

23-7095

No. \_\_\_\_\_

ORIGINAL

IN THE  
SUPREME COURT OF THE UNITED STATES

FILED  
MAR 16 2024  
OFFICE OF THE CLERK  
SUPREME COURT, U.S.

JERICO MATIAS CRUZ PETITIONER  
(Your Name)

VS.

STATE OF ILLINOIS 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):

THE UNITED STATES COURT OF APPEALS FOR THE SEVENTH CIRCUIT  
AND THE UNITED STATES DISTRICT COURT FOR THE NORTHERN  
DISTRICT OF ILLINOIS

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.

  
(Signature)

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

I, JERIEL MARIAS CRUZ, 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	\$ 20	\$ N/A	\$ 30	\$ N/A
Self-employment	\$ 34.75	\$ N/A	\$ 40	\$ 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):	\$ 0	\$ N/A	\$ 0	\$ N/A
<b>Total monthly income:</b>	<u>\$ 34.75</u>	<u>\$ N/A</u>	<u>\$ 70</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.)

Employer	Address	Dates of Employment	Gross monthly pay
QUANTA STRATEGIES LLC	5135 N KATANIA AVE CHICAGO, IL 60630	06/2018 PRESENT	\$ ~70.00
			\$
			\$
			\$

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			\$
			\$
			\$
			\$

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
FIRST AM BANK CHECKING	\$ 4.05	\$
PARK WAY BANK & TRUST	\$ 2.05	\$
FIFTH THIRD BANK	\$ 3.50	\$
HUNTINGTON NATIONAL BANK	\$ 1.50	\$
BMO	\$ 6.50	N/A

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

<input type="checkbox"/> Home Value <u>N/A</u>	<input type="checkbox"/> Other real estate Value <u>N/A</u>
<input checked="" type="checkbox"/> Motor Vehicle #1 Year, make & model <u>2006 HONDA PILOT</u> Value <u>\$5,000.00 - \$9,000.00</u>	<input type="checkbox"/> Motor Vehicle #2 Year, make & model <u>N/A</u> Value _____
<input type="checkbox"/> Other assets Description <u>N/A</u> 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
<i>SWNK 1030</i>	<i>DEANTA STRATEGIES LLC \$ ~20,000.00</i>	\$ <i>N/A</i>
	\$ <i>N/A</i>	\$ <i>N/A</i>
<i>DEANTA STRATEGIES LLC \$ ~3,500.00</i>		\$ <i>N/A</i>

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
<i>N/A</i>		

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
<i>(personal &amp; business)</i> Rent or home-mortgage payment (include lot rented for mobile home)	\$ <i>350</i>	\$ <i>N/A</i>
Are real estate taxes included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is property insurance included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <i>~75.01</i>	\$ <i>N/A</i>
Home maintenance (repairs and upkeep)	\$ <i>0</i>	\$ <i>N/A</i>
Food	\$ <i>200</i>	\$ <i>N/A</i>
Clothing	\$ <i>25</i>	\$ <i>N/A</i>
<i>(personal &amp; business)</i> Laundry and dry-cleaning	\$ <i>250</i>	\$ <i>N/A</i>
Medical and dental expenses	\$ <i>150</i>	\$ <i>N/A</i>

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 30	\$ N/A
Recreation, entertainment, newspapers, magazines, etc.	\$ 0	\$ N/A
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ N/A	\$ N/A
Life	\$ N/A	\$ N/A
Health: <i>VA HEALTHCARE</i>	\$ N/A	\$ N/A
Motor Vehicle = <i>\$28.00 - \$50.00</i>	\$ 50	\$ N/A
Other: _____	\$ 0	\$ N/A
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ N/A	\$ N/A
Installment payments		
Motor Vehicle	\$ N/A	\$ N/A
Credit card(s): <i>CAPITAL ONE</i>	\$ 250	\$ N/A
Department store(s)	\$ N/A	\$ N/A
Other: _____	\$ 0	\$ 0
Alimony, maintenance, and support paid to others	\$ 0	\$ N/A
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0	\$ N/A
Other (specify): <i>PERSONAL LOANS &amp; INTEREST</i>	\$ N/A	\$ N/A
<b>Total monthly expenses:</b>	<u>\$ ~1,380</u>	\$ N/A

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.

*MONTHLY INCOME FROM SELF-EMPLOYMENT IS EXPECTED  
TO DECREASE DUE TO INCREASED COST OF DAILY ACTIVITIES (SICKNESS)*

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? VARIES

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

*ONLY IF NECESSARY FOR THIS CASE.*

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 DO NOT HAVE ENOUGH DISPOSABLE INCOME TO PAY FOR MY  
LEGAL FEES AND ADJUDICATION FEES (COURT FEES) FROM MY SELF-  
EMPLOYMENT; AND I AM FULLY ENROLLED WITH FINANCIAL  
ASSISTANCE AS MY TOTAL INCOME/ABLE TO MEET THE BASIC  
REQUIREMENTS OF PROPERTY LIEVE OR INCOME THRESHOLD THAT IS  
IMPLEMENTED BY THE U.S. DEPT. OF HEALTH AND HUMAN SERVICES.*

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

*U.S. CODE  
9902(2).*

Executed on: MARCH 16, 2024

*mg*  
(Signature)

P.S.: DECLARATION STATED MATHIS CREDIBLE  
2023 FORM 1040 IS BEING SUBMITTED TO  
AND WILL BE PROCESSED BY THE IRS.

March 16, 2024

Office of the Clerk  
Supreme Court of the United States  
1 First Street, NE  
Washington, DC 20543

Re: Affidavit of Personal Financial Statement in Support of My Motion to Proceed in Forma Pauperis for Petition for a Writ of Certiorari with USCA Case No. 23-1599

Dear Clerk of the Supreme Court of the United States,

The purpose of this statement is to inform you that my disposable income from my self-employment for tax years of 2022 and 2023 are below the poverty line or income threshold to receive financial assistance for court fees, as required by 42 U.S. Code Section 9902(2), pursuant to Ill. Sup. Ct. R. 298. This poverty line or income threshold is implemented by the U.S. Department of Health and Human Services, as required by 42 U.S. Code Section 9902(2).

I, Petitioner-Appellant Jerico Matias Cruz, electronically file a Petition for a Writ of Certiorari with USCA Case No. 23-1599 before the Clerk of the Supreme Court of the United States. Now I am applying for and submitting an application for a waiver of court fees and an order of court fees because my self-employment incomes are less than my self-employment expenses for tax years 2022 and 2023. On one hand, my 2022 Form 1040 has - \$5,197.00 for all business incomes in Sch. C, \$657.00 for total income of my self-employment, and \$647.00 for my adjusted gross income. On the other hand, my 2023 Form 1040 is currently pending and waiting to be submitted and processed by the Internal Revenue Service (“IRS”). Therefore, my

self-employment income is below the poverty line at approximately or more than 150%, as required and determined by 42 U.S. Code Section 9902(2).

Moreover, my 2023 Form 1040 is waiting to be submitted and processed by the IRS.

I, Petitioner-Appellant Jerico Matias Cruz, declare under the United States laws for penalty of perjury that the foregoing is true and correct to the best of my knowledge.

Respectfully Submitted by,

*/s/ Jerico Matias Cruz*  
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