

23-6959

No. _____

ORIGINAL

IN THE

SUPREME COURT OF THE UNITED STATES

Oct. 2023- Oct. 2024 Term

FILED

MAR 05 2024

OFFICE OF THE CLERK
SUPREME COURT, U.S.

LIONEL SCOTT ELLISON, — PETITIONER
(Your Name)

VS.

STATE OF MONTANA, — 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): Thirteenth Judicial District Court of Montana;
Supreme Court of the State of Montana,
U.S. District Court, District of Montana
U.S. Court of Appeals, for the Ninth Circuit.
U.S. Supreme Court, 22-7762

☐ 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: N/A

☐ The appointment was made under the following provision of law: _____
N/A, or

☐ a copy of the order of appointment is appended. N/A

Lionel S. Ellison
(Signature)

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

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



2. List your employment history for the past two years, most recent first. (Gross monthly pay is before taxes or other deductions.) N/A, wrongfully incarcerated.

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.) N/A, Single, Divorced.

Employer	Address	Dates of Employment	Gross monthly pay
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

4. How much cash do you and your spouse have? \$ N/A 0.00
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
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings. N/A, \$0.00

<input type="checkbox"/> Home Value _____	<input type="checkbox"/> Other real estate Value _____
<input type="checkbox"/> Motor Vehicle #1 Year, make & model _____ Value _____	<input type="checkbox"/> Motor Vehicle #2 Year, make & model _____ Value _____
<input type="checkbox"/> Other assets Description _____ Value _____	

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

N/A, unknown, based on related case here.

Person owing you or your spouse money

Amount owed to you

Amount owed to your spouse

_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

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

N/A

Name

Relationship

Age

_____	_____	_____
_____	_____	_____
_____	_____	_____

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. N/A

You

Your spouse

Rent or home-mortgage payment
(include lot rented for mobile home)

\$ _____

\$ _____

Are real estate taxes included? ☐ Yes ☐ No

Is property insurance included? ☐ Yes ☐ No

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

\$ _____

\$ _____

Home maintenance (repairs and upkeep)

\$ _____

\$ _____

Food

\$ _____

\$ _____

Clothing

\$ _____

\$ _____

Laundry and dry-cleaning

\$ _____

\$ _____

Medical and dental expenses

\$ _____

\$ _____

None of the following is applicable.

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ _____	\$ _____
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): _____	\$ _____	\$ _____
Total monthly expenses:	\$ 0.00	\$ N/A

LEE

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

unknown, based on this case here.

☐ 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? _____

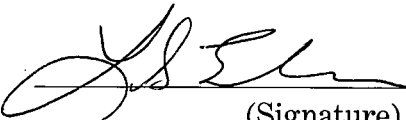
If yes, state the person's name, address, and telephone number:

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

I am incarcerated at a private prison in Montana,
as a wrongfully convicted prison, per States waiver.

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

Executed on: February 10th, 2024


(Signature)

02/02/2024

Crossroads Correctional Center

Resident Statement

Resident Name: ELLISON, LIONEL
 Housing Location: CCC, CCC, 1, S, 1, 34

Resident ID: 3003002

Date Range:

12/31/2023 Through 01/31/2024

Beginning Account Balances:

Ending Account Balances:

	Personal Balance	Non-Per Balance	Debt		Personal Balance	Non-Per Balance	Debt
Court_Fees	\$0.00	\$0.00	(\$1,678.00)	Court_Fees	\$0.00	\$0.00	(\$1,678.00)
Re-Entry Savings	\$87.50	\$0.00	\$0.00	Re-Entry Savings	\$87.50	\$0.00	\$0.00
Trust	\$1,729.51	\$0.00	\$0.00	Trust	\$1,689.95	\$0.00	\$0.00
Begin Totals	\$1,817.01	\$0.00	(\$1,678.00)	End Totals	\$1,777.45	\$0.00	(\$1,678.00)

Date	Amount	Type	Comment	Personal Bal Change	Personal Acct Balance	Non-Personal Change	Non-Personal Acct Bal	Debt Bal Change	Debt Balance
01/03/2024	(\$3.11)	Sale	Debit Sale	(\$3.11)	\$1,813.90	\$0.00	\$0.00	\$0.00	(\$1,678.00)
01/10/2024	(\$11.10)	Sale	Debit Sale	(\$11.10)	\$1,802.80	\$0.00	\$0.00	\$0.00	(\$1,678.00)
01/17/2024	(\$4.85)	Sale	Debit Sale	(\$4.85)	\$1,797.95	\$0.00	\$0.00	\$0.00	(\$1,678.00)
01/24/2024	(\$11.81)	Sale	Debit Sale	(\$11.81)	\$1,786.14	\$0.00	\$0.00	\$0.00	(\$1,678.00)
01/24/2024	(\$8.69)	Transfer Other Funds	CCC Postage	(\$8.69)	\$1,777.45	\$0.00	\$0.00	\$0.00	(\$1,678.00)

[Signature]
 2/10/24