$0	(Value) \$0	(Value) \$0
NA	NA	Make and year:NA
		Model:NA
		Registration #:NA

Motor vehicle #2	Other assets	Other assets
(Value) \$0	(Value) \$0	(Value) \$0
Make and year:NA	NA	NA
Model:NA	NA	NA
Registration #:NA	NA	NA

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
NA	\$0	\$0

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

Name [or, if under 18, initials only]	Relationship	Age
J.R.	Daughter	16

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)	\$900	\$0
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)	\$370	\$0

Home maintenance (repairs and upkeep)	\$0	\$0
Food	\$300	\$0
Clothing	\$50	\$0
Laundry and dry-cleaning	\$100	\$0
Medical and dental expenses	\$0	\$0
Transportation (not including motor vehicle payments)	\$200	\$0
Recreation, entertainment, newspapers, magazines, etc.	\$150	\$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)	\$500	\$0
Other (specify):	\$0	\$0
Total monthly expenses:	\$2570.00	\$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?* [X] Yes [] No

If yes, how much? \$12,000.00

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

My income will drop to \$90 per month for the months of July and August, 2023 because the work I do being self-employed will decrease during that time.

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

I live in Chicago, Illinois.

Your daytime phone number: (312) 722-1420

Your age: 50 years old *Your years of schooling:* Bachelors Degree

Last four digits of your social-security number: 3929