

No. **23-5548**

ORIGINAL

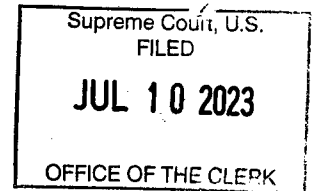
IN THE

SUPREME COURT OF THE UNITED STATES

CHRISTIAN R. AGUIRRE-HODGE -- PETITIONER

VS.

CHARLES E. LARSON, M.D., --RESPONDENT



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.

The petitioner further requests this Court to issue an order directing The Wisconsin Department of Corrections (New Lisbon Correctional Institution) to deduct any and all related costs from Petitioners release account.

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

1. United States Court of Appeals for The Seventh Circuit. Case No. 22-2677.
2. United States District Court Western District of Wisconsin. Case No. 18-CV-995.

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

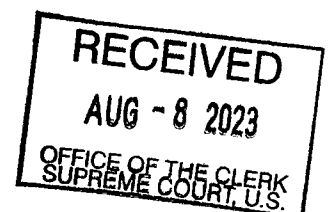
X

CHRISTIAN R. AGUIRRE-HODGE #558038

NEW LISBON CORRECTIONAL INSTITUTION

P.O. BOX 2000

NEW LISBON, WISCONSIN 53950-2000



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
NA	—	—	\$ 0.00
NA	—	—	\$ 0.00
NA	—	—	\$ 0.00

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	—	—	\$ 0.00
NA	—	—	\$ 0.00
NA	—	—	\$ 0.00

4. How much cash do you and your spouse have? \$ 0.00
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
NA	\$ 0.00	\$ 0.00
NA	\$ 0.00	\$ 0.00
NA	\$ 0.00	\$ 0.00

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

☐ Home
Value N/A

☐ Other real estate
Value N/A

☐ Motor Vehicle #1
Year, make & model N/A
Value N/A

☐ Motor Vehicle #2
Year, make & model N/A
Value N/A

☐ Other assets
Description N/A
Value N/A

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
<u>N/A</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
<u>N/A</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
<u>N/A</u>	\$ <u>0.00</u>	\$ <u>0.00</u>

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
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

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)	\$ <u>0.00</u>	\$ <u>N/A</u>
Are real estate taxes included? ☐ Yes ☐ No		
Is property insurance included? ☐ Yes ☐ No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <u>0.00</u>	\$ <u>N/A</u>
Home maintenance (repairs and upkeep)	\$ <u>0.00</u>	\$ <u>N/A</u>
Food	\$ <u>0.00</u>	\$ <u>N/A</u>
Clothing	\$ <u>0.00</u>	\$ <u>N/A</u>
Laundry and dry-cleaning	\$ <u>0.00</u>	\$ <u>N/A</u>
Medical and dental expenses	\$ <u>0.00</u>	\$ <u>N/A</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? _____

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:

N/A

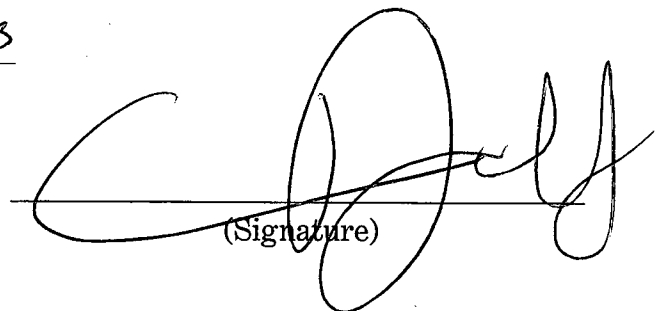
12. Provide any other information that will help explain why you cannot pay the costs of this case.

I AM CURRENTLY INCARCERATED. I have been incarcerated since 2009 and I am scheduled to be released in 2029.

I do not have a institution job as a result of my visual impairment. I only get \$4.00 biweekly.

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

Executed on: May 12th, 2023


(Signature)