

23-5346
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Supreme Court, U.S.
FILED
JUL 07 2023
OFFICE OF THE CLERK

ORIGINAL

IN THE
SUPREME COURT OF THE UNITED STATES

MARCREASE DELANCE FARMER — PETITIONER
(Your Name)

VS.

UNITED STATES OF AMERICA — RESPONDENT(S)

MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS ①

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):

- ① UNITED STATES COURT OF APPEALS FOR THE 8TH CIRCUIT
- ② U.S. D. CT. EASTERN DISTRICT OF MISSOURI
CAPE GIRARDEAU DIVISION - GRANTED PUBLIC DEFENDER

☐ 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: _____

☐ a copy of the order of appointment is appended.

① 28 U.S.C. § 1746 - Rule 39

Marcrease Farmer
(Signature)
MARCREASE FARMER AFFRANT
IN PRO SE / PETITIONER

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

I, MARCEASE D. FARMER, 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.

<u>Income source</u>	<u>Average monthly amount during the past 12 months</u>		<u>Amount expected next month</u>	
	You	Spouse	You	Spouse
Employment	\$ <u>25.00</u>	\$ <u>N/A</u>	\$ <u>25.00</u>	\$ <u>N/A</u>
Self-employment	\$ <u>0</u>	\$ <u></u>	\$ <u>0</u>	\$ <u></u>
Income from real property (such as rental income)	\$ <u>0</u>	\$ <u></u>	\$ <u>0</u>	\$ <u></u>
Interest and dividends	\$ <u>0</u>	\$ <u></u>	\$ <u>0</u>	\$ <u></u>
Gifts	\$ <u>0</u>	\$ <u></u>	\$ <u>0</u>	\$ <u></u>
Alimony	\$ <u>0</u>	\$ <u></u>	\$ <u>0</u>	\$ <u></u>
Child Support	\$ <u>0</u>	\$ <u></u>	\$ <u>0</u>	\$ <u></u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0</u>	\$ <u></u>	\$ <u>0</u>	\$ <u></u>
Disability (such as social security, insurance payments)	\$ <u>0</u>	\$ <u></u>	\$ <u>0</u>	\$ <u></u>
Unemployment payments	\$ <u>0</u>	\$ <u></u>	\$ <u>0</u>	\$ <u></u>
Public-assistance (such as welfare)	\$ <u>0</u>	\$ <u></u>	\$ <u>0</u>	\$ <u></u>
Other (specify): <u></u>	\$ <u>0</u>	\$ <u></u>	\$ <u>0</u>	\$ <u></u>
Total monthly income:	\$ <u>25.00</u>	\$ <u></u>	\$ <u>25.00</u>	\$ <u></u>

2. List your employment history for the past two years, most recent first. (Gross monthly pay is before taxes or other deductions.)

<u>Employer</u>	<u>Address</u>	<u>Dates of Employment</u>	<u>Gross monthly pay</u>
FEDERAL BUREAU OF PRISONS			\$ 25.00
FCC YAZOO CITY MEDIUM U.S.P.			\$
P.O. BOX 5666		SINCE BEING	\$
YAZOO CITY, MS 39194		INCARCERATED	\$

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.)

<u>Employer</u>	<u>Address</u>	<u>Dates of Employment</u>	<u>Gross monthly pay</u>
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.

<u>Type of account (e.g., checking or savings)</u>	<u>Amount you have</u>	<u>Amount your spouse has</u>
NONE	\$ 0	\$ N/A
	\$	\$
	\$	\$

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>NONE</u>	<input type="checkbox"/> Other real estate Value <u>NONE</u>
<input type="checkbox"/> Motor Vehicle #1 Year, make & model <u>NONE</u> Value _____	<input type="checkbox"/> Motor Vehicle #2 Year, make & model <u>NONE</u> Value _____
<input type="checkbox"/> Other assets Description <u>NONE</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

NONE

Amount owed to you

\$ 0

\$ _____

\$ _____

Amount owed to your spouse

\$ N/A

\$ _____

\$ _____

7. State the persons who rely on you or your spouse for support. For minor children, list initials instead of names (e.g. "J.S." instead of "John Smith").

Name

NONE

Relationship

Age

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)

N/A

\$ 0

\$ N/A

Are real estate taxes included? ☐ Yes ☐ No

Is property insurance included? ☐ Yes ☐ No

Utilities (electricity, heating fuel,
water, sewer, and telephone)

\$ 0

\$ _____

Home maintenance (repairs and upkeep)

\$ 0

\$ _____

Food

\$ 0

\$ _____

Clothing

\$ 0

\$ _____

Laundry and dry-cleaning

\$ 0

\$ _____

Medical and dental expenses

\$ 2.00

\$ _____

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 0	\$ N/A
Recreation, entertainment, newspapers, magazines, etc.	\$ 0	\$
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ 0	\$
Life	\$ 0	\$
Health	\$ 0	\$
Motor Vehicle	\$ 0	\$
Other: _____	\$ 0	\$
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ 0	\$
Installment payments		
Motor Vehicle	\$ 0	\$
Credit card(s)	\$ 0	\$
Department store(s)	\$ 0	\$
Other: _____	\$ 0	\$
Alimony, maintenance, and support paid to others	\$ 0	\$
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0	\$
Other (specify): <u>POSTAGE/PHONECALLS/E-MAILS</u>	\$ <u>100.00</u>	\$
<u>Total monthly expenses:</u>	\$ <u><u>102.00</u></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? 0 (IN PRO SE) ②

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? (IN PRO SE) 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.

DUE TO MY INCARCERATION I HAVE LOST EVERY
THING I OWN AND THEREFORE CANNOT AFFORD
ANY FINES/FEES ASSOCIATED WITH THIS WRIT
OF HABEAS CORPUS

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

Executed on: JUNE 30, , 2023

② SEE HAINES v. KERNER, 404 U.S.
519, 520-21 (1972)

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Marcelle Farmer
(Signature)
MARCELE Farmer
IN PRO SE/PETITIONER
AFFIANT

No. _____

IN THE

SUPREME COURT OF THE UNITED STATES

MARCREASE DELANCE FARMER

— PETITIONER

(Your Name)

vs.

UNITED STATES OF AMERICA

— RESPONDENT(S)

ON PETITION FOR A WRIT OF CERTIORARI TO

EIGHTH CIRCUIT COURT OF APPEALS

(NAME OF COURT THAT LAST RULED ON MERITS OF YOUR CASE)

PETITION FOR WRIT OF CERTIORARI

MARCREASE DELANCE FARMER

(Your Name)

REG. NO. 40764-044

FCC-YAZOO CITY MEDIUM U.S.P.

(Address)

P.O. Box 5000

YAZOO CITY, MS 39194-5000

(City, State, Zip Code)

N/A

(Phone Number)