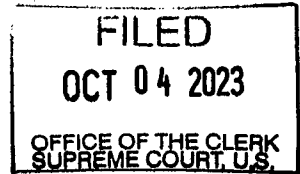


23-5775
No. _____

ORIGINAL

IN THE
SUPREME COURT OF THE UNITED STATES



SUVAD DARADAGAN — PETITIONER
(Your Name)

VS.

KWAME RAOUL — 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):

Will County Circuit Court, Twelfth Judicial District, State of Illinois;

Case: Dardagan v. Nicholson, 19 MR 1996 (2019) (Civil) (Continue next page)

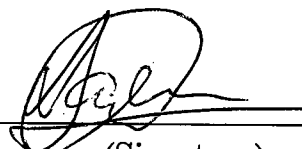
☐ Petitioner has **not** previously been granted leave to proceed *in forma pauperis* in any other court.

☒ 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: _____, or

☐ a copy of the order of appointment is appended.


(Signature)

((CONTINUATION))

Petitionr has been previously granted leave to proceed in forma pauperis in the following courts:

- The Appellate Court of Illinois, Third Judicial District;

Case: Dardagan v. Nicholson, 2022 IL App (3d) 210313-U;

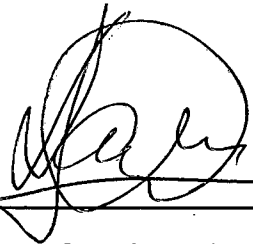
- The Supreme Court of Illinois;

Case: Dardagan v. Nicholson, 2023 IL 129383 (2023);

- The United States District Court,

Northern District of Illinois, Eastern Division;

Case: Dardagan v. Hammers, 21-cv-1317 (2021)

/s/ 

Suvad Dardagan

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

I, Suvad Dardagan, 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	\$ 0	\$ 0	\$ 0
Self-employment	\$ 0	\$ 0	\$ 0	\$ 0
Income from real property (such as rental income)	\$ 0	\$ 0	\$ 0	\$ 0
Interest and dividends	\$ 0	\$ 0	\$ 0	\$ 0
Gifts	\$ 0	\$ 0	\$ 0	\$ 0
Alimony	\$ 0	\$ 0	\$ 0	\$ 0
Child Support	\$ 0	\$ 0	\$ 0	\$ 0
Retirement (such as social security, pensions, annuities, insurance)	\$ 0	\$ 0	\$ 0	\$ 0
Disability (such as social security, insurance payments)	\$ 0	\$ 0	\$ 0	\$ 0
Unemployment payments	\$ 0	\$ 0	\$ 0	\$ 0
Public-assistance (such as welfare)	\$ 0	\$ 0	\$ 0	\$ 0
Other (specify): <u>State-pay</u>	\$ 13.00	\$ 0	\$ 13.00	\$ 0
Total monthly income:	\$ 156.00	\$ 0	\$ N/A	\$ 0

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
NONE	N/A	N/A	\$ N/A
			\$
			\$

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.

Type of account (e.g., checking or savings)	Amount you have	Amount your spouse has
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.

☐ Home
Value 0

☐ Other real estate
Value 0

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

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

☐ Other assets
Description NONE
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>0</u>	\$ <u>0</u>	\$ <u>N/A</u>
<u> </u>	\$ <u> </u>	\$ <u> </u>
<u> </u>	\$ <u> </u>	\$ <u> </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>NONE</u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </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</u>	\$ <u>N/A</u>
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)	\$ <u>0</u>	\$ <u>N/A</u>
Home maintenance (repairs and upkeep)	\$ <u>0</u>	\$ <u>N/A</u>
Food	\$ <u>0</u>	\$ <u>N/A</u>
Clothing	\$ <u>0</u>	\$ <u>N/A</u>
Laundry and dry-cleaning	\$ <u>0</u>	\$ <u>N/A</u>
Medical and dental expenses	\$ <u>0</u>	\$ <u>N/A</u>

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

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? _____

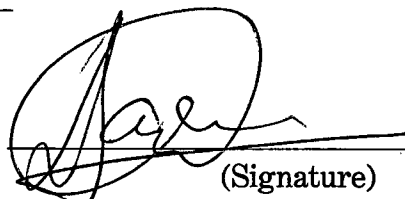
If yes, state the person's name, address, and telephone number:

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

I am not employed due to my incarceration.

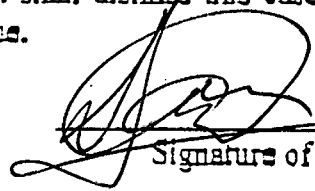
I declare under penalty of perjury that the foregoing is true and correct.

Executed on: _____ October 2, 2023


(Signature)

I declare under penalty of perjury that the above information is true and correct. I understand that 28 U.S.C. § 1915(e)(2)(A) states that the court shall dismiss this case at any time if the court determines that my allegation of poverty is untrue.

Date: _____


Signature of Applicant

SUVAL DARDAGAN
(Print Name)

NOTICE TO PRISONERS: In addition to the Certificate below, a prisoner must also attach a print-out from the institution(s) where he or she has been in custody during the last six months showing all receipts, expenditures and balances in the prisoner's prison or jail trust fund accounts during that period. Because the law requires information as to such accounts covering a full six months before you have filed your lawsuit, you must attach a sheet covering transactions in your own account - prepared by each institution where you have been in custody during that six-month period. As already stated, you must also have the Certificate below completed by an authorized officer at each institution.

CERTIFICATE

(Incarcerated applicants only)

(To be completed by the institution of incarceration)

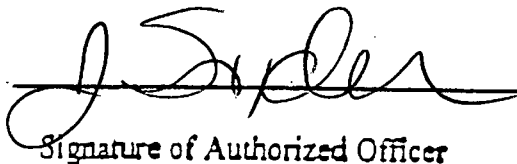
I certify that the applicant named herein, Suval Dardagan, I.D.# R20682, has the sum of \$ 17.52 on account to his/her credit at (name of institution)

Western IL Corr Center

I further certify that the applicant has the following securities to his/her credit: N/A. I further certify that during the past six months the applicant's average monthly deposit was \$ 91.40. (Add all deposits from all sources and then divide by number of months).

8.4.23

Date


Signature of Authorized Officer

J. Snyder
(Print Name)

Date: 8/3/2023

Time: 3:48pm

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Western Illinois Correctional Center

Trust Fund

View Transactions

Page 1

Inmate: R20682 Dardagan, Suvad

Housing Unit: WIL-04-C -26

Date	Source	Transaction Type	Batch	Reference #	Description	Amount	Balance
Beginning Balance:							72.18
02/03/23	Disbursements	84 Library	0343169	Chk #160674	52173, DOC: 523 Fund, 01/27/2023	Inv. Date: -.10	72.08
02/03/23	Disbursements	84 Library	0343169	Chk #160674	52205, DOC: 523 Fund, 01/31/2023	Inv. Date: -.40	71.68
02/08/23	Disbursements	84 Library	0393209	Chk #160753	52353, DOC: 523 Fund, 02/07/2023	Inv. Date: -13.80	57.88
02/08/23	Disbursements	81 Legal Postage	0393209	Chk #160758	52384, Reserve Accou, 02/08/2023	Inv. Date: -2.94	54.94
02/08/23	Disbursements	81 Legal Postage	0393209	Chk #160758	52384, Reserve Accou, 02/08/2023	Inv. Date: -3.18	51.76
02/14/23	Disbursements	84 Library	0453169	Chk #160824	52391, DOC: 523 Fund, 02/08/2023	Inv. Date: -2.10	49.66
02/14/23	Payroll	20 Payroll Adjustment	0451208		P/R month of 1 2023	12.76	62.42
02/17/23	Mail Room	15 JPAY	048200	153303019	Wruble, Scott	100.00	162.42
02/21/23	Disbursements	84 Library	0523192	Chk #160924	52492, DOC: 523 Fund, 02/15/2023	Inv. Date: -3.00	159.42
02/21/23	Disbursements	84 Library	0523192	Chk #160924	52500, DOC: 523 Fund, 02/15/2023	Inv. Date: -2.70	156.72
02/21/23	Disbursements	84 Library	0523192	Chk #160924	52589, DOC: 523 Fund, 02/17/2023	Inv. Date: -3.30	153.42
02/21/23	Disbursements	81 Legal Postage	0523192	Chk #160943	52495, Reserve Accou, 02/15/2023	Inv. Date: -1.74	151.68
02/21/23	Disbursements	81 Legal Postage	0523192	Chk #160943	52495, Reserve Accou, 02/15/2023	Inv. Date: -1.74	149.94
02/28/23	Disbursements	84 Library	0593192	Chk #161075	52636, DOC: 523 Fund, 02/22/2023	Inv. Date: -8.70	141.24
02/28/23	Disbursements	84 Library	0593192	Chk #161075	52666, DOC: 523 Fund, 02/24/2023	Inv. Date: -13.90	127.34
02/28/23	Disbursements	81 Legal Postage	0593192	Chk #161083	52765, Reserve Accou, 02/27/2023	Inv. Date: -4.14	123.20
03/01/23	Mail Room	10 Western Union	060200	5145007631	Stephens, Courtlan	42.00	165.20
03/01/23	Point of Sale	60 Commissary	0607210	1119034	Commissary	-116.85	48.35
03/08/23	Payroll	20 Payroll Adjustment	0671208		P/R month of 2 2023	12.32	60.67
03/10/23	Disbursements	84 Library	0693192	Chk #161319	52783, DOC: 523 Fund, 02/28/2023	Inv. Date: -.90	59.77
03/10/23	Disbursements	84 Library	0693192	Chk #161319	52938, DOC: 523 Fund, 03/06/2023	Inv. Date: -2.40	57.37
03/10/23	Disbursements	81 Legal Postage	0693192	Chk #161328	52947, Reserve Accou, 03/07/2023	Inv. Date: -1.98	55.39
03/10/23	Disbursements	81 Legal Postage	0693192	Chk #161328	52947, Reserve Accou, 03/07/2023	Inv. Date: -1.98	53.41
03/15/23	Disbursements	84 Library	0743192	Chk #161372	53132, DOC: 523 Fund, 03/14/2023	Inv. Date: -3.70	49.71
03/24/23	Disbursements	84 Library	0833192	Chk #161556	53208, DOC: 523 Fund, 03/15/2023	Inv. Date: -.80	48.91
03/24/23	Disbursements	84 Library	0833192	Chk #161556	53272, DOC: 523 Fund, 03/20/2023	Inv. Date: -.20	48.71
03/27/23	Point of Sale	60 Commissary	0867217	1121116	Commissary	-45.84	2.87
04/12/23	Payroll	20 Payroll Adjustment	1021208		P/R month of 3 2023	13.00	15.87
04/13/23	Mail Room	10 Western Union	103200	1864890005	Jelks, Harmon	30.00	45.87
04/14/23	Point of Sale	60 Commissary	1047217	1122576	Commissary	.00	45.87
04/17/23	Point of Sale	60 Commissary	1077196	1122814	Commissary	-28.36	17.51
04/28/23	Mail Room	15 JPAY	118200	155976817	Wruble, Scott	100.00	117.51
05/05/23	Disbursements	84 Library	1253192	Chk #162415	54328, DOC: 523 Fund, 05/02/2023	Inv. Date: -20.70	96.81
05/05/23	Disbursements	84 Library	1253192	Chk #162415	54328, DOC: 523 Fund, 05/02/2023	Inv. Date: -4.80	92.01

Date: 8/3/2023

Time: 3:48pm

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Western Illinois Correctional Center Trust Fund

Page 2

View Transactions

Inmate: R20682 Dardagan, Suvad

Housing Unit: WIL-04-C -26

Date	Source	Transaction Type	Batch	Reference #	Description	Amount	Balance
05/05/23	Disbursements	84 Library	1253192	Chk #162415	54338, DOC: 523 Fund, Inv. Date: 05/03/2023	-.60	91.41
05/12/23	Payroll	20 Payroll Adjustment	1321208		P/R month of 4 2023	13.00	104.41
05/16/23	Point of Sale	60 Commissary	1367217	1125689	Commissary	-94.63	9.78
05/24/23	Disbursements	84 Library	1443192	Chk #162766	54691, DOC: 523 Fund, Inv. Date: 05/17/2023	-.70	9.08
05/24/23	Disbursements	84 Library	1443192	Chk #162766	54728, DOC: 523 Fund, Inv. Date: 05/19/2023	-1.40	7.68
06/09/23	Disbursements	81 Legal Postage	1603192	Chk #162990	055050, Reserve Acco, Inv. Date: 06/07/2023	-1.50	6.18
06/09/23	Payroll	20 Payroll Adjustment	1601208		P/R month of 5 2023	12.32	18.50
06/13/23	Point of Sale	60 Commissary	1647196	1127791	Commissary	-14.46	4.04
06/14/23	Mail Room	15 JPAY	165200	157775129	Haskovic, Senad	100.00	104.04
06/16/23	Disbursements	84 Library	1673192	Chk #163069	55112, DOC: 523 Fund, Inv. Date: 06/09/2023	-3.10	100.94
06/23/23	Disbursements	84 Library	1743192	Chk #163173	55301, DOC: 523 Fund, Inv. Date: 06/23/2023	-3.30	97.64
06/30/23	Disbursements	81 Legal Postage	1813192	Chk #163332	55348, Reserve Accou, Inv. Date: 06/26/2023	-1.50	96.14
07/07/23	Disbursements	84 Library	1883192	Chk #163380	55491, DOC: 523 Fund, Inv. Date: 07/03/2023	-2.90	93.24
07/07/23	Payroll	20 Payroll Adjustment	1881208		P/R month of 6 2023	13.00	106.24
07/10/23	Disbursements	88 Headphone Repair	1913192	Chk #163393	55586, Koss Corporat, Inv. Date: 07/10/2023	-9.00	97.24
07/11/23	Mail Room	15 JPAY	192200	158779067	Wruble, Scott	100.00	197.24
07/12/23	Point of Sale	60 Commissary	1937196	1129860	Commissary	-164.12	33.12
07/14/23	Disbursements	84 Library	1953209	Chk #163544	55664, DOC: 523 Fund, Inv. Date: 07/11/2023	-5.30	27.82
07/14/23	Disbursements	84 Library	1953209	Chk #163544	55733, DOC: 523 Fund, Inv. Date: 07/13/2023	-.70	27.12
07/21/23	Disbursements	80 Postage	2023192	Chk #163620	55760, Reserve Accou, Inv. Date: 07/18/2023	-6.30	20.82
07/28/23	Disbursements	84 Library	2093209	Chk #163734	55840, DOC: 523 Fund, Inv. Date: 07/24/2023	-.30	20.52
07/28/23	Disbursements	84 Library	2093209	Chk #163734	55876, DOC: 523 Fund, Inv. Date: 07/24/2023	-.50	20.02
07/28/23	Disbursements	84 Library	2093209	Chk #163734	55877, DOC: 523 Fund, Inv. Date: 07/24/2023	-.80	19.22
07/28/23	Disbursements	84 Library	2093209	Chk #163734	55885, DOC: 523 Fund, Inv. Date: 07/25/2023	-.50	18.72

Total Inmate Funds: 18.72

Less Funds Held For Orders: .00

Less Funds Restricted: 1.20

Funds Available: 17.52

Total Furloughs: .00

Total Voluntary Restitutions: .00

0.*

12.76+

100.00+

42.00+

12.32+

13.00+

30.00+

100.00+

13.00+

12.32+

100.00+

13.00+

100.00+

548.40*

548.40÷1

6.=

91.40*

012

CERTIFICATE OF COMPLIANCE

No.

DARDAGAN, Suvad,

Petitioner,

v.


RAOUL, Kwame,

Respondent.

As required by Supreme Court Rule 33 1(h), I certify that the petition for a writ of certiorary contains 4890 words, excluding the parts of the petition that are exempted by Supreme Court Rule 33.1(d).

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

Executed on October 2, 2023.

A handwritten signature in black ink, appearing to be 'Suvad', is written over a horizontal line.

Petitioner, Suvad Dardagan.