

23-6142

ORIGINAL

IN THE SUPREME COURT OF THE UNITED STATES

FATHIREE ALI, Petitioner,

v.

STEVEN SIMMONS, Correctional Officer, MICHAEL HALL,  
Correctional Officer; GARY STUMP, Sergeant; KEVIN  
ROCKWELL, Correctional Officer; ADAM COBURN, Correctional  
OFFICER HICKOK; CORRECTIONAL OFFICER WAGNER,  
Respondents.

On Petition For Writ of Certiorari To The  
United States Court Of Appeals For The Sixth Circuit

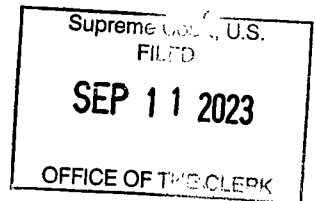
MOTION TO PROCEED IN FORMA PAUPERIS, Rule 39.1

NOW COMES Fathiree Ali, in pro per, seeks permission of the Court  
to proceed in this action in forma pauperis, under Rule 31.1

GROUND FOR RELIEF:

I am unable to pay the cost of these proceedings, and I should be  
entitled to relief pursuant to FRCP Rule 31.1. In support of this  
application I state that:

1. I am incarcerated at the Saginaw Correctional Facility. I have  
a prison account to which, I have attached to this document a statement  
certified by the institution's Business Office Manager, showing  
expenditures, and balance during the last twelve months.



2. I had no other income in the past twelve months.

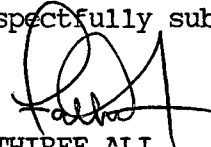
3. I have no automobile, real estate, stocks, bonds or other financial instrument or property of value, as shown by the attached affidavit.

4. My debts and financial obligations include court ordered cost as reflected by the accounting statement, as shown by the attached affidavit.

I declare under the penalty of perjury that the above is true to the best of my knowledge, information and belief.

WHEREFORE, Mr. Ali prays this Court will permit forma pauperis.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'Fathiree Ali', is written over the typed name.

FATHIREE ALI

DATED: November 11, 2023

FEDERAL COURT

Prisoner-Plaintiff/Petitioner/Appellant name and number  
Fathiree Ali #175762

v

Defendant's/Respondent's/Appellee's name  
Steve Simmons

**CERTIFICATE OF PRISONER INSTITUTIONAL/TRUST FUND ACCOUNT ACTIVITY**

I am employed by the Michigan Department of Corrections at the facility identified below, at which the prisoner identified as Plaintiff/Petitioner/Appellant is currently incarcerated.

Attached is a computer printout which accurately reflects the current spendable balance and all activity within this prisoner's account during the preceding six months or, if the prisoner has been incarcerated for less than six months, for the period of incarceration. Code "C" on the printout represents a withdrawal from the account and code "D" represents a deposit to the account. The attached printout reflects, for the reported period, an average monthly account deposit (i.e., total deposits divided by number of months) of \$406.98, an average monthly account balance (i.e., total deposits minus total withdrawals divided by number of months) of \$-43.49. There is a current spendable account balance of \$0.00.

Date: 8-14-23

*Audrey Kams / Acot Tech*

Signature of Custodian of Prisoner Institutional/Trust Fund Account

Saginaw Correctional Facility  
Correctional Facility

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

I, Fathiree Ali, 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	\$ n/a	\$ 0	\$ n/a/
Self-employment	\$ 0	\$ n/a	\$ 0	\$ n/a
Income from real property (such as rental income)	\$ 0	\$ n/a	\$ 0	\$ n/a
Interest and dividends	\$ 0	\$ n/a	\$ 0	\$ n/a
Gifts	\$ 0	\$ n/a	\$ 0	\$ n/a
Alimony	\$ 0	\$ n/a	\$ 0	\$ n/a
Child Support	\$ 0	\$ n/a	\$ 0	\$ n/a
Retirement (such as social security, pensions, annuities, insurance)	\$ 0	\$ n/a	\$ 0	\$ n/a
Disability (such as social security, insurance payments)	\$ 0	\$ n/a	\$ 0	\$ n/a
Unemployment payments	\$ 0	\$ n/a	\$ 0	\$ n/a
Public-assistance (such as welfare)	\$ 0	\$ n/a	\$ 0	\$ n/a
Other (specify): _____	\$ 0	\$ n/a	\$ 0	\$ n/a
<b>Total monthly income:</b>	\$ 0	\$ n/a	\$ 0	\$ n/a

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			\$
			\$
			\$

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
none			\$
			\$
			\$

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
none	\$	\$
	\$	\$
	\$	\$

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings. NONE

☐ Home none  
Value

☐ Other real estate none  
Value

☐ Motor Vehicle #1 none  
Year, make & model  
Value

☐ Motor Vehicle #2 none  
Year, make & model  
Value

☐ Other assets none  
Description  
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	Amount owed to you	Amount owed to your spouse
none	\$	\$
	\$	\$
	\$	\$

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
none		

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.

NONE	You	Your spouse
Rent or home-mortgage payment (include lot rented for mobile home)	\$ 0	\$ n/a
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)	\$ 0	\$ n/a
Home maintenance (repairs and upkeep)	\$ 0	\$ n/a
Food	\$ 0	\$ n/a
Clothing	\$ 0	\$ n/a
Laundry and dry-cleaning	\$ 0	\$ n/a
Medical and dental expenses	\$ 0	\$ n/a

	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
<b>Total monthly expenses:</b>	<b>\$ 0</b>	<b>\$ n/a</b>

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 incarcerated without a prison job or income**

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

Executed on: November 11, 2023, 20\_\_\_\_

  
\_\_\_\_\_  
(Signature)