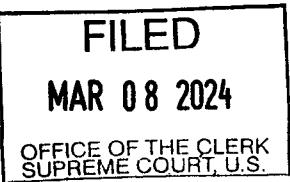


23-7178
No.



IN THE
SUPREME COURT OF THE UNITED STATES

SHAWN TITUS — PETITIONER
(Your Name)

VS.

DONALD L. SCHENSE — 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*.

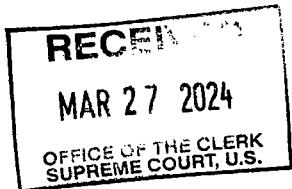
Petitioner has previously been granted leave to proceed *in forma pauperis* in the following court(s):

District Court of Douglas County, Nebraska

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.

Shawn Titus
(Signature)



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

I, Shawn Titus, 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	\$ 0	\$ N/A	\$ 0	\$ 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): _____	\$ 0	\$ N/A	\$ 0	\$ N/A
Total monthly income:	\$ 0	\$ N/A	\$ 0	\$ 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
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	\$ <u>N/A</u>
			\$ <u> </u>
			\$ <u> </u>

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

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

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 N/A

Motor Vehicle #2
 Year, make & model N/A
 Value N/A

Other assets
 Description N/A
 Value N/A

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

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

Name	Relationship	Age
<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, or annually to show the monthly rate.

	You	Your spouse
Rent or home-mortgage payment (include lot rented for mobile home)	\$ <u>N/A</u>	\$ <u>N/A</u>
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)	\$ <u>N/A</u>	\$ <u>N/A</u>
Home maintenance (repairs and upkeep)	\$ <u>N/A</u>	\$ <u>N/A</u>
Food	\$ <u>N/A</u>	\$ <u>N/A</u>
Clothing	\$ <u>N/A</u>	\$ <u>N/A</u>
Laundry and dry-cleaning	\$ <u>N/A</u>	\$ <u>N/A</u>
Medical and dental expenses	\$ <u>N/A</u>	\$ <u>N/A</u>

	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>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ <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>
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>
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? _____

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 and cannot work.

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

Executed on: MARCH 7, 2024

Shawn Titus
(Signature)

NEBRASKA

Good Life. Great Mission.

DEPT OF CORRECTIONAL SERVICES



Jim Pillen, Governor

CERTIFICATION
STATE OF NEBRASKA
DEPARTMENT OF CORRECTIONAL SERVICES

I, Melissa Languis, Controller, hereby certify that the attached is a true and correct copy of the monthly institutional account transaction for Shawn M Titus #88578, for the six-month period of September 2023 to February 2024, consisting of six page(s). Accountings for fractional portions of months are not available.

This certification is provided pursuant to Local Rule 52 of the U.S. District Court of the District of Nebraska, regarding in Forma Pauperis filings.

Dated this 4th of March 2024.

A handwritten signature of Melissa Languis in black ink, with a horizontal line underneath it.

Controller

(SEAL)

Rob Jeffreys, Director
Department of Correctional Services

P.O. Box 94661 Lincoln, NE 68509-4661
Phone: 402-471-2654 Fax: 402-479-5623

corrections.nebraska.gov

STATE OF NEBRASKA
 DEPARTMENT OF CORRECTIONAL SERVICES
 ACCOUNTING
 INSTITUTIONAL ACCOUNT STATEMENT
 FOR THE MONTH ENDING SEPTEMBER 30, 2023

PAGE 1

ID NUMBER	NAME	INST DATE REC	REC RELEASE	LAST CTR LOCALITY	ACTIVITY		
88578	TITUS/SHAWN M	11/06/18		OCC 2A 02U	09/29/23		
SSN	PREV ID	GATE	HR ASSIGNMENT	DATE	IST CNF MNT RST SAV SEC SUS LEG		
480134635		.00	AD HSNG J2	09/29/23	O O O O O O		
					N N N N N N		
PROL VIOL	DET	BEGIN BAL	BEG UNFR BAL	CURR FR BAL	CURR UNFR BAL	CURR BAL	
		N	24.72	24.72	.00	65.71	65.71
TRAN	TRAN	DOC		FROZEN			
CODE	DATE	NUMBER	DESCRIPTION	AMOUNT	DEBIT	CREDIT	BALANCE
12702	090123	082923	OCC LEGAL POSTAGE		2.07		22.65
12801	090523	000080	STORE 05 CHARGES		5.06		17.59
02362	090523	090523	6 MO STATEMENT				17.59
12801	090623		STORE PURCHASE		5.28		12.31
12706	090623	082923	OCC LEGAL COPIES		1.00		11.31
02362	090823	090823	6 MO STATEMENT				11.31
12706	091223	080323	OCC LEGAL COPIES		.40		10.91
12706	091223	072723	OCC LEGAL COPIES		5.50		5.41
12801	091323		STORE NSF AMT 7.07				5.41
01301	091923		PAY 377 15 AUG 2023			50.60	56.01
01972	091923		05% RELEASE SAVINGS		2.53		53.48
12706	091923	082823	OCC LEGAL COPIES		.40		53.08
12706	091923	082423	OCC LEGAL COPIES		2.30		50.78
12801	092023		STORE PURCHASE		25.31		25.47
12231	092023	254017	CHRISTOPHER SAMPSON			50.00	75.47
12801	092723		STORE PURCHASE		13.88		61.59
12821	092823		STORE REFUND			2.41	64.00
12821	092923		STORE REFUND			1.71	65.71

STATE OF NEBRASKA
 DEPARTMENT OF CORRECTIONAL SERVICES
 ACCOUNTING
 INSTITUTIONAL ACCOUNT STATEMENT
 FOR THE MONTH ENDING OCTOBER 31, 2023

PAGE 1

ID		INST	REC	LAST	
NUMBER	NAME	DATE REC	RELEASE	CTR LOCALITY	ACTIVITY
88578	TITUS/SHAWN M	11/06/18		OCC 2A 02U	10/25/23

SSN	PREV ID	GATE	HR ASSIGNMENT	DATE	IST	CNF	MNT	RST	SAV	SEC	SUS	LEG
480134635		.00	AD HSNG J2	09/29/23	O	O			O	O	O	
					N	N			N	N	N	

PROL	VIOL	DET	BEGIN BAL	BEG UNFR BAL	CURR FR BAL	CURR UNFR BAL	CURR BAL
		N	65.71	65.71	.00	88.88	88.88

TRAN	TRAN	DOC	FROZEN				
CODE	DATE	NUMBER	DESCRIPTION	AMOUNT	DEBIT	CREDIT	BALANCE
12801	100423		STORE PURCHASE		26.54		39.17
02362	100423	100323	6 MO STATEMENT				39.17
12702	100623	091723	OCC LEGAL POSTAGE		2.55		36.62
12702	100623	091723	OCC LEGAL POSTAGE		2.55		34.07
12231	101723	254189	CHRISTOPHER SAMPSON			50.00	84.07
01301	101823		PAY 377 15 SEP 2023			32.20	116.27
01972	101823		05% RELEASE SAVINGS		1.61		114.66
01301	101823		PAY 377 17 SEP 2023			13.80	128.46
01972	101823		05% RELEASE SAVINGS		.69		127.77
12801	101823		STORE PURCHASE		20.81		106.96
12706	101823	100123	OCC LEGAL COPIES		1.10		105.86
12706	101823	092723	OCC LEGAL COPIES		2.60		103.26
12706	101823	092023	OCC LEGAL COPIES		1.60		101.66
12706	101823	092423	OCC LEGAL COPIES		.40		101.26
12706	101823	091723	OCC LEGAL COPIES		6.40		94.86
12702	102423	092823	OCC LEGAL POSTAGE		.24		94.62
12702	102423	092823	OCC LEGAL POSTAGE		.24		94.38
12706	102423	100823	OCC LEGAL COPIES		2.30		92.08
12801	102523		STORE PURCHASE		3.20		88.88

STATE OF NEBRASKA
 DEPARTMENT OF CORRECTIONAL SERVICES
 ACCOUNTING
 INSTITUTIONAL ACCOUNT STATEMENT
 FOR THE MONTH ENDING NOVEMBER 30, 2023

PAGE 1

ID NUMBER	NAME	INST DATE REC	REC RELEASE	LAST CTR LOCALITY	ACTIVITY		
88578	TITUS/SHAWN M	11/06/18		OCC 2A 19U	11/30/23		
SSN 480134635	PREV ID .00	GATE AD HSNG J2	HR ASSIGNMENT 09/29/23	DATE IST CNF MNT RST SAV SEC SUS LEG			
				O O	O O O		
				N N	N N N		
PROL VIOL	DET	BEGIN BAL N 88.88	BEG UNFR BAL 88.88	CURR FR BAL .00	CURR UNFR BAL 41.75	CURR BAL 41.75	
TRAN	TRAN	DOC	FROZEN				
CODE	DATE	NUMBER	DESCRIPTION	AMOUNT	DEBIT	CREDIT	BALANCE
12801	110123		STORE PURCHASE		19.89		68.99
12821	110223		STORE REFUND			7.54	76.53
12702	110323	101123	OCC LEGAL POSTAGE		.58		75.95
12702	110323	101123	OCC LEGAL POSTAGE		2.07		73.88
12801	110823		STORE PURCHASE		18.93		54.95
12706	110823	101723	OCC LEGAL COPIES		3.20		51.75
12706	110823	102523	OCC LEGAL COPIES		.50		51.25
12706	111423	102923	OCC LEGAL COPIES		.40		50.85
12702	111423	101723	OCC LEGAL POSTAGE		.39		50.46
12702	111423	101723	OCC LEGAL POSTAGE		.39		50.07
12801	111523		STORE PURCHASE		35.60		14.47
02362	111623	111623	6 MO STATEMENT				14.47
01301	111723		PAY 377 17 OCT 2023			50.60	65.07
01972	111723		05% RELEASE SAVINGS		2.53		62.54
02362	112823	112223	6 MO STATEMENT				62.54
12706	112823	111323	OCC LEGAL COPIES		.80		61.74
12801	112923		STORE PURCHASE		11.52		50.22
12801	112923		STORE PURCHASE		10.88		39.34
12821	113023		STORE REFUND			2.41	41.75

STATE OF NEBRASKA
 DEPARTMENT OF CORRECTIONAL SERVICES
 ACCOUNTING
 INSTITUTIONAL ACCOUNT STATEMENT
 FOR THE MONTH ENDING DECEMBER 31, 2023

PAGE 1

ID	INST	REC	LAST	
NUMBER NAME	DATE REC	RELEASE	CTR LOCALITY ACTIVITY	
88578 TITUS/SHAWN M	11/06/18		OCC 2A 19U 12/28/23	
SSN PREV ID GATE HR ASSIGNMENT DATE	IST CNF MNT RST SAV SEC SUS LEG			
480134635 .00 AD HSNG J2 09/29/23	O O	O O O	N N N N N N	
PROL VIOL DET BEGIN BAL BEG UNFR BAL CURR FR BAL CURR UNFR BAL CURR BAL				
N 41.75 41.75 .00 92.09 92.09				
TRAN TRAN DOC	FROZEN			
CODE DATE NUMBER DESCRIPTION	AMOUNT	DEBIT	CREDIT	BALANCE
12801 120623 STORE PURCHASE		23.09		18.66
12821 120723 STORE REFUND			7.26	25.92
12801 121323 STORE PURCHASE		23.79		2.13
01301 121823 PAY 377 17 NOV 2023			50.60	52.73
01972 121823 05% RELEASE SAVINGS		2.53		50.20
12801 122023 STORE PURCHASE		15.02		35.18
12231 122023 254638 LYNN JOHNSON			35.00	70.18
12241 122023 744555 MICHAEL TITUS			20.00	90.18
12821 122123 STORE REFUND			1.91	92.09
12821 122223 STORE REFUND			1.89	93.98
12801 122723 STORE PURCHASE		2.98		91.00
12821 122823 STORE REFUND			1.09	92.09

STATE OF NEBRASKA
 DEPARTMENT OF CORRECTIONAL SERVICES
 ACCOUNTING
 INSTITUTIONAL ACCOUNT STATEMENT
 FOR THE MONTH ENDING JANUARY 31, 2024

PAGE 1

ID NUMBER	NAME	INST DATE REC	REC RELEASE	LAST CTR LOCALITY	ACTIVITY		
88578	TITUS/SHAWN M	11/06/18		OCC 2A 19U	01/31/24		
SSN 480134635	PREV ID .00	GATE AD HSNG J2	HR ASSIGNMENT 09/29/23	DATE IST CNF MNT RST SAV SEC SUS LEG			
				O O	O O O		
				N N	N N N		
PROL VIOL N	DET	BEGIN BAL 92.09	BEG UNFR BAL 92.09	CURR FR BAL .00	CURR UNFR BAL 89.54	CURR BAL 89.54	
TRAN CODE	TRAN DATE	DOC NUMBER	DESCRIPTION	FROZEN AMOUNT	DEBIT	CREDIT	BALANCE
12821	010224		STORE REFUND			1.89	93.98
12801	010324		STORE PURCHASE		7.50		86.48
12801	011724		STORE PURCHASE		36.58		49.90
01301	011824		PAY 377 17 DEC 2023			48.30	98.20
01972	011824		05% RELEASE SAVINGS		2.42		95.78
12821	011824		STORE REFUND			2.54	98.32
12706	012524	122023	OCC LEGAL COPIES		5.90		92.42
12241	012924	752473	MICHAEL TITUS			20.00	112.42
12801	013124		STORE PURCHASE		20.45		91.97
12702	013124	122023	OCC LEGAL POSTAGE		.81		91.16
12702	013124	122023	OCC LEGAL POSTAGE		1.62		89.54

STATE OF NEBRASKA
 DEPARTMENT OF CORRECTIONAL SERVICES
 ACCOUNTING
 INSTITUTIONAL ACCOUNT STATEMENT
 FOR THE MONTH ENDING FEBRUARY 29, 2024

PAGE 1

ID NUMBER	NAME	INST DATE REC	REC RELEASE	LAST CTR LOCALITY	ACTIVITY		
88578	TITUS/SHAWN M	11/06/18		OCC 2A 19U	02/29/24		
SSN 480134635	PREV ID .00	GATE AD HSNG J2	HR ASSIGNMENT 09/29/23	DATE IST CNF MNT RST SAV SEC SUS LEG			
				O O	O O O		
				N N	N N N		
PROL VIOL N	DET 89.54	BEGIN BAL 89.54	BEG UNFR BAL 89.54	CURR FR BAL .00	CURR UNFR BAL 65.09	CURR BAL 65.09	
TRAN CODE	TRAN DATE	DOC NUMBER	DESCRIPTION	FROZEN AMOUNT	DEBIT	CREDIT	BALANCE
12706	020624	001624	OCC LEGAL COPIES	3.00			86.54
12801	020724		STORE PURCHASE	16.43			70.11
02362	020824	020824	6 MO STATEMENT				70.11
12801	021424		STORE PURCHASE	38.41			31.70
12231	021424	255030	LYNN JOHNSON		25.00		56.70
12702	021424	011624	OCC LEGAL POSTAGE	.48			56.22
12702	021424	011624	OCC LEGAL POSTAGE	.48			55.74
01301	021624		PAY 377 17 JAN 2024		52.90		108.64
01972	021624		05% RELEASE SAVINGS	2.65			105.99
12706	021624	013024	OCC LEGAL COPIES	1.30			104.69
12706	021624	020824	OCC LEGAL COPIES	2.30			102.39
12702	022024	021124	OCC LEGAL POSTAGE	.08			102.31
12702	022024	021124	OCC LEGAL POSTAGE	.04			102.27
12702	022024	021124	REV AMT ERROR		.04		102.31
12702	022024	021124	OCC LEGAL POSTAGE	.48			101.83
12801	022124		STORE PURCHASE	27.08			74.75
12706	022124	021524	OCC LEGAL COPIES	.60			74.15
12706	022124	021124	OCC LEGAL COPIES	3.50			70.65
12706	022124	021324	OCC LEGAL COPIES	.50			70.15
12801	022824		STORE PURCHASE	12.32			57.83
12821	022924		STORE REFUND		7.26		65.09