

TRULINCS 40722039 - MORGAN, GEMAR - Unit: OAK-A-B

FROM: 40722039

23-7206

SUBJECT: \*\*\*Request to Staff\*\*\* MORGAN, GEMAR, Reg# 40722039, OAK-A-B  
DATE: 01/03/2024 02:25:04 PM

To: Supreme Court  
Inmate Work Assignment: Petition for Writ of Cert

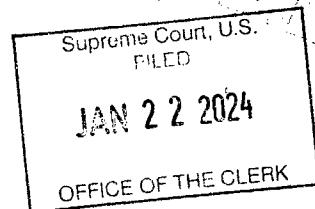
In The Supreme Court Of The United States

Gemar Morgan(Prose Petitioner)

v.

United States(Respondent)

Case No.

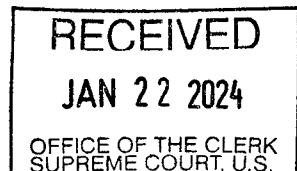
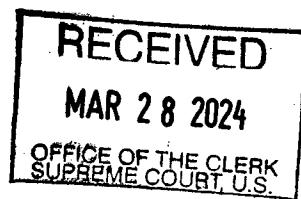


Motion To Proceed In Forma Pauperis

I am a Prose Incarcerated Prisoner Seeking to Proceed in forma pauperis in this court. I was granted to proceed in forma pauperis in the district court (case no. 2:19-cr-20259) and the sixth circuit court of appeals (case no. 21-2628). I will highly appreciate if this court can grant me to proceed in forma pauperis.

I declare under the penalty of perjury that all the foregoing is true and correct. 28 U.S.C. 1746

  
1/4/2024



**GEMAR MORGAN**

<Name(s) of plaintiff(s)>

Plaintiff(s)

v.

**UNITED ST**

<Name(s) of defendant(s)>

Defendant(s)

) Case No. <Number>

**AFFIDAVIT ACCOMPANYING MOTION  
FOR PERMISSION TO APPEAL IN FORMA PAUPERIS**

**Affidavit in Support of Motion**

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)

**Instructions**

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write in that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Signed:

Date: 1/4/2024

My issues on appeal are: **IS TO ASK THIS COURT TO REVIEW THE 6<sup>TH</sup> CIRCUIT DENIAL OF A COA - CONCERNING A FEDERAL DISTRICT COURT DENIAL OF A MOTION UNDER 28 U.S.C. 2255. SEE HOHN V. UNITED STATES, 524 U.S. 236, 141 L.Ed. 2d 242, 118 S.Ct. 1969 (1998)**

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	\$ 46	\$ N/A	\$ 17.80	\$ N/A
Self-employment	\$ 0	\$ 11	\$ 0	\$ 11
Income from real property (such as rental income)	\$ 0	\$ 11	\$ 0	\$ 11
Interest and dividends	\$ 0	\$ 11	\$ 0	\$ 11
Gifts	\$ 0	\$ 11	\$ 0	\$ 11
Alimony	\$ 0	\$ 11	\$ 0	\$ 11
Child support	\$ 0	\$ 11	\$ 0	\$ 11
Retirement (such as social security, pensions, annuities, insurance)	\$ 0	\$ 11	\$ 0	\$ 11
Disability (such as social security, insurance payments)	\$ 0	\$ 11	\$ 0	\$ 11
Unemployment payments	\$ 0	\$ 11	\$ 0	\$ 11
Public-assistance (such as welfare)	\$ 0	\$ 11	\$ 0	\$ 11
Other (specify):	\$ 0	\$ 11	\$ 0	\$ 11
<b>Total monthly income:</b>	<b>\$ 46</b>	<b>\$ 11</b>	<b>\$ 17.80</b>	<b>\$ 11</b>

2. List your 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
FBOP BARBERSHOP	FCI ELKTON BLKTON, OHIO	1/28/23 TO 10/27/23	\$ 46.00
FCI OAKDALE	FCI OAKDALE OAKDALE, LA	12/2023	\$ 9.00

Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <input type="text"/>	\$ <input checked="" type="text"/>
Home maintenance (repairs and upkeep)	\$ <input type="text"/>	\$ <input checked="" type="text"/>
Food	\$ <input type="text"/>	\$ <input checked="" type="text"/>
Clothing	\$ <input type="text"/>	\$ <input checked="" type="text"/>
Laundry and dry-cleaning	\$ <input type="text"/>	\$ <input checked="" type="text"/>
Medical and dental expenses	\$ <input type="text"/>	\$ <input checked="" type="text"/>
Transportation (not including motor vehicle payments)	\$ <input type="text"/>	\$ <input checked="" type="text"/>
Recreation, entertainment, newspapers, magazines, etc.	\$ <input type="text"/>	\$ <input checked="" type="text"/>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's:	\$ <input type="text"/>	\$ <input checked="" type="text"/>
Life:	\$ <input type="text"/>	\$ <input checked="" type="text"/>
Health:	\$ <input type="text"/>	\$ <input checked="" type="text"/>
Motor vehicle:	\$ <input checked="" type="text"/>	\$ <input checked="" type="text"/>
Other:	\$ <input type="text"/>	\$ <input checked="" type="text"/>
Taxes (not deducted from wages or included in mortgage payments) (specify):	\$ <input type="text"/>	\$ <input checked="" type="text"/>
Installment payments		
Motor Vehicle:	\$ <input type="text"/>	\$ <input checked="" type="text"/>
Credit card (name):	\$ <input type="text"/>	\$ <input checked="" type="text"/>
Department store (name):	\$ <input type="text"/>	\$ <input checked="" type="text"/>
Other:	\$ <input type="text"/>	\$ <input checked="" type="text"/>
Alimony, maintenance, and support paid to others	\$ <input checked="" type="text"/>	\$ <input checked="" type="text"/>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <input type="text"/>	\$ <input checked="" type="text"/>
Other (specify):	\$ <input type="text"/>	\$ <input checked="" type="text"/>
<b>Total monthly expenses:</b>	\$ <input type="text"/>	\$ <input checked="" type="text"/>

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
CC	CC	CC	\$ CC
CC	CC	CC	\$ CC

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	CC	\$ CC	\$ CC
N/A	CC	\$ CC	\$ CC
N/A	CC	\$ CC	\$ CC

If you are a prisoner seeking to appeal a judgment in a civil action or proceeding, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

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

Home	Other real estate	Motor vehicle #1
(Value) \$ <u>0</u>	(Value) \$ <u>0</u>	(Value) \$ <u>N/A</u>
N/A	N/A	Make and year: <u>N/A</u>
		Model: <u>N/A</u>
		Registration #: <u>N/A</u>

Motor vehicle #2	Other assets	Other assets
(Value) \$ <u>0</u>	(Value) \$ <u>0</u>	(Value) \$ <u>0</u>
Make and year: <u>8</u>	<u>0</u>	<u>0</u>
Model: <u>8</u>	<u>0</u>	<u>0</u>
Registration #: <u>0</u>	<u>0</u>	<u>0</u>

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
<u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
<u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
<u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
<u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>

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

Name [or, if under 18, initials only]	Relationship	Age
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

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, semiannually, or annually to show the monthly rate.

	You	Your Spouse
Rent or home-mortgage payment (include lot rented for mobile home) Are real estate taxes included? <u>INCARCERATED</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$ <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.

FBOP

DON'T KNOW IF I WILL BE ABLE TO WORK

10. Have you spent — or will you be spending — any money for expenses or attorney fees in connection with this lawsuit?  Yes  No

If yes, how much? \$ 0

11. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.

UN ABLE TO WORK TO AFFORD THE COST TO LIVE - INCARCERATED

12. State the city and state of your legal residence. FBOP - INCARCERATED  
SEE COVER PAGE 111

Your daytime phone number: (\_\_\_\_) \_\_\_\_\_

Your age: \_\_\_\_\_ Your years of schooling: \_\_\_\_\_