

**23-6194**

**ORIGINAL**

NO:  
IN THE SUPREME COURT OF THE UNITED STATES

---

**CHRISTOPHER ANDREW CANALES # 788118**

Petitioner,  
V

**JEFF HOWARD (Warden)**

Respondent.

---

**FILED**  
**NOV 27 2023**

OFFICE OF THE CLERK  
SUPREME COURT, U.S.

On Petition for Writ of Certiorari to the  
United States Court of Appeals for the Sixth Circuit

---

**MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS**

**AFFIDAVIT IN SUPPORT OF MOTION**

**CHRISTOPHER ANDREW CANALES # 788118**

Baraga Correctional Facility  
13924 Wadaga Rd.  
Baraga Michigan 49908 Dated:

NO:  
IN THE SUPREME COURT OF THE UNITED STATES

---

**CHRISTOPHER ANDREW CANALES # 788118**

Petitioner,

v

**JEFF HOWARD (Warden)**

Respondent.

---

On Petition for Writ of Certiorari to the  
United States Court of Appeals for the Sixth Circuit

---

**MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS**

Petitioner, **CHRISTOPHER ANDREW CANALES # 788118**, respectfully asks this Honorable Court, pursuant to Supreme Court Rule 39, for leave to proceed in forma pauperis so that he may file the accompanying Petition for Writ of Certiorari with this Court. Petitioner has previously been granted leave to proceed in forma pauperis in this case in the United States District Court for the Eastern District of Michigan. As his Affidavit indicates, Petitioner is currently incarcerated in a State prison and he does not receive and income.

Respectfully Submitted,

**CHRISTOPHER ANDREW CANALES # 788118**

Baraga Correctional Facility  
13924 Wadaga Rd.  
Baraga Michigan 49903

Dated: 11 / 27 /2023 | .....

Commented [COMMENT1]: ⇒ On the two lines below, manually type out all the courts the LW client has been granted waiver of fees.  
Example:  
Michigan Court of Appeals, Michigan Supreme Court, Eastern District Court of Michigan, Sixth Circuit Court of Appeals

No. [Redacted]

IN THE

SUPREME COURT OF THE UNITED STATES

**CHRISTOPHER ANDREW CANALES #** — PETITIONER

VS.

**JEFF HOWARD (WARDEN)** — 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*.

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

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.

*Christopher Canales*

(Signature) - [Inmate's Name]

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

I, **CHRISTOPHER ANDREW**, am the petitioner in the above-entitled case. In support of  
**CANALES # 788118**

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.

<b>Income source</b>	<b>Average monthly amount during the past 12 months</b>		<b>Amount expected next month</b>	
	<b>You</b>	<b>Spouse</b>	<b>You</b>	<b>Spouse</b>
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):	\$	0	\$		\$	0	\$	
------------------	----	---	----	--	----	---	----	--

Total monthly income:	\$	0	\$		\$	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
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			\$
N/A			\$
N/A			\$
N/A			

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.

Financial institution	Type of account	Amount you have	Amount your spouse has
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 checked="" type="checkbox"/> Hom	e	N/A	<input checked="" type="checkbox"/> Other real estate	N/A
Value	0		Value	0
<input checked="" type="checkbox"/> Motor Vehicle #1	N/A	<input checked="" type="checkbox"/> Motor Vehicle #2	N/A	
Year, make & model		Year, make & model		

Value <input type="radio"/>	Value <input type="radio"/>
L Other assets <i>N/A</i>	
Description <i>N/A</i>	
Value <input type="radio"/>	

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
<i>N/A</i>	<input type="radio"/>	\$
<i>N/A</i>	<input type="radio"/>	\$
<i>N/A</i>	<input type="radio"/>	\$

7. State the persons who rely on you or your spouse for support.

Name	Relationship	Age
<i>N/A</i>		
<i>N/A</i>		
<i>N/A</i>		

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 <input type="radio"/>	Your spouse <input type="radio"/>
Rent or home-mortgage payment (include lot rented for mobile home)	\$ <input type="radio"/>	\$ <input type="radio"/>
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)	\$ <input type="radio"/>	\$ <input type="radio"/>
Home maintenance (repairs)	\$ <input type="radio"/>	\$ <input type="radio"/>

Food	\$ 0	\$	
Laundry and dry-cleaning	\$ 0	\$	
Medical and dental expenses	\$ 0	\$	

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 0	\$
Recreation, entertainment, newspapers, magazines, etc.	\$ 0	\$
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ 0	\$
Life	\$ 0	\$
Health	\$ 0	\$
Motor Vehicle	\$ 0	\$
Other:	\$ 0	\$
Taxes (not deducted from wages or included in mortgage payments)		
(specify):	\$ 0	\$
Installment payments		
Motor Vehicle	\$ 0	\$
Credit card(s)	\$ 0	\$
Department store(s)	\$ 0	\$
Other:	\$ 0	\$

Alimony, maintenance, and support paid to others	\$ 0	\$
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0	\$
Other: (specify)	\$ 0	\$
<b>Total monthly expenses:</b>	\$ 0	\$

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 attorneys 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 attorneys name, address, and telephone number:
--

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

I have no money or no support system to help me pay, I can't get a job due to my status. I have no way to support myself in anyway. I only get \$50 a month for basic needs like hygiene or supplies.

## FEDERAL COURT - CIVIL ACTION

Prisoner-Plaintiff/Petitioner/Appellant Name and Number

**Christopher Canales**  
**788118**

Defendant's/Respondent's/Appellee's Name

**Jeff Howard**

V

### 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 the 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 (total number of deposits divided by number of months) of **\$ 41.67**, an average monthly account balance (total deposits minus total withdrawals divided by number of months) of **\$ 3.41**. There is a current spendable account balance of **\$ 12.74**.

Date: **11/22/2023**

U. Olsen, AF  
Signature of Custodian of Prisoner Institutional/Trust Fund Account

**Baraga Correctional Facility**  
Correctional Facility

## Daily Transaction Summary: June 22, 2023 - November 22, 2023

Page 1

## Offender Information

Offender Number: 0788118	Institution: AMF	Living Unit: 02	Primary Balance: \$70.46
Offender Name: Canales, Christopher Andrew	Housing Facility: AMF	Cell: 242	Available Balance: \$12.74
Account Status: Open	Tier: D	Bed: Top	

## Primary Trust Transactions

Date	Transaction Type	Payer / Paid To	Voucher Number	Deposit	Expense	Balance	Loc Code
06/22/2023						\$50.00	
06/22/2023 05:10:10 AM	GTL	Michael Bane		\$50.00		\$100.00	COF
06/24/2023 01:31:00 AM	Commissary Sale	Keefe Commissary	C105103583		(\$38.56)	\$61.44	AMF
06/25/2023 07:40:09 PM	Kiosk Request	JPay Inc.			(\$1.44)	\$60.00	COF
06/28/2023 12:50:22 PM	Phone Credits	ViaPath Technologies			(\$10.00)	\$50.00	AMF
07/22/2023 05:10:11 AM	GTL	Michael Bane		\$50.00		\$100.00	COF
07/24/2023 07:40:10 PM	Kiosk Request	JPay Inc.			(\$5.00)	\$95.00	COF
07/26/2023 07:40:14 PM	Kiosk Request	JPay Inc.			(\$5.00)	\$90.00	COF
08/05/2023 01:30:47 AM	Commissary Sale	Keefe Commissary	C105167682		(\$39.96)	\$50.04	AMF
08/09/2023 01:30:58 AM	Commissary Sale	Keefe Commissary	C105167682		\$1.54	\$51.58	AMF
08/11/2023 07:40:12 PM	Kiosk Request	JPay Inc.			(\$1.58)	\$50.00	COF
08/22/2023 05:10:10 AM	GTL	Michael Bane		\$50.00		\$100.00	COF
08/30/2023 11:06:50 AM	Phone Credits	ViaPath Technologies			(\$10.00)	\$90.00	AMF
09/01/2023 01:31:41 AM	Commissary Sale	Keefe Commissary	C105210283		(\$38.39)	\$51.61	AMF
09/03/2023 07:40:13 PM	Kiosk Request	JPay Inc.			(\$1.61)	\$50.00	COF
09/22/2023 05:10:09 AM	GTL	Michael Bane		\$50.00		\$100.00	COF
10/03/2023 11:09:40 PM	Commissary Sale	Keefe Commissary	C69910		(\$48.97)	\$51.03	AMF
10/22/2023 05:10:08 AM	GTL	Michael Bane		\$50.00		\$101.03	COF
11/09/2023 09:11:53 AM	Miscellaneous Vendor Check	DANIELLE GARLOW			(\$20.00)	\$81.03	AMF
11/13/2023 11:06:59 PM	Commissary Sale	Keefe Commissary	C131136		(\$10.57)	\$70.46	AMF
11/22/2023				\$250.00	(\$229.54)	\$70.46	

## Savings

Date		Deposit	Expense	Balance	Loc Code
06/22/2023				\$0.00	
No Activity					
11/22/2023		\$0.00	\$0.00	\$0.00	