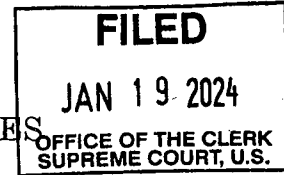


No. USAP3 No. 69-3745  
23-7204

ORIGINAL

IN THE  
SUPREME COURT OF THE UNITED STATES



Sean L. Hagens — PETITIONER  
(Your Name)

VS.

United States of America — 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):

US District Court

US Court of Appeals for the Third Circuit

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.

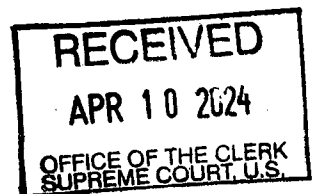
Petitioner's affidavit or declaration is **not** attached because the court below appointed counsel in the current proceeding, and:

The appointment was made under the following provision of law: \_\_\_\_\_

\_\_\_\_\_, or

a copy of the order of appointment is appended.

Sean Hagens  
(Signature)



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

I, Sean L. Hagins, 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>∅</u>	\$ _____	\$ <u>∅</u>	\$ _____
Self-employment	\$ <u>∅</u>	\$ _____	\$ <u>∅</u>	\$ _____
Income from real property (such as rental income)	\$ <u>∅</u>	\$ _____	\$ <u>∅</u>	\$ _____
Interest and dividends	\$ <u>∅</u>	\$ _____	\$ <u>∅</u>	\$ _____
Gifts	\$ <u>∅</u>	\$ _____	\$ <u>∅</u>	\$ _____
Alimony	\$ <u>∅</u>	\$ _____	\$ <u>∅</u>	\$ _____
Child Support	\$ <u>∅</u>	\$ _____	\$ <u>∅</u>	\$ _____
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>∅</u>	\$ _____	\$ <u>∅</u>	\$ _____
Disability (such as social security, insurance payments)	\$ <u>∅</u>	\$ _____	\$ <u>∅</u>	\$ _____
Unemployment payments	\$ <u>∅</u>	\$ _____	\$ <u>∅</u>	\$ _____
Public-assistance (such as welfare)	\$ <u>∅</u>	\$ _____	\$ <u>∅</u>	\$ _____
Other (specify): _____	\$ <u>∅</u>	\$ _____	\$ <u>∅</u>	\$ _____
<b>Total monthly income:</b>	\$ <u>∅</u>	\$ <u>∅</u>	\$ <u>∅</u>	\$ <u>∅</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
Unemployed (Incarcerated)	_____	_____	\$ <u>0</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
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.

Type of account (e.g., checking or savings)	Amount you have	Amount your spouse has
None	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

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

- Home Value \_\_\_\_\_
- Other real estate Value \_\_\_\_\_
- Motor Vehicle #1  
Year, make & model \_\_\_\_\_  
Value \_\_\_\_\_
- Motor Vehicle #2  
Year, make & model \_\_\_\_\_  
Value \_\_\_\_\_
- Other assets  
Description \_\_\_\_\_  
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
<u>NONE</u>	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

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
<u>NONE</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>Ø</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>Ø</u>	\$ _____
Home maintenance (repairs and upkeep)	\$ <u>Ø</u>	\$ _____
Food	\$ <u>Ø</u>	\$ _____
Clothing	\$ <u>Ø</u>	\$ _____
Laundry and dry-cleaning	\$ <u>Ø</u>	\$ _____
Medical and dental expenses	\$ <u>Ø</u>	\$ _____

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

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.

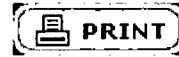
I am incarcerated and have been for over 10 years. I am at a non-UNICOR facility with limited work programs and cannot earn money.

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

Executed on: 4-1-24, 20  


Sean Maguire  
(Signature)

# Inmate Inquiry



**Inmate Reg #:** 60425050      **Current Institution:** Otisville FCI  
**Inmate Name:** HAGINS, SEAN      **Housing Unit:** OTV-D-A  
**Report Date:** 03/27/2024      **Living Quarters:** D03-313L  
**Report Time:** 8:26:20 AM

General Information | Account Balances | Commissary History | Commissary Restrictions | Comments  
**General Information**

**Administrative Hold Indicator:** No  
**No Power of Attorney:** No  
**Never Waive NSF Fee:** No  
**Max Allowed Deduction %:** 100  
**PIN:** 1643  
**PAC #:** 125427843  
**Revalidation Date:** 16th  
**FRP Participation Status:** No Obligation  
**Arrived From:** SCH  
**Transferred To:**  
**Account Creation Date:** 11/2/2006  
**Local Account Activation Date:** 12/7/2022 3:29:04 AM  
**Sort Codes:**   
**Last Account Update:** 3/27/2024 7:18:41 AM  
**Account Status:** Active  
**Phone Balance:** \$0.00

## Pre-Release Plan Information

**Target Pre-Release Account Balance:** \$10,000.00  
**Pre-Release Deduction %:** 0%  
**Income Categories to Deduct From:**  Payroll  Outside Source Funds

## FRP Plan Information

FRP Plan Type	Expected Amount	Expected Rate
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## Account Balances

**Account Balance:** \$25.22  
**Pre-Release Balance:** \$0.00  
**Debt Encumbrance:** \$0.00  
**SPO Encumbrance:** \$0.00  
**Other Encumbrances:** \$0.00  
**Outstanding Negotiable Instruments:** \$0.00  
**Administrative Hold Balance:** \$0.00  
**Available Balance:** \$25.22  
**National 6 Months Deposits:** \$1,245.00

*UM Everett*  


National 6 Months Withdrawals: \$1,229.78  
Available Funds to be considered for IFRP Payments: \$795.00  
National 6 Months Avg Daily Balance: \$57.82  
Local Max. Balance - Prev. 30 Days: \$220.02  
Average Balance - Prev. 30 Days: \$64.97

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## Commissary History

### Purchases

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Validation Period Purchases: \$0.00  
YTD Purchases: \$1,023.48  
Last Sales Date: 3/7/2024 11:28:52 AM

### SPO Information

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SPO's this Month: 0  
SPO \$ this Quarter: \$0.00

### Spending Limit Info

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Spending Limit Override: No  
Weekly Revalidation: No  
Bi-Weekly Revalidation: Yes  
Spending Limit: \$180.00  
Expended Spending Limit: \$0.00  
Remaining Spending Limit: \$180.00

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## Commissary Restrictions

### Spending Limit Restrictions

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Restricted Spending Limit: \$0.00  
Restricted Expended Amount: \$0.00  
Restricted Remaining Spending Limit: \$0.00  
Restriction Start Date: N/A  
Restriction End Date: N/A

### Item Restrictions

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List Name	List Type	Start Date	End Date	Active
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## Comments

Comments: