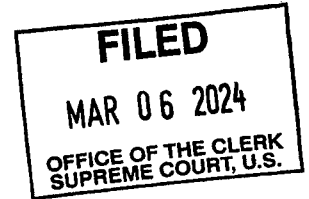


ORIGINAL

No. 1
23-6987

IN THE
SUPREME COURT OF THE UNITED STATES



MICHAEL TODD HILTON – PETITIONER

vs.

DANIEL AKERS, WARDEN, LEE ADJUSTMENT CENTER – RESPONDENT

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, Eastern District of Kentucky, Louisville Division.

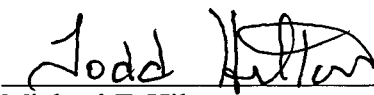
☐ Petitioner has not previously been granted leave to proceed *in forma pauperis* in any other court.

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

☐ Petitioner affidavit or declaration is not attached because the court below appointed counsel in the current proceedings, and :

☐ The appointment was made under the following provisions of law: _____, or

☐ a copy of the order of appointment is appended.



Michael T. Hilton, pro se

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

I, Michael Todd Hilton, 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	\$ 61.32	\$ N/A	\$ 61.32	\$ N/A
Self-employment	\$ -0-	\$ N/A	\$ -0-	\$ N/A
Income from real property (such as rental income)	\$ -0-	\$ N/A	\$ -0-	\$ N/A
Interest and dividends	\$ -0-	\$ N/A	\$ -0-	\$ N/A
Gifts	\$ -0-	\$ N/A	\$ -0-	\$ N/A
Alimony	\$ -0-	\$ N/A	\$ -0-	\$ N/A
Child Support	\$ -0-	\$ N/A	\$ -0-	\$ N/A
Retirement (such as social security, pensions, annuities, insurance)	\$ -0-	\$ N/A	\$ -0-	\$ N/A
Disability (such as social security, insurance payments)	\$ -0-	\$ N/A	\$ -0-	\$ N/A
Unemployment payments	\$ -0-	\$ N/A	\$ -0-	\$ N/A
Public-assistance (such as welfare)	\$ -0-	\$ N/A	\$ -0-	\$ N/A
Other (specify): <u>N/A</u>	\$ -0-	\$ N/A	\$ -0-	\$ N/A
Total monthly income:	\$ 61.32	\$ N/A	\$ 61.32	\$ 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
Kentucky	168 L.A.C. Dr.	Feb. 2, 2020	\$ 61.32
Department of	Beattyville,	to present	\$
Corrections	KY, 41311		\$

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? \$ -0-

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.

☐ Home

Value N/A

☐ Other real estate

Value N/A

☐ Motor Vehicle #1

Year, make & model N/A

Value

☐ Motor Vehicle #2

Year, make & model N/A

Value

☐ Other assets

Description N/A

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.

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? <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)	\$ 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

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

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

I am an inmate incarcerated in the Kentucky Department of Corrections, at Lee Adjustment Center. The only consistent source of income I have is from my prison job which pays \$2.92 per day.

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

Executed on: March 6, 2024

Jodd Hutton

(Signature)

COMMONWEALTH OF KENTUCKY
DEPARTMENT OF CORRECTIONS



CERTIFICATE OF INMATE ACCOUNTS

INMATE NAME: Michael Hilton NUMBER: 261314

Pursuant to KRS 543/410, it is mandatory that your inmate accounts be certified to show your average monthly balance for the last six (6) months when submitting any action into the courts.

Please forward this request to Inmate Accounts, via institutional mail.

This is for case/file number(s): _____,

In the United States Supreme Court
(Name of Court State/Federal)

REQUEST FOR CERTIFICATION OF INMATE ACCOUNTS

It is respectfully requested that the above inmates account be certified for the last six (6) months, to reflect his average balance, and that said documents be returned to the inmate upon certification.

VERIFICATION

I, Carla Robledo Lopez, of the Lee Adjustment Center, accounts department do

hereby certify that the above named inmate's accounts average balance over the last six (6) months

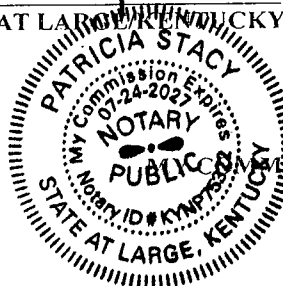
as being \$ 145.15

SWORN and subscribed to before me by Carla Robledo Lopez, on

this 4th day of March, 2024.

[Signature]
Authorized Signature

Patricia Stacy
NOTARY PUBLIC, STATE AT LARGE, KENTUCKY



COMMISSION EXPIRES: July 24 2027

Inmate

Staff

KY DOC
REPORT NO. IBSR180 - 35

6 MONTH AVERAGE INCOME STATEMENT

FROM: 09/2023 TO: 02/2024

PAGE: 1 of 1
PROCESSED: 02/28/2024 14:06
REQUESTOR: Carla Robleslopez

DOC #: 201314

INMATE NAME: Hilton, Michael T

SSN: 403-35-8299

	Deposit Detail	Total Deposit
FOR MONTH: September, 2023		
Deposit Money into Inmate Acct.	\$30.00	
State Pay Earned	\$67.39	
		\$97.39
FOR MONTH: October, 2023		
Deposit Type: Christmas/Summer/Other Bonus Money	\$10.00	
Deposit Money into Inmate Acct.	\$140.00	
State Pay Earned	\$61.53	
		\$211.53
FOR MONTH: November, 2023		
Deposit Type: Deposit Money into Inmate Acct.	\$50.00	
State Pay Earned	\$64.46	
		\$114.46
FOR MONTH: December, 2023		
Deposit Type: Christmas/Summer/Other Bonus Money	\$10.00	
Deposit Money into Inmate Acct.	\$100.00	
State Pay Earned	\$64.46	
		\$174.46
FOR MONTH: January, 2024		
Deposit Type: Deposit Money into Inmate Acct.	\$100.00	
State Pay Earned	\$61.53	
		\$161.53
FOR MONTH: February, 2024		
Deposit Type: Deposit Money into Inmate Acct.	\$50.00	
State Pay Earned	\$61.53	
		\$111.53
	TOTAL AMOUNT :	\$870.90
	6 MONTH AVERAGE:	\$145.15