

23-5401

No. _____

ORIGINAL

IN THE

SUPREME COURT OF THE UNITED STATES

#433850 Rayshaun J. Christmas, A.K.A. Rayshawn J. Christmas

Petitioner

FILED

MAY 29 2023

OFFICE OF THE CLERK
SUPREME COURT, U.S.

VS.

Mr. Ware Sargent of extended lock-down et. al., Ms. Gaines Major Assistance to Disciplinary Board officer, Mr. Brock Warden, Mr. Guerin Warden of extended lock-down, John Bel Edwards Governor of Louisiana, Ms. Alexia Carey Social worker, Mr. Timothy Hooper Warden, Ms. Fleming Psychiatric, Ms. Clara H. Head Social worker, James LeBlanc Secretary through States Louisiana Department of Public Safety and correction services, Jeff Landry Louisiana Attorney General, 1885 N. 3rd St. P.O. Box 94005, Baton Rouge, La. 70804-0005, (225-342-7015) Email: _____, Phone: 225-326-6070, FAX: 225-326-6797, Website: agjefflandry.com, E-mail: constituentservices, @ag.state.la., GovernorJohnBelEdwards@od.louisianagov) CORRECTIONS OFFICER AT LOUISIANA
DEPARTMENT OF CORRECTIONS INDIVIDUALS IN THEIR OFFICIAL CAPACITIES et. al. DEFENDANTS-APPELLEE Respondent

MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

The Petitioner asks leave to file the attached petition for writ of certiorari without prepayment of costs and to proceed in forma pauperis.

[X] Petitioner has previously been granted leave to proceed in forma pauperis in the following court(s):

United States District Court Western District of Louisiana Alexandria No. #1:13-CV-02595-TS-JDK

United States District Court Western District of Louisiana Alexandria No. #1:17-CV-0587-DDD-PM

United States District Court Western District of Louisiana Shreveport No. #5:19-CV-0629-TAD-MLH

United States District Court Middle District of Louisiana Baton Rouge Division No. #21-439-BAJ-EWD

In this Supreme Court of the U.S. Rayshawn Christmas.Aka.Rayshaun J. Christmas v. Jeff Jackson, et al No.21-6947 petition for a Writ of Certiorari was filed on January 3, 2022, and placed on the docket January 24, 2022. United States 5th Circuit Court of Appeals #22-30273)(20-30598)(20-30276)(21-30333)(21-30285) General Order No#2019-4093-1) In this Supreme Court of the U.S. Petition for rehearing No: 21-6947)

The application for leave to proceed in forma pauperis on Appeal Pursuant to 28 USC § 1915 id granted on November 11, 2020 No #20-30598.

The application for leave to proceed in forma pauperis on Appeal Pursuant to 28 USC § 1915 id granted on July 20, 2021 No.#21-30285

The application for leave to proceed in forma pauperis on Appeal for the Trial Pursuant to 19th Judicial District Court Parish of East Baton Rouge of Louisiana Granted on January 11, 2018 No>#653-728

[] 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: _____

BY: PRO-SE LITIGATION Rayshaun J. Christmas
DOC#433850 #433850 Rayshawn J. Christmas

#0

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

RAYSHAUN J. CHRISTMAS aka

I, RAYSHAUN J. CHRISTMAS #433850, 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>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>
Self-employment	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>
Income from real property (such as rental income)	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>
Interest and dividends	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>
Gifts	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>
Alimony	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>
Child Support	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>
Disability (such as social security, insurance payments)	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>
Unemployment payments	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>
Public-assistance (such as welfare)	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>
Other (specify): <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>
Total monthly income:	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</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
N/A	N/A	N/A	\$ N/A 0
N/A	N/A	N/A	\$ N/A 0
N/A	N/A	N/A	\$ N/A 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
N/A	N/A	N/A	\$ N/A 0
N/A	N/A	N/A	\$ N/A 0
N/A	N/A	N/A	\$ N/A 0

4. How much cash do you and your spouse have? \$ _____
Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Type of account (e.g., checking or savings)	Amount you have	Amount your spouse has
N/A	\$ N/A	\$ N/A
N/A	\$ N/A	\$ N/A
N/A	\$ N/A	\$ 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>N/A</u>	<input type="checkbox"/> Other real estate Value <u>N/A</u>
<input type="checkbox"/> Motor Vehicle #1 Year, make & model <u>N/A</u> Value <u>N/A</u>	<input type="checkbox"/> Motor Vehicle #2 Year, make & model <u>N/A</u> Value <u>N/A</u>
<input type="checkbox"/> Other assets Description <u>N/A</u> Value <u>N/A</u>	

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 0

\$ N/A 0

\$ N/A 0

N/A 0

\$ N/A 0

\$ N/A 0

N/A 0

\$ N/A 0

\$ N/A 0

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

Relationship

Age

MS JESSICA N. CHRISTMAS

Sister

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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 0

Are real estate taxes included? ☐ Yes ☒ No

Is property insurance included? ☐ Yes ☒ No

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

\$ N/A 0

\$ N/A 0

Home maintenance (repairs and upkeep)

\$ N/A 0

\$ N/A 0

Food

\$ N/A 0

\$ N/A 0

Clothing

\$ N/A 0

\$ N/A 0

Laundry and dry-cleaning

\$ N/A 0

\$ N/A 0

Medical and dental expenses

\$ N/A 0

\$ N/A 0

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

See Attached

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? *N/A* ϕ

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? *N/A*

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.

See Attached

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

Executed on: *AUGUST # 8 2023*, 20__

BY: PRO-SC LITIGATION ROY SHAWN J.
Christmas a.k.a. Roy Shawn J. Christmas #433850
(Signature)

line 1 fmt 0 r1 - shft hld chrs hld ln (-1)RESULT
.DATE

E000650

* LSP	TRANSM.	TRANSM	T.	AMOUNT	AMOUNT	TRANSACTION DESCRIPTION	POST
*NUMBER	NUMBER.	DATE	.Y.	DEPOSIT	WITHDRAWL	DATE	DATE
433850	0V88AE	03/31/23	D		20.00	51COCOURT ORDER	230331
433850	0V88AE	03/31/23	D		4.18	51mcMEDICAL CO-PAY	230331
433850	0V88AE	03/31/23	D		3.00	51mcMEDICAL CO-PAY	230331
433850	0V88AE	03/31/23	D		5.00	51mcMEDICAL CO-PAY	230331
433850	0V88AE	03/31/23	D		5.00	51MCMEDICAL CO-PAY	230331
433850	0V88AE	03/31/23	D		3.00	51MCMEDICAL CO-PAY	230331
433850	0V88AE	03/31/23	D		3.00	51mcMEDICAL CO-PAY	230331
433850	0V88AE	03/31/23	D		6.82	51IGIND GEN SUPP	230331
433850	J088DP	03/29/23	D	50.00		67JESSICA CHRISTMAS	230331 442
433850	J088DP	03/29/23	R	50.00		67JESSICA CHRISTMAS	230331 443

..... END REPORT

< NO CANTEEN INFORMATION FOUND FOR DOC 433850 .TRANSMIT AGAIN TO CONTINUE >>
TRANSACTION INQUIRY BY DOC NUMBER

DOC NUMBER : 433850

INQUIRE FROM : 10 / 01 / 22 TO : 12 / 31 / 22
MM DD YY MM DD YY

TRANSACTION LOG : 0 0=ALL LOGS
1=CANTEEN SALES
2=INCENTIVE PAY
3=PF40 REQUEST
4=PF30 REQUEST

TRANSMIT FROM HERE: (ENTER X TO CANCEL FUNCTION)

STATEMENT OF ACCOUNT
(Certified Institutional Equivalent)

I hereby certify that Rayshawn Christmas inmate number 433850
the plaintiff herein has the following sums of money on account to his credit at _____
LSP the institution where he is confined:

Prison Drawing Account: \$ -0-

Prison Savings Account: \$ 0-

A. Cash _____

B. Bonds _____

I further certify that the average monthly deposits for the preceding six months is
\$ 16.66

(The average monthly deposits are to be determined by adding the deposits made during a given month and dividing that total by the number of deposits made during that month. This is repeated for each of the six months. The average from each of the six months are to be added together and the total is to be divided by six.)

I further certify that the average monthly balance for the preceding six months is
\$ 0

(The average monthly balance is to be determined by adding the deposits made during a given month and dividing that total by the number of deposits made during that month. This is repeated for each of the six months. The balance from each of the six months are to be added together and the total is to be divided by six.)

Date Certified

Sandra Ross
Signature of Authorized Officer of Institution

DATE

APR 04 2023

CERTIFIED