

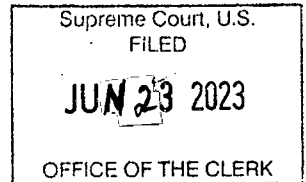
No. 23-5102

IN THE
SUPREME COURT OF THE UNITED STATES

Taiwo Onamuti — PETITIONER
(Your Name)

VS.

United States of America — 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):

United States Court of Appeals for the Seventh Circuit

☐ Petitioner has **not** previously been granted leave to proceed *in forma pauperis* in any other court.

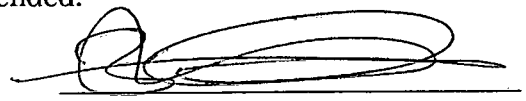
☒ Petitioner's affidavit or declaration in support of this motion is attached hereto.

☐ 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: _____

N/A, or

☐ a copy of the order of appointment is appended.


(Signature)

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

I, Taiwo Onamuti, 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	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Self-employment	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Income from real property (such as rental income)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Interest and dividends	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Gifts	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Alimony	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Child Support	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Retirement (such as social security, pensions, annuities, insurance)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Disability (such as social security, insurance payments)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Unemployment payments	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Public-assistance (such as welfare)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Other (specify): <u>N/A</u>	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Total monthly income:	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 0.00	\$ 0.00
Recreation, entertainment, newspapers, magazines, etc.	\$ 0.00	\$ 0.00
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ 0.00	\$ 0.00
Life	\$ 0.00	\$ 0.00
Health	\$ 0.00	\$ 0.00
Motor Vehicle	\$ 0.00	\$ 0.00
Other: N/A	\$ 0.00	\$ 0.00
Taxes (not deducted from wages or included in mortgage payments)		
(specify): N/A	\$ 0.00	\$ 0.00
Installment payments		
Motor Vehicle	\$ 0.00	\$ 0.00
Credit card(s)	\$ 0.00	\$ 0.00
Department store(s)	\$ 0.00	\$ 0.00
Other: N/A	\$ 0.00	\$ 0.00
Alimony, maintenance, and support paid to others	\$ 0.00	\$ 0.00
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0.00	\$ 0.00
Other (specify): N/A	\$ 0.00	\$ 0.00
Total monthly expenses:	\$ 0.00	\$ 0.00

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? 0

If yes, state the attorney's name, address, and telephone number:

N/A

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? 0

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 am incarcerated.

I am an informa pauperis inmate without any funds, and I am unable to pay the costs of this case.

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

Executed on: 06-23, 2023


(Signature)

Inmate Statement



Inmate Reg #:	69971019	Current Institution:	Coleman FCC
Inmate Name:	ONAMUTI, TAIWO	Housing Unit:	COM-C-A
Report Date:	06/21/2023	Living Quarters:	C01-019L
Report Time:	11:32:13 AM		

<u>Alpha Code</u>	<u>Date/Time</u>	<u>Reference#</u>	<u>Payment#</u>	<u>Receipt#</u>	<u>Transaction Type</u>	<u>Transaction Amount</u>	<u>Encumbrance Amount</u>	<u>Ending Balance</u>
COA	6/20/2023 7:57:30 PM	TL0620			TRUL Withdrawal	(\$30.00)		\$32.94
COA	6/20/2023 2:38:31 PM	37			Sales	(\$123.50)		\$62.94
COA	6/17/2023 6:07:50 PM	33323168			Western Union	\$100.00		\$186.44
COA	6/9/2023 11:28:24 AM	YFRP0623			FRP Quarterly Pymt	(\$25.00)		\$86.44
COA	6/8/2023 1:15:14 PM	2			Sales	(\$37.40)		\$111.44
COA	6/1/2023 3:59:31 PM	50			Sales	(\$47.20)		\$148.84
COA	5/18/2023 11:36:07 AM	13			Sales	(\$6.00)		\$196.04
COA	5/1/2023 10:08:55 AM	33323121			Western Union	\$200.00		\$202.04
COA	4/19/2023 9:14:22 PM	TL0419			TRUL Withdrawal	(\$30.00)		\$2.04
COA	4/19/2023 10:10:44 AM	TL0419			TRUL Withdrawal	(\$30.00)		\$32.04
COA	4/5/2023 1:19:22 PM	18			Sales	(\$24.90)		\$62.04
COA	4/5/2023 1:19:17 PM	17			Sales	\$0.00		\$86.94
COA	4/5/2023 6:57:46 AM	TL0405			TRUL Withdrawal	\$12.50		\$86.94
COA	4/5/2023 4:22:49 AM	TX040523			Transfer - In from TRUFACS	\$74.44		\$74.44

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Total Transactions: 14

Totals: \$32.94 \$0.00

Current Balances

<u>Alpha Code</u>	<u>Available Balance</u>	<u>Pre-Release Balance</u>	<u>Debt Encumbrance</u>	<u>SPO Encumbrance</u>	<u>Other Encumbrance</u>	<u>Outstanding Instruments</u>	<u>Administrative Holds</u>	<u>Account Balance</u>
COA	\$32.94	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$32.94
Totals:	\$32.94	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$32.94

Other Balances

<u>National 6 Months Deposits</u>	<u>National 6 Months Withdrawals</u>	<u>Natioanl 6 Months Avg Daily Balance</u>	<u>Local Max Balance - Prev 30 Days</u>	<u>Average Balance - Prev 30 Days</u>	<u>Commissary Restriction Start Date</u>	<u>Commissary Restriction End Date</u>
\$500.00	\$468.55	\$84.80	\$196.04	\$144.88	N/A	N/A