

23-5874 ORIGINAL

No. 20-7568

FILED
MAY 24 2023

OFFICE OF THE CLERK
SUPREME COURT, U.S.

IN THE

SUPREME COURT OF THE UNITED STATES

L.E. Paul Coffey — PETITIONER
(Your Name)

VS.

State of South Carolina — RESPONDENT(S)

MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

The petitioner asks leave to file the attached petition for a writ of ~~certiorari~~ ^{Mandamus} 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):

1:20-cv-6, 20-2311 (7th Circuit)

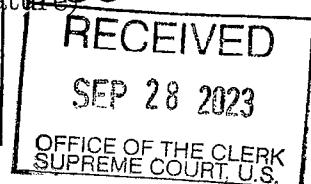
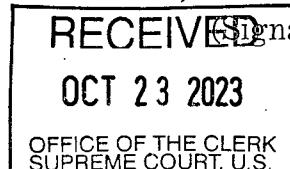
Petitioner has **not** previously been granted leave to proceed *in forma pauperis* in any other court.

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.



JURAT WITH AFFIANT STATEMENT

State of Indiana } ss.
County of Marion

- See Attached Document (Notary to cross out lines 1-7 below)
 See Statement Below (Lines 1-7 to be completed only by document signer[s], not Notary)
- ~~Line 1~~
~~Line 2~~
~~Line 3~~
~~Line 4~~
~~Line 5~~
~~Line 6~~
~~Line 7~~

Signature of Document Signer No. 2 (if any)

Subscribed and sworn to (or affirmed) before me

this 25th day of September, 2023, by

Date

Month

Year

Name of Signer No. 1

SAM LOPEZ
Notary Public - Seal
Marion County - State of Indiana
Commission Number NP0736299
My Commission Expires Sep 20, 2029

Place Notary Seal/Stamp Above

Name of Signer No. 2 (if any)

Signature of Notary Public

Sep 20, 2029

Any Other Required Information
(Residence, Expiration Date, etc.)

OPTIONAL

This section is required for notarizations performed in Arizona but is optional in other states. Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: No. 20-7568, Motion for Leave to proceed
in forma pauperis

Document Date: _____ Number of Pages: 1

Signer(s) Other Than Named Above: _____

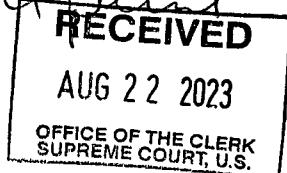
**AFFIDAVIT OR DECLARATION
IN SUPPORT OF MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS***

I, _____, 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	\$ 2000 ⁰⁰	\$ 0	\$ 2000 ⁰⁰	\$ 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): _____	\$ 0	\$ 0	\$ 0	\$ 0
Total monthly income:	\$ 2000⁰⁰	\$ 0	\$ 0	\$ 0

Please forgive the space from different
on first document +



	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 400 ⁰⁰	\$ 0
Recreation, entertainment, newspapers, magazines, etc.	\$ What?	\$ 0
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ 0	\$ 0
Life	\$ 0	\$ 0
Health	\$ 0	\$ 0
Motor Vehicle	\$ 98.00	\$ 0
Other: _____	\$ 0	\$ 0
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>property</u>	\$ 62.50	\$ 0
Installment payments		
Motor Vehicle	\$ 0	\$ 0
Credit card(s)	\$ 0	\$ 0
Department store(s)	\$ 0	\$ 0
Other: _____	\$ 0	\$ 0
Alimony, maintenance, and support paid to others	\$ 0	\$ 0
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 40.00	\$ 0
Other (specify): _____	\$ 0	\$ 0
Total monthly expenses:	\$ 0	\$ 0

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>RPM DOMINOS</u>	\$ <u>320,000.00</u>	\$ _____
_____	\$ <u>Workman's Comp</u>	\$ _____
_____	\$ <u>Injury unpaid</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>	_____	_____
_____	_____	_____
_____	_____	_____

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>	\$ _____
Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <u>478.00</u>	\$ _____
Home maintenance (repairs and upkeep)	\$ <u>1300.00</u>	\$ _____
Food	\$ <u>400.00</u>	\$ _____
Clothing	\$ <u>400.00</u>	\$ _____
Laundry and dry-cleaning	\$ <u>30.00</u>	\$ _____
Medical and dental expenses	\$ <u>36.00</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:

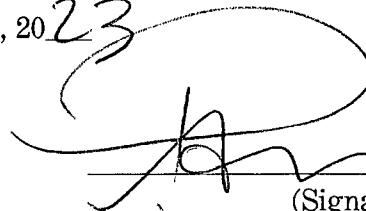
12. Provide any other information that will help explain why you cannot pay the costs of this case.

food, gasoline, 1 dog, 2 cats, 1 1/2 yr old
house, truck w/ 230,000 miles on it. Life
happens 3 in one person

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

Executed on:

Aug 1, 2023



(Signature)

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
NUCOR	940 W. 16 th INDY	08/11/2022 Current	\$ 2000 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
			\$ N/A

4. How much cash do you and your spouse have? \$ 178⁰⁰
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
Checking	\$ 233 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 UNKNOWN

Other real estate

Value _____

Motor Vehicle #1

Year, make & model

2013 Chevy Silverado

Value 1500⁰⁰

Motor Vehicle #2

Year, make & model

68 C20 Chevy

Value UNKNOWN

Other assets

Description UNKNOWN -

Value _____

I would have a home in S.C. if
it hadn't been stolen from me.





1050 Broad Ripple Ave
Indianapolis, IN, 46220
(317) 251-2406

Terminal: 0253M600MIX01
8/1/2023 16:06
Receipt #: 025383B6003
Type: Purchase

Qty	Description	Amount
205	ES B&W S/S White 8.5 x11	38.95
 SubTotal		38.95
District tax		0.00
City tax		0.00
County tax		0.00
State tax		2.73
 Total		USD \$41.68

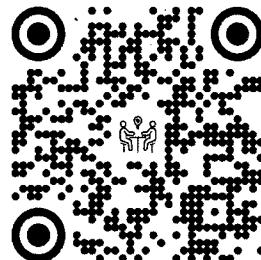
Acct #:*****2388
VISA DEBIT
Contactless
Auth No.: 060616
Mode: Issuer
AID: A0000000031010
NO CVM
CVM Result:
TVR: 0000000000
IAD: 06011203A00000
TSI:
ARC: 00
APPROVED

The Cardholder agrees to pay the Issuer of the charge card in accordance with the agreement between the Issuer and the Cardholder.



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Take the survey by scanning the QR code below or visit
www.fedex.com/welisten



Offer expires 12/31/2023

*Terms & Conditions

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