

No. USAP3 No. 69-3745

23-7204

ORIGINAL

IN THE

SUPREME COURT OF THE UNITED STATES

FILED

JAN 19 2024

OFFICE OF THE CLERK
SUPREME COURT, U.S.

Sean L. Hargins — 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 Hargins

(Signature)

RECEIVED

APR 10 2024

OFFICE OF THE CLERK
SUPREME COURT, U.S.

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

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

| Type of account (e.g., checking or savings) | Amount you have | Amount your spouse has |
|---|-----------------|------------------------|
| <u>none</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 _____

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>∅</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>∅</u> | \$ _____ |
| Home maintenance (repairs and upkeep) | \$ <u>∅</u> | \$ _____ |
| Food | \$ <u>∅</u> | \$ _____ |
| Clothing | \$ <u>∅</u> | \$ _____ |
| Laundry and dry-cleaning | \$ <u>∅</u> | \$ _____ |
| Medical and dental expenses | \$ <u>∅</u> | \$ _____ |

| | You | Your spouse |
|---|--------------------|--------------------|
| Transportation (not including motor vehicle payments) | \$ <u>0</u> | \$ _____ |
| Recreation, entertainment, newspapers, magazines, etc. | \$ <u>0</u> | \$ _____ |
| Insurance (not deducted from wages or included in mortgage payments) | | |
| Homeowner's or renter's | \$ <u>0</u> | \$ _____ |
| Life | \$ <u>0</u> | \$ _____ |
| Health | \$ <u>0</u> | \$ _____ |
| Motor Vehicle | \$ <u>0</u> | \$ _____ |
| Other: _____ | \$ <u>0</u> | \$ _____ |
| Taxes (not deducted from wages or included in mortgage payments) | | |
| (specify): _____ | \$ <u>0</u> | \$ _____ |
| Installment payments | | |
| Motor Vehicle | \$ <u>0</u> | \$ _____ |
| Credit card(s) | \$ <u>0</u> | \$ _____ |
| Department store(s) | \$ <u>0</u> | \$ _____ |
| Other: _____ | \$ <u>0</u> | \$ _____ |
| Alimony, maintenance, and support paid to others | \$ <u>0</u> | \$ _____ |
| Regular expenses for operation of business, profession, or farm (attach detailed statement) | \$ <u>0</u> | \$ _____ |
| Other (specify): _____ | \$ <u>0</u> | \$ _____ |
| Total monthly expenses: | \$ <u>0</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.

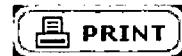
I am incarcerated and have been for over 10 years. I am at a non-UNICOR facility with limited work programs and cannot earn money.

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

Executed on: 4-1-24, 20____

Sean Hagan
(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 |
|---------------|-----------------|---------------|
|---------------|-----------------|---------------|

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



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

Commissary History

Purchases

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

SPO Information

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

Spending Limit Info

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

Commissary Restrictions

Spending Limit Restrictions

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

| List Name | List Type | Start Date | End Date | Active |
|-----------|-----------|------------|----------|--------|
|-----------|-----------|------------|----------|--------|

Comments

Comments: