

23 - 6437

No. 26-5189

FILED
SEP 08 2023
OFFICE OF THE CLERK SUPREME COURT, U.S.

IN THE  
SUPREME COURT OF THE UNITED STATES

In Re TONY WEEKS — PETITIONER  
(Your Name)

MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

The petitioner asks leave to file the attached petition for a writ of mandamus without prepayment of costs and to proceed *in forma pauperis*.

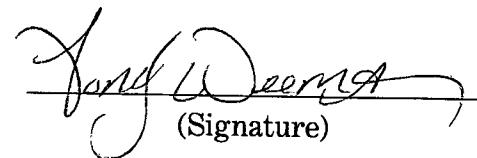
Please check the appropriate boxes:

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

UNITED STATES DISTRICT COURT FOR THE DISTRICT OF COLUMBIA, and  
the UNITED STATES COURT OF APPEALS FOR THE DISTRICT OF COLUMBIA

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.

  
(Signature)

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

I, Tony Alarms, 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.

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

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

I am currently working within the institution.

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
<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	\$ <i>N/A</i>

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
<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	\$ <i>N/A</i>

4. How much cash do you and your spouse have? \$ *N/A*  
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
<i>N/A</i>	\$ <i>N/A</i>	\$ <i>N/A</i>

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**

*N/A*

\$ *N/A*  
\$ *N/A*  
\$ *N/A*

\$ *N/A*  
\$ *N/A*  
\$ *N/A*

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**

*N/A*

*N/A*

*N/A*

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)

\$ *N/A*

\$ *N/A*

Are real estate taxes included?  Yes  No  
Is property insurance included?  Yes  No

Utilities (electricity, heating fuel,  
water, sewer, and telephone)

\$ *N/A*

\$ *N/A*

Home maintenance (repairs and upkeep)

\$ *N/A*

\$ *N/A*

Food

\$ *N/A*

\$ *N/A*

Clothing

\$ *N/A*

\$ *N/A*

Laundry and dry-cleaning

\$ *N/A*

\$ *N/A*

Medical and dental expenses

\$ *N/A*

\$ *N/A*

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

At this current moment 20% is being deducted under the current case number.

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

Executed on: November 24, 2023

Jordi Deenst  
(Signature)

# Inmate Inquiry



Inmate Reg #: 10817007 | Current Institution: Marion USP  
Inmate Name: WEEMS, TONY | Housing Unit: MAR-F-A  
Report Date: 11/22/2023 | Living Quarters: F04-001L  
Report Time: 8:38:16 AM

[General Information](#) | [Account Balances](#) | [Commissary History](#) | [Commissary Restrictions](#) | [Comments](#)

## General Information

Administrative Hold Indicator: No  
No Power of Attorney: No  
Never Waive NSF Fee: No  
Max Allowed Deduction %: 100  
PIN: 9888  
PAC #: 010131313  
Revalidation Date: 22nd  
FRP Participation Status: No Obligation  
Arrived From: OKL  
Transferred To:  
Account Creation Date: 6/27/2002  
Local Account Activation Date: 11/5/2019 3:13:30 AM  
Sort Codes:

Last Account Update: 11/22/2023 12:11:36 AM  
Account Status: Active  
Phone Balance: \$0.10

## Pre-Release Plan Information

Target Pre-Release Account Balance: \$100.00  
Pre-Release Deduction %: 0%  
Income Categories to Deduct From:  Payroll  Outside Source Funds

## FRP Plan Information

FRP Plan Type	Expected Amount	Expected Rate
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## Account Balances

Account Balance:	\$19.83
Pre-Release Balance:	\$0.00
Debt Encumbrance:	\$15.52
SPO Encumbrance:	\$0.00
Other Encumbrances:	\$0.00
Outstanding Negotiable Instruments:	\$0.00
Administrative Hold Balance:	\$0.00
Available Balance:	\$4.31
National 6 Months Deposits:	\$387.50

National 6 Months Withdrawals: \$376.94  
Available Funds to be considered for IFRP Payments: (\$62.50)  
National 6 Months Avg Daily Balance: \$16.78  
Local Max. Balance - Prev. 30 Days: \$77.63  
Average Balance - Prev. 30 Days: \$28.02

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## Commissary History

### Purchases

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Validation Period Purchases: \$0.00  
YTD Purchases: \$124.95  
Last Sales Date: 11/15/2023 8:19:27 AM

### SPO Information

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SPO's this Month: 0  
SPO \$ this Quarter: \$0.00

### Spending Limit Info

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Spending Limit Override: No  
Weekly Revalidation: No  
Bi-Weekly Revalidation: No  
Spending Limit: \$410.00  
Expended Spending Limit: \$0.00  
Remaining Spending Limit: \$410.00

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## Commissary Restrictions

### Spending Limit Restrictions

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Restricted Spending Limit: \$0.00  
Restricted Expended Amount: \$0.00  
Restricted Remaining Spending Limit: \$0.00  
Restriction Start Date: N/A  
Restriction End Date: N/A

### Item Restrictions

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List Name	List Type	Start Date	End Date	Active
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## Comments

Comments: