

No. **23-7358**

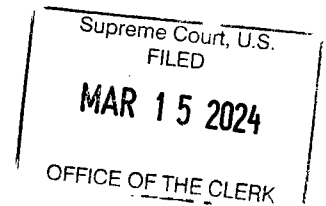
**ORIGINAL**

IN THE  
SUPREME COURT OF THE UNITED STATES

ERIC LAQUINAE BROWN — PETITIONER  
(Your Name)

VS.

MISSISSIPPI.ETAL. — 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):

MISSISSIPPI COURT OF APPEALS (END) MISSISSIPPI SUPREME COURT ALSO  
THE PONTOTOC CIRCUIT COURT

☐ 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.

Eric L. B.  
(Signature)

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

I, ERIC LAQUINNE BROWAL, 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	\$ _____	\$ _____	\$ _____	\$ _____
Self-employment	\$ _____	\$ _____	\$ _____	\$ _____
Income from real property (such as rental income)	\$ _____	\$ _____	\$ _____	\$ _____
Interest and dividends	\$ _____	\$ _____	\$ _____	\$ _____
Gifts	\$ _____	\$ _____	\$ _____	\$ _____
Alimony	\$ _____	\$ _____	\$ _____	\$ _____
Child Support	\$ _____	\$ _____	\$ _____	\$ _____
Retirement (such as social security, pensions, annuities, insurance)	\$ _____	\$ _____	\$ _____	\$ _____
Disability (such as social security, insurance payments)	\$ _____	\$ _____	\$ _____	\$ _____
Unemployment payments	\$ _____	\$ _____	\$ _____	\$ _____
Public-assistance (such as welfare)	\$ _____	\$ _____	\$ _____	\$ _____
Other (specify): _____	\$ _____	\$ _____	\$ _____	\$ _____
<b>Total monthly income:</b>	\$ _____	\$ _____	\$ _____	\$ _____

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
			\$
			\$
			\$

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
			\$
			\$
			\$

4. How much cash do you and your spouse have? \$ \_\_\_\_\_  
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
	\$	\$
	\$	\$
	\$	\$

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 _____	<input type="checkbox"/> Other real estate Value _____
<input type="checkbox"/> Motor Vehicle #1 Year, make & model _____ Value _____	<input type="checkbox"/> Motor Vehicle #2 Year, make & model _____ Value _____
<input type="checkbox"/> 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
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

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
_____	_____	_____
_____	_____	_____
_____	_____	_____

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)	\$ _____	\$ _____
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)	\$ _____	\$ _____
Home maintenance (repairs and upkeep)	\$ _____	\$ _____
Food	\$ _____	\$ _____
Clothing	\$ _____	\$ _____
Laundry and dry-cleaning	\$ _____	\$ _____
Medical and dental expenses	\$ _____	\$ _____

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

N/A

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:


N/A

12. Provide any other information that will help explain why you cannot pay the costs of this case.

I ONLY RECEIVE \$79.06 A MONTH

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

Executed on: \_\_\_\_\_, 20\_\_\_\_

  
(Signature)

APPLICATION TO PROCEED *IN FORMA PAUPERIS*  
IN THE COURTS OF THE STATE OF MISSISSIPPI

ERIC L. BROWN

PETITIONER

VS.

CAUSE NO. CR9-100

STATE OF MISSISSIPPI

RESPONDENT

I, ERIC L. BROWN, an inmate within the Mississippi

Department of Corrections, request this Honorable Court to allow me to proceed without

prepayment of costs and declare that I am unable to pay the fees and am entitled to

proceed as a Pauper. In support thereof, I would show the following, to-wit:

1. I receive income, if any, in the amount of \$ 82.<sup>00</sup> per week/ month year.

2. I have the amount of \$ N/A in a checking and/or savings  
account located at \_\_\_\_\_.

3. List all other assets such as real estate, bonds, notes, etc.

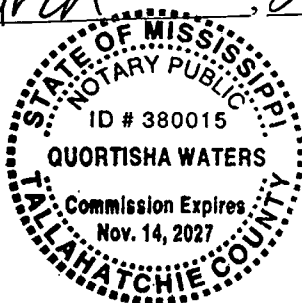
a. \_\_\_\_\_  
b. \_\_\_\_\_  
c. \_\_\_\_\_

STATE OF MISSISSIPPI  
COUNTY OF SUNFLOWER

Eric L. B

PERSONALLY APPEARED BEFORE ME, the undersigned authority in and for  
said jurisdiction, the within named Petitioner, who, after first being by me duly sworn,  
stated on oath that the statements set forth in the above and foregoing are true and correct  
as therein stated.

SWORN TO AND SUBSCRIBED before me, this the 5 day of  
March, 2024.



Quortisha Waters  
NOTARY PUBLIC

**FINANCIAL AUTHORIZATION  
TO BE COMPLETED BY PETITIONER**

Authorization for Release of Institution Account Information  
and Payment of the Filing Fees

I, ERIC LADIVINE BROWN, MDOC# K0577,  
authorize the Clerk of Court to obtain, from the agency having custody of my person,  
information about my institutional account, including balances, deposits and withdrawals.  
The Clerk of Court may obtain my account information from the past six (6) months and  
in the future, until the filing fee is paid. I also, authorize the agency having custody of  
my person to withdraw funds from my account and forward payments to the Clerk of  
Court, in accord with section 47-5-76 of the Mississippi Code Annotated.

03-04-24  
Date

Eric L. B.  
Signature of Petitioner

IT IS THE PETITIONER'S RESPONSIBILITY TO HAVE THE APPROPRIATE  
PRISON OFFICIAL COMPLETE AND CERTIFY THE CERTIFICATE BELOW

**CERTIFICATE  
(Inmate Accounts Only)  
TO BE COMPLETED BY AUTHORIZED OFFICER**

I certify that the Petitioner named herein has the sum of \$ 18<sup>69</sup> km  
on account to his credit at MSP, MDOC Facility, where  
he is confined. I further certify that the Petitioner has the following securities to his  
credit according to the records of said institution: N/A

I further certify that during the last six (6) months the  
Petitioner's average monthly balance was \$ 17.06

I further certify that during the last six (6) months the  
Petitioner's average monthly deposit was \$ 79.80

I further certify that Petitioner has made the following withdrawals within  
the past thirty (30) days: 16.04/17.04/18.90/8.45/34.01.50/13.90

662-745-6611  
Telephone Number

3/6/24  
Date

Appeal State

Kathryn McIntyre  
Authorized Officer of Inmate Accounts

Kathryn McIntyre  
Print Name of Authorized Officer

**RECEIVED**

MAR 06 2024

**INMATE LEGAL  
ASSISTANCE PROGRAM**



APPLICATION TO PROCEED IN FORMA PAUPERIS  
IN THE COURTS OF THE STATE OF MISSISSIPPI

ERIC L. BROWN

PETITIONER

VS.

CAUSE NO. 2022CT00069-COA

STATE OF MISSISSIPPI

RESPONDENT

I, ERIC L. BROWN, an inmate within the Mississippi Department of Corrections, request this Honorable Court to allow me to proceed without prepayment of costs and declare that I am unable to pay the fees and am entitled to proceed as a Pauper. In support thereof, I would show the following, to-wit:

1. I receive income, if any, in the amount of \$ 82<sup>00</sup> per week/ month /year.
2. I have the amount of \$ N/A in a checking and/or savings account located at N/A.
3. List all other assets such as real estate, bonds, notes, etc.
  - a. N/A
  - b. N/A
  - c. N/A

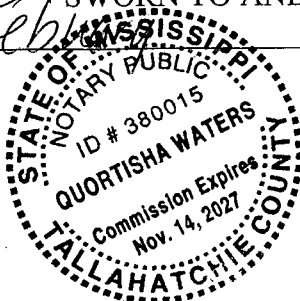
STATE OF MISSISSIPPI

COUNTY OF SUNFLOWER

Eric L. Brown

PERSONALLY APPEARED BEFORE ME, the undersigned authority in and for said jurisdiction, the within named Petitioner, who, after first being by me duly sworn, stated on oath that the statements set forth in the above and foregoing are true and correct as therein stated.

SWORN TO AND SUBSCRIBED before me, this the 20 day of February, 2024.



Quortisha Waters

NOTARY PUBLIC

**FINANCIAL AUTHORIZATION  
TO BE COMPLETED BY PETITIONER**

Authorization for Release of Institution Account Information  
and Payment of the Filing Fees

I, ERIC D. BROWN, MDOC# K0577,  
authorize the Clerk of Court to obtain, from the agency having custody of my person,  
information about my institutional account, including balances, deposits and withdrawals.  
The Clerk of Court may obtain my account information from the past six (6) months and  
in the future, until the filing fee is paid. I also, authorize the agency having custody of  
my person to withdraw funds from my account and forward payments to the Clerk of  
Court, in accord with section 47-5-76 of the Mississippi Code Annotated.

Feb. 20, 2024  
Date

Eric D. Brown  
Signature of Petitioner

IT IS THE PETITIONER'S RESPONSIBILITY TO HAVE THE APPROPRIATE  
PRISON OFFICIAL COMPLETE AND CERTIFY THE CERTIFICATE BELOW

**CERTIFICATE  
(Inmate Accounts Only)  
TO BE COMPLETED BY AUTHORIZED OFFICER**

I certify that the Petitioner named herein has the sum of \$ 35.81  
on account to his credit at MSP, MDOC Facility, where  
he is confined. I further certify that the Petitioner has the following securities to his  
credit according to the records of said institution: N/A

I further certify that during the last six (6) months the  
Petitioner's average monthly balance was \$ 15.80

I further certify that during the last six (6) months the  
Petitioner's average monthly deposit was \$ 82.07

I further certify that Petitioner has made the following withdrawals within  
the past thirty (30) days: 23.54/2.00/3.40/3.20/11.04/2.00/16.04  
7.04/1.00

602-745-6611  
Telephone Number

2/21/24  
Date

Appeal State

Kathryn M. McInnis  
Authorized Officer of Inmate Accounts

Kathryn M. McInnis  
Print Name of Authorized Officer

**RECEIVED**

FEB 21 2024

**INMATE LEGAL  
ASSISTANCE PROGRAM**