

No.
23-6532

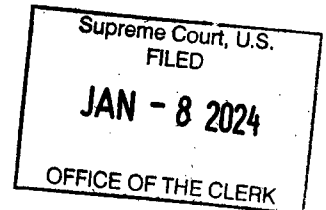
ORIGINAL

IN THE
SUPREME COURT OF THE UNITED STATES

Zerak Brown — PETITIONER
(Your Name)

VS.

United States of America — 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):

United States District Court for the Eastern District of Missouri

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

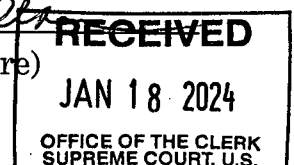
☐ Petitioner's affidavit or declaration in support of this motion is attached hereto.

☐ 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.

Zerak Brown
(Signature)



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

I, Zerak Brown, 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	\$ 56.83	\$ N/A	\$ 56.83	\$ N/A
Self-employment	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Income from real property (such as rental income)	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Interest and dividends	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Gifts	\$ 45.83	\$ N/A	\$ 0.00	\$ N/A
Alimony	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Child Support	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Retirement (such as social security, pensions, annuities, insurance)	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Disability (such as social security, insurance payments)	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Unemployment payments	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Public-assistance (such as welfare)	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Other (specify): <u>gifts</u>	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Total monthly income:	\$ 106.66	\$ N/A	\$ 56.83	\$ 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
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

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.

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

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

☐ Home
Value _____

☐ Other real estate
Value _____

☐ Motor Vehicle #1
Year, make & model _____
Value _____

☐ Motor Vehicle #2
Year, make & model _____
Value _____

☐ Other assets
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

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)

\$ 0.00

\$ N/A

Are real estate taxes included? ☐ Yes ☐ No

Is property insurance included? ☐ Yes ☐ No

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

\$ 0.00

\$ N/A

Home maintenance (repairs and upkeep)

\$ 0.00

\$ N/A

Food

\$ 73.00

\$ N/A

Clothing

\$ 7.00

\$ N/A

Laundry and dry-cleaning

\$ 0.00

\$ N/A

Medical and dental expenses

\$ 0.00

\$ N/A

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 0.00	\$ N/A
Recreation, entertainment, newspapers, magazines, etc.	\$ 0.00	\$ N/A
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ 0.00	\$ N/A
Life	\$ 0.00	\$ N/A
Health	\$ 0.00	\$ N/A
Motor Vehicle	\$ 0.00	\$ N/A
Other: N/A	\$ 0.00	\$ N/A
Taxes (not deducted from wages or included in mortgage payments)		
(specify):	\$ 0.00	\$ N/A
Installment payments		
Motor Vehicle	\$ 0.00	\$ N/A
Credit card(s)	\$ 0.00	\$ N/A
Department store(s)	\$ 0.00	\$ N/A
Other: N/A	\$ 0.00	\$ N/A
Alimony, maintenance, and support paid to others	\$ 0.00	\$ N/A
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0.00	\$ N/A
Other (specify): Legal Supplies/Stamps hygiene	\$ 22.00	\$ N/A
Total monthly expenses:	\$ 102.00	\$

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? N/A

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? N/A

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 currently incarcerated in the United States Penitentiary near Marion, Illinois and have very limited access to funds from outside sources such as family

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

Executed on: January 8th, 2024

Fierick Brown
(Signature)

Inmate Inquiry




Inmate Reg #: 16397509
Inmate Name: BROWN, ZERAK
Report Date: 01/04/2024
Report Time: 1:04:53 PM
Current Institution: Marion USP
Housing Unit: MAR-D-A
Living Quarters: D04-016L

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

Revalidation Date: 22nd
FRP Participation Status: Participating
Arrived From:
Transferred To:
Account Creation Date: 5/3/2022
Local Account Activation Date: 5/4/2022 3:13:27 AM
Sort Codes: 
Last Account Update: 12/27/2023 9:12:30 PM
Account Status: Active
Phone Balance: \$0.00

Pre-Release Plan Information

Target Pre-Release Account Balance: \$25.00
Pre-Release Deduction %: 0%
Income Categories to Deduct From: ☒ Payroll ☐ Outside Source Funds

FRP Plan Information

FRP Plan Type	Expected Amount	Expected Rate
Quarterly	\$25.00	0%

Account Balances

Account Balance: \$92.82
Pre-Release Balance: \$0.00
Debt Encumbrance: \$0.00
SPO Encumbrance: \$92.80
Other Encumbrances: \$0.00
Outstanding Negotiable Instruments: \$0.00
Administrative Hold Balance: \$0.00
Available Balance: \$0.02

National 6 Months Deposits: \$615.99
National 6 Months Withdrawals: \$527.20
Available Funds to be considered for IFRP Payments: \$115.99
National 6 Months Avg Daily Balance: \$30.97
Local Max. Balance - Prev. 30 Days: \$161.47
Average Balance - Prev. 30 Days: \$102.38

Commissary History

Purchases

Validation Period Purchases: \$15.00
YTD Purchases: \$152.65
Last Sales Date: 12/27/2023 7:25:18 AM

SPO Information

SPO's this Month: 0
SPO \$ this Quarter: \$71.36

Spending Limit Info

Spending Limit Override: No
Weekly Revalidation: No
Bi-Weekly Revalidation: No
Spending Limit: \$360.00
Expended Spending Limit: \$15.00
Remaining Spending Limit: \$345.00

Commissary Restrictions

Spending Limit Restrictions

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

List Name	List Type	Start Date	End Date	Active
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Comments

Comments:

