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No. 19-

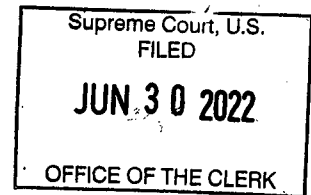
ORIGINAL

IN THE
Supreme Court of the United States

Arnes Becirovic
PETITIONER,

v.

State of Michigan
RESPONDENT.



ON PETITION FOR A WRIT OF CERTIORARI TO THE
UNITED STATES COURT OF APPEALS FOR THE **Federal circuit**

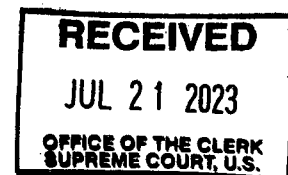
PETITION FOR WRIT OF CERTIORARI

MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

Pursuant to Supreme Court Rule 39, the Petitioner, **Arnes Becirovic** by and through his court-appointed attorneys, request that the Court grant him leave to proceed *in forma pauperis*. In support of this Motion, the Petitioner avers that:

I.

Petitioner is unable to afford the cost of representation in this matter.



II.

Petitioner proceeded below in the district court and on appeal with court-appointed counsel appointed pursuant to 18 U.S.C. § 3006A.

III.

Because of his continuing inability to afford counsel, and pursuant to 18 U.S.C. § 3006A, undersigned counsel represent the Petitioner in his petition before this Court.

WHEREFORE, the petitioner, **Arnes Becirovic**, , by and through undersigned counsel, respectfully requests that he 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 **1st**

Day of August 2023

Respectfully Submitted:

Arnes Becirovic
Signa Es Limited Liability company

/s/Arnes Becirovic
5913 Kiverton Ridge Dr
Grand Rapids, MI 49508
616-258-4973
email:signaes2@signaesllc.com

No. 19-_____

IN THE
Supreme Court of the United States

Arnes Becirovic

PETITIONER,

v.

State of Michigan

RESPONDENT.

ORDER REGARDING MOTION TO PROCEED
IN FORMA PAUPERIS ON WRIT

The court has considered the appellant's motion to proceed *in forma pauperis* on writ:

IT IS ORDERED that the motion be

_____Accepted Washington DC, this

_____1st day of Aug 2023

John Roberts

JUSTICE

CERTIFICATE OF SERVICE

I hereby certify that on this 1st day of August, 2023, I in paper format filed the foregoing with the Clerk of the Court for the United States Supreme Court. I further certify that on this day, I sent to this Court one copy (pursuant to Guidance Concerning Clerk's Office Operations, August 1, 2023) of the foregoing via mail Delivery Service. I further certify that, as required by Sup. Ct. R. 29(3), I

served one copy of the foregoing via electronic mail upon:

Gretchen Whitmer

Governor Gretchen Whitmer

P.O. Box 30013 Lansing, Michigan 48909

Gretchen.whitmer@michigan.gov

Dana Nessel

Attorney general state of Michigan

G. Mennen Williams Building

525 W. Ottawa Street P.O. Box 30212 Lansing, MI 48909 miag@michigan.gov

Counsel for respondents

/S/Arnes Becirovic

Arnes Becirovic

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

I, Arnes Becirovic, 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	\$ 1555.80	\$ _____	\$ 1555.80	\$ _____
Self-employment	\$ 0	\$ _____	\$ _____	\$ _____
Income from real property (such as rental income)	\$ 0.00	\$ _____	\$ _____	\$ _____
Interest and dividends	\$ 0.00	\$ _____	\$ _____	\$ _____
Gifts	\$ 0.00	\$ _____	\$ _____	\$ _____
Alimony	\$ 0.00	\$ _____	\$ _____	\$ _____
Child Support	\$ 0.00	\$ _____	\$ _____	\$ _____
Retirement (such as social security, pensions, annuities, insurance)	\$ 0.00	\$ _____	\$ _____	\$ _____
Disability (such as social security, insurance payments)	\$ 0.00	\$ _____	\$ _____	\$ _____
Unemployment payments	\$ 0.00	\$ _____	\$ _____	\$ _____
Public-assistance (such as welfare)	\$ 0.00	\$ _____	\$ _____	\$ _____
Other (specify): _____	\$ 0.00	\$ _____	\$ _____	\$ _____
Total monthly income:	\$ 1555.80	\$ _____	\$ _____	\$ _____

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
Faneuil inc	2 Eaton St # 1002, Hampton, VA 23669	05-10-2021	\$ 2500
			\$
			\$

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
N/A			\$
			\$
			\$

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
Charles Schwabb	Brokerage	\$ 187	\$
Vanguard	Brokerage	\$ 200	\$
		\$	\$

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

- | | |
|---|--|
| <input type="checkbox"/> Home
Value <u>N/A</u> | <input type="checkbox"/> Other real estate
Value _____ |
| <input type="checkbox"/> Motor Vehicle #1
Year, make & model <u>N/A</u>
Value _____ | <input type="checkbox"/> Motor Vehicle #2
Year, make & model _____
Value _____ |
| <input type="checkbox"/> Other assets
Description <u>N/A</u>
Value _____ | |

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
N/A	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

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

Name	Relationship	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)	\$ 500	\$ _____
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)	\$ 50.00	\$ _____
Home maintenance (repairs and upkeep)	\$ 0.0	\$ _____
Food	\$ 150.00	\$ _____
Clothing	\$ 100.00	\$ _____
Laundry and dry-cleaning	\$ 0.00	\$ _____
Medical and dental expenses	\$ 0.00	\$ _____

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 0.00	\$ _____
Recreation, entertainment, newspapers, magazines, etc.	\$ 0.00	\$ _____
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ 0.00	\$ _____
Life	\$ 0.00	\$ _____
Health	\$ 0.00	\$ _____
Motor Vehicle	\$ 236.20	\$ _____
Other: _____	\$ 0.00	\$ _____
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ _____	\$ _____
Installment payments		
Motor Vehicle	\$ 0.00	\$ _____
Credit card(s)	\$ 0.00	\$ _____
Department store(s)	\$ 0.00	\$ _____
Other: _____	\$ 0.00	\$ _____
Alimony, maintenance, and support paid to others	\$ 0.00	\$ _____
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0.00	\$ _____
Other (specify): _____	\$ 0.00	\$ _____
Total monthly expenses:	\$ 1036.20	\$ _____

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:

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:

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

I am seeking to proceed in forma pauperis to save costs.

Type your text

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

Executed on: August 1, 2023

Type your text

/Arnes Becirovic/

(Signature)