

23-7318

NO.

ORIGINAL

FILED
APR 19 2024

OFFICE OF THE CLERK
SUPREME COURT, U.S.

IN THE
SUPREME COURT OF THE UNITED STATES

WASHINGTON, D.C. 20543

MICHAEL PATRICK CRENSHAW - PETITIONER

VS.

WINNEBAGO COUNTY STATE'S ATTORNEYS INVALIDLY
AS "THE PEOPLE OF THE STATE OF ILLINOIS" - RESPONDENT(S)

MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

The Petitioner respectfully 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 cases:

SUPREME COURT OF ILLINOIS, Case No. 014992

United States District Court for the Northern District of Illinois, case no. 3:24-cv-50012.

United States District Court for the Central Springfield case no. 3:24-cv-03007

Petitioner's affidavit or declaration in support of this motion is attached hereto. AND Requesting Appointment of Counsel, IF he may?

Respectfully submitted,

Michael P. Crenshaw I.D. # R06537

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

I, Michael P. Cranshaw, 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>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Self-employment	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Income from real property (such as rental income)	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Interest and dividends	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Gifts	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Alimony	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Child Support	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Disability (such as social security, insurance payments)	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Unemployment payments	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Public-assistance (such as welfare)	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Other (specify): <u>State pay</u>	\$ <u>124.80</u> <small>about for the year</small>	\$ _____	\$ <u>10.40</u>	\$ _____
Total monthly income:	\$ <u>10.40</u>	\$ _____	\$ <u>10.40</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>Have not been employed</u>	<u>Ø</u>	<u>Last date of employment was July 3rd, 2014</u>	<u>\$ 2014 \$ 28.80 \$ After that \$ 10,40 / \$13.00 as of 2021</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>Not Married</u> <u>No girlfriend</u>	<u>Ø</u>	<u>Ø</u>	<u>\$ \$ Ø \$ Ø</u>

4. How much cash do you and your spouse have? \$ Ø What is cash?
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 Available</u>	<u>\$ Ø</u>	<u>\$ Ø</u>
<u>N/A</u>	<u>\$ Ø</u>	<u>\$ Ø</u>
<u>N/A</u>	<u>\$ Ø</u>	<u>\$ Ø</u>

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>Ø</u>	<input type="checkbox"/> Other real estate Value <u>Ø</u>
<input type="checkbox"/> Motor Vehicle #1 Year, make & model <u>Ø None</u> Value <u>Ø</u>	<input type="checkbox"/> Motor Vehicle #2 Year, make & model <u>Ø None</u> Value <u>Ø</u>
<input type="checkbox"/> Other assets Description <u>None</u> Value <u>Ø</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>State of Illinois</u>	<u>6,000.00</u> <u>About \$600.00 a year</u> <u>\$ for the past 24 years</u>	<u>\$ 0</u>
<u>None others</u>	<u>\$ 0</u>	<u>\$ 0</u>
	<u>\$ 0</u>	<u>\$ 0</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>N/A</u>	<u>None</u>	<u>N/A</u>
<u>N/A</u>	<u>None</u>	<u>N/A</u>
<u>N/A</u>	<u>None</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>\$ 0</u>	<u>\$ 0</u>
Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	<u>\$ 0</u>	<u>\$ 0</u>
Home maintenance (repairs and upkeep)	<u>\$ 0</u>	<u>\$ 0</u>
Food	<u>\$ 10.40 per month</u>	<u>\$ 0</u>
Clothing	<u>\$ 0</u>	<u>\$ 0</u>
Laundry and dry-cleaning	<u>\$ 0</u>	<u>\$ 0</u>
Medical and dental expenses	<u>\$ 0</u>	<u>\$ 0</u>

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>0</u>	\$ <u>0</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>0</u>	\$ <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>Legal expenditures</u>	\$ <u>50.00 to 75.00</u> <i>about</i> <i>per Month, per Petition</i>	\$ _____
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>0</u>	\$ <u>0</u>	\$ _____
Installment payments		
Motor Vehicle	\$ <u>0</u>	\$ _____
Credit card(s)	\$ <u>0</u>	\$ _____
Department store(s)	\$ <u>0</u>	\$ _____
Other: <u>State filing fees</u> <i>Court ordered filing fees</i>	\$ <u>20% per claim right</u> <i>now down at 3 claims</i>	\$ _____
Alimony, maintenance, and support paid to others	\$ <u>0</u>	\$ <u>Claims 60% of \$10.40</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>0</u>	\$ _____
Other (specify): <u>you'll see the Comonk ledger of all of my Court ordered filing fees</u>	\$ <u>20% per claim right now I'm at 3 claims so</u>	\$ _____
Total monthly expenses:	\$ <u>That would be \$60% of \$10.40</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? Indigent

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.

Oweing for Court ordered filing fees, Court ordered Sanctions and two (2) Federal Court filing fees of 350.00 each and 544.00 for sanctions to the Winnebago County state's attorneys for making them do their job?

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

Pursuant to 28 U.S.C. § 1746

Executed on: April 3rd, 2024

Mark P. Caudell F.D.#
RO6537
(Signature)

Inmate: R06537 Crenshaw, Michael P.

Housing Unit: WIL-03-D -23

Date	Source	Transaction Type	Batch	Reference #	Description	Amount	Balance
					Beginning Balance:	5.78	
10/20/23	Disbursements	84 Library	2933192	Chk #165072	57518, DOC: 523 Fund, 10/16/2023	Inv. Date: -2.50	3.28
11/07/23	Payroll	20 Payroll Adjustment	3111192		P/R month of 102023		10.40
11/15/23	Disbursements	84 Library	3193192	Chk #165420	58046, DOC: 523 Fund, 11/13/2023	Inv. Date: -.20	13.48
11/15/23	Disbursements	84 Library	3193192	Chk #165420	58052, DOC: 523 Fund, 11/14/2023	Inv. Date: -3.10	10.38
11/22/23	Disbursements	81 Legal Postage	3263192	Chk #165644	58147, Reserve Accou, 11/15/2023	Inv. Date: -2.55	7.83
11/27/23	Point of Sale	60 Commissary	3317217	1141709	Commissary		-.780
11/30/23	Disbursements	84 Library	3343209	Chk #165753	58327, DOC: 523 Fund, 11/30/2023	Inv. Date: -.03	.00
12/07/23	Payroll	20 Payroll Adjustment	3411192		P/R month of 112023		10.40
12/15/23	Disbursements	84 Library	3493208	Chk #165919	58534, DOC: 523 Fund, 12/12/2023	Inv. Date: -3.00	7.40
12/21/23	Disbursements	84 Library	3553192	Chk #166008	058575, DOC: 523 Fun, 12/19/2023	Inv. Date: -1.40	6.00
12/29/23	Disbursements	84 Library	3633208	Chk #166112	58655, DOC: 523 Fund, 12/21/2023	Inv. Date: -.80	5.20
12/29/23	Disbursements	84 Library	3633208	Chk #166112	58655, DOC: 523 Fund, 12/21/2023	Inv. Date: -.40	4.80
01/09/24	Payroll	20 Payroll Adjustment	0091192		P/R month of 122023		10.40
01/11/24	Disbursements	81 Legal Postage	0113192	Chk #166329	058854, Reserve Acco, 01/05/2024	Inv. Date: -.303	12.17
01/11/24	Disbursements	81 Legal Postage	0113192	Chk #166329	058963, Reserve Acco, 01/11/2024	Inv. Date: -9.00	3.17
01/19/24	Disbursements	84 Library	0193192	Chk #166461	059126, DOC: 523 Fun, 01/19/2024	Inv. Date: -.30	2.87
02/08/24	Disbursements	81 Legal Postage	0393192	Chk #166750	059375, Reserve Acco, 02/01/2024	Inv. Date: -2.87	.00
02/13/24	Payroll	20 Payroll Adjustment	0441192		P/R month of 1 2024		8.56
03/08/24	Disbursements	84 Library	0683192	Chk #167149	059799, DOC: 523 Fun, 03/05/2024	Inv. Date: -.30	8.26
03/11/24	Payroll	20 Payroll Adjustment	0711192		P/R month of 2 2024		6.76
03/12/24	Mail Room	01 MO/Checks (Not Held)	0722107	39496752	United States Treasury		18.66
03/13/24	Mail Room	15 JPAY	073200	167190221	Kolbe, Tom		10.00
03/15/24	Disbursements	84 Library	0753192	Chk #167183	059890, DOC: 523 Fun, 03/12/2024	Inv. Date: -.40	43.28
03/15/24	Disbursements	84 Library	0753192	Chk #167183	059890, DOC: 523 Fun, 03/12/2024	Inv. Date: -19.20	24.08
03/15/24	Disbursements	73 Court Ordered Fees	0753192	Chk #167197	0006927, Winnebago C, 04/04/2023	Inv. Date: -3.73	20.35
03/15/24	Disbursements	73 Court Ordered Fees	0753192	Chk #167197	0006927, Winnebago C, 04/04/2023	Inv. Date: -2.00	18.35
03/15/24	Disbursements	73 Court Ordered Fees	0753192	Chk #167208	0007044, United Stat, 01/25/2024	Inv. Date: -3.73	14.62
03/15/24	Disbursements	73 Court Ordered Fees	0753192	Chk #167208	0007044, United Stat, 01/25/2024	Inv. Date: -2.00	12.62
03/21/24	Point of Sale	60 Commissary	0817223	1149107	Commissary		-.12.49
04/08/24	Payroll	20 Payroll Adjustment	0991192		P/R month of 3 2024		7.71
04/12/24	Disbursements	84 Library	1033213	Chk #167730	060373, DOC: 523 Fun, 04/08/2024	Inv. Date: -.30	7.54
04/12/24	Disbursements	84 Library	1033213	Chk #167730	060493, DOC: 523 Fun, 04/12/2024	Inv. Date: -1.70	5.84

Date: 4/15/2024

Time: 12:21pm

d_list_inmate_trans_statement_composite

**Western Illinois Correctional Center
Trust Fund**

[View Transactions](#)

Page 2

Inmate: R06537 Crenshaw, Michael P.

Housing Unit: WIL-03-D -23

Total Inmate Funds:	5.84
Less Funds Held For Orders:	.00
Less Funds Restricted:	.00
Funds Available:	5.84
Total Furloughs:	.00
Total Voluntary Restitutions:	.00

I declare under penalty of perjury that the above information is true and correct. I understand that 28 U.S.C. § 1915(e)(2)(A) states that the court shall dismiss this case at any time if the court determines that my allegation of poverty is untrue.

Date: April 15th, 2024

Michael P. Crenshaw
Signature of Applicant:

Michael P. Crenshaw
(Print Name)

NOTICE TO PRISONERS: In addition to the Certificate below, a prisoner must also attach a print-out from the institution(s) where he or she has been in custody during the last six months showing all receipts, expenditures and balances in the prisoner's prison or jail trust fund accounts during that period. Because the law requires information as to such accounts covering a full six months before you have filed your lawsuit, you must attach a sheet covering transactions in your own account - prepared by each institution where you have been in custody during that six-month period. As already stated, you must also have the Certificate below completed by an authorized officer at each institution.

CERTIFICATE
(Incarcerated applicants only)
(To be completed by the institutions of incarceration)

I certify that the applicant named herein, Michael Crenshaw, I.D.# R06537, has the sum of \$ 5.84 on account to his/her credit at (name of institution) Western IL Corrections. I further certify that the applicant has the following securities to his/her credit N/A. I further certify that during the past six months the applicant's average monthly deposit was \$ 13.82. (Add all deposits from all sources and then divide by number of months).

4/15/24

Date

J. Snyder
Signature of Authorized Officer

Jennifer Snyder
(Print Name)