

No. 23-6619

FILED  
SEP 11 2023

OFFICE OF THE CLERK  
SUPREME COURT OF THE UNITED STATES

**ORIGINAL**

IN THE  
SUPREME COURT OF THE UNITED STATES

Edward Lee Smith —PETITIONER

(Your Name)

VS.

United States —RESPONDENT(S)

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

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

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

United States District Court for the District of Minnesota  
Court of Appeals for the Eighth 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.

E. Smith  
(Signature)

# AFFIDAVIT OR DECLARATION

## IN SUPPORT OF MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

I, Edward Lee Smith, 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 therefore; and I believe I am entitled to redress.

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

- | Employer     | Address | Dates of Employment | Gross monthly pay |
|--------------|---------|---------------------|-------------------|
| incarcerated | n/a     | n/a                 | \$ -0-            |
|              |         |                     | \$                |
|              |         |                     | \$                |

- | Employer | Address | Dates of Employment | Gross monthly pay |
|----------|---------|---------------------|-------------------|
| n/a      | n/a     | n/a                 | \$ -0-            |
|          |         |                     | \$                |
|          |         |                     | \$                |

- | Financial institution | Type of account | Amount you have | Amount your spouse has |
|-----------------------|-----------------|-----------------|------------------------|
| n/a                   | n/a             | \$ -0-          | \$ -0-                 |
|                       |                 | \$              | \$                     |
|                       |                 | \$              | \$                     |

- |   |  |
|---|--|
| <input type="checkbox"/> Home             | <input type="checkbox"/> Other real estate |
| Value _____                               | Value _____                                |
| <input type="checkbox"/> Motor Vehicle #1 | <input type="checkbox"/> Motor Vehicle #2  |
| Year, make & model _____                  | Year, make & model _____                   |
| <input type="checkbox"/> 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 spouse money	Amount owed to you	Amount owed to your spouse
n/a	-0-	\$ n/a
		\$
		\$

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

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-	\$ 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)	\$	\$
Home maintenance (repairs and upkeep)	\$	\$
Food	\$	\$
Clothing	\$	\$
Laundry and dry-cleaning	\$	\$
Medical and dental expenses	\$	\$

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>1</u>	\$ <u>1</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ _____	\$ _____
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ _____	\$ _____
Life	\$ _____	\$ _____
Health	\$ _____	\$ _____
Motor Vehicle	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ _____	\$ _____
Installment payments		
Motor Vehicle	\$ _____	\$ _____
Credit card(s)	\$ _____	\$ _____
Department store(s)	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Alimony, maintenance, and support paid to others	\$ _____	\$ _____
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ _____	\$ _____
Other (specify): _____	\$ _____	\$ _____
<b>Total monthly expenses:</b>	\$ <u>-0-</u>	\$ <u>n/a</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.

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

Executed on: September 11, 18 2023

E. Smith

(Signature)