

No.

23-7514

ORIGINAL

IN THE
SUPREME COURT OF THE UNITED STATES

FILED
APR 03 2024
OFFICE OF THE CLERK
SUPREME COURT, U.S.

— PETITIONER
(Your Name)

VS.

michael D. mcfarney et al 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):

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.

Christopher Glass
(Signature)

RECEIVED

APR - 9 2024

OFFICE OF THE CLERK
SUPREME COURT, U.S.

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

I, Christopher Glass, 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>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Self-employment	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Income from real property (such as rental income)	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Interest and dividends	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Gifts	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Alimony	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Child Support	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Disability (such as social security, insurance payments)	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Unemployment payments	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Public-assistance (such as welfare)	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Other (specify): <u>Prison Stete Pay</u>	\$ <u>4.92</u>	\$ <u>N/A</u>	\$ <u>14.26</u>	\$ <u>N/A</u>
Total monthly income:	\$ <u>4.92</u>	\$ <u>N/A</u>	\$ <u>14.26</u>	\$ <u>N/A</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
N/A	N/A	N/A	\$ N/A
			\$ \$
			\$ \$

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	N/A	N/A	\$ N/A
			\$ \$
			\$ \$

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.

Financial institution	Type of account	Amount you have	Amount your spouse has
N/A	N/A	\$ N/A	\$ N/A
		\$ \$	\$ \$
		\$ \$	\$ \$

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 _____

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

Other assets
 Description _____ N/A
 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>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:

N/A

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

I am indigent and incarcerated serving a
50 year at 100% and 5 year at 50% sentence

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

Executed on: 3/21, 2024

Chas. Brown

(Signature)

CERTIFICATE

TO BE COMPLETED FOR PRISONERS ONLY. THIS IS A STATEMENT BY THE PRISON
AND NOT THE PRISONER

I hereby certify that the plaintiff or petitioner in this action has
the sum of \$ 15.11 in his trust fund account
at this correctional center where he is confined.

I further certify that the plaintiff or petitioner has the following
securities to his credit according to the records of this institution:

NONE

Angie Haire-Eisler
Authorized officer

Menard Correctional Center
Institution

Accountant Supervisor
Title

3/25/24
Date

IMPORTANT:

THIS CERTIFICATE MUST BE ACCOMPANIED BY A COPY OF A SIX MONTH LEDGER
OF THE PLAINTIFF'S TRUST FUND ACCOUNT.

Date: 3/25/2024

Time: 11:29am

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Menard Correctional Center

Trust Fund

Inmate Transaction Statement

Page 1

REPORT CRITERIA - Date: 09/25/2023 thru 03/25/2024; Inmate: Y33532; Active Status Only ? : No; Print Restrictions ? : Yes; Transaction Type: All Transaction Types; Print Furloughs / Restitutions ? : Yes; Include Inmate Totals ? : Yes; Print Balance Errors Only ? : No; Statewide ? : No

Inmate: Y33532 Glass, Christopher E.

Housing Unit: MEN-W -06-14

Date	Source	Transaction Type	Batch	Reference #	Description	Amount	Balance
					Beginning Balance:	14.74	
10/02/23	Point of Sale	60 Commissary	2757333	1594169	Commissary	-3.68	11.06
10/14/23	Mail Room	15 JPAY	287200	162059552	Tyler, Shanelle	80.00	91.06
10/20/23	Disbursements	84 Library	2933113	Chk #220188	807999, DOC: 523 Fun, Inv. Date: 10/18/2023	-1.00	90.06
10/28/23	Mail Room	10 Western Union	301200	3856621846	Lilly, Heather	100.00	190.06
11/01/23	Point of Sale	60 Commissary	3057291	1596273	Commissary	-17.16	172.90
11/13/23	Disbursements	84 Library	3173113	Chk #220570	809240, DOC: 523 Fun, Inv. Date: 11/09/2023	-19.20	153.70
11/13/23	Disbursements	81 Legal Postage	3173113	Chk #220584	809200, DOC: 523 Fun, Inv. Date: 11/09/2023	-10.53	143.17
11/20/23	Disbursements	88 Birthday gift	3243113	Chk #220812	88308112, Washington, Inv. Date: 11/16/2023	-100.00	43.17
11/21/23	Disbursements	84 Library	3253113	Chk #220919	809880, DOC: 523 Fun, Inv. Date: 11/20/2023	-.40	42.77
11/21/23	Disbursements	80 Postage	3253113	Chk #220924	809652, Pitney Bowes, Inv. Date: 11/16/2023	-.63	42.14
11/30/23	Disbursements	84 Library	3343113	Chk #221033	810089, DOC: 523 Fun, Inv. Date: 11/27/2023	-2.40	39.74
11/30/23	Disbursements	81 Legal Postage	3343113	Chk #221041	810242, DOC: 523 Fun, Inv. Date: 11/28/2023	-1.89	37.85
12/04/23	Point of Sale	60 Commissary	3387328	1598397	Commissary	-13.15	24.70
12/08/23	Disbursements	84 Library	3423113	Chk #221281	810428, DOC: 523 Fun, Inv. Date: 11/30/2023	-3.40	21.30
12/08/23	Disbursements	84 Library	3423113	Chk #221281	810702, DOC: 523 Fun, Inv. Date: 12/05/2023	-.30	21.00
12/13/23	Disbursements	84 Library	3473113	Chk #221435	811045, DOC: 523 Fun, Inv. Date: 12/11/2023	-1.20	19.80
12/13/23	Disbursements	84 Library	3473113	Chk #221435	811322, DOC: 523 Fun, Inv. Date: 12/13/2023	-4.50	15.30
12/21/23	Disbursements	81 Legal Postage	3553113	Chk #221637	811426, DOC: 523 Fun, Inv. Date: 12/14/2023	-2.79	12.51
01/03/24	Point of Sale	60 Commissary	0037182	1600587	Commissary	-12.06	.45
01/10/24	Payroll	20 Payroll Adjustment	0101248		P/R month of 122023	3.96	4.41
01/18/24	Point of Sale	60 Commissary	0187328	1602125	Commissary	-4.31	.10
01/30/24	Mail Room	15 JPAY	030200	165621251	Tyler, Shanelle	120.00	120.10
02/07/24	Point of Sale	60 Commissary	0387328	1604010	Commissary	-111.93	8.17
02/08/24	Disbursements	81 Legal Postage	0393113	Chk #222819	814471, DOC: 523 Fun, Inv. Date: 02/01/2024	-1.87	6.30
02/13/24	Payroll	20 Payroll Adjustment	0441248		P/R month of 1 2024	14.26	20.56
02/20/24	Mail Room	15 JPAY	051200	166264479	Tyler, Shanelle	140.00	160.56
02/22/24	Point of Sale	60 Commissary	0537323	1605727	Commissary	-98.19	62.37
03/07/24	Disbursements	84 Library	0673113	Chk #223376	816170, DOC: 523 Fun, Inv. Date: 02/28/2024	-1.50	60.87
03/08/24	Payroll	20 Payroll Adjustment	0681248		P/R month of 2 2024	13.63	74.50
03/13/24	Point of Sale	60 Commissary	0737342	1607480	Commissary	-14.29	60.21
03/14/24	Disbursements	82 Debts due to State (non-postage)	0743113	Chk #223535	817065, DOC: 523 Fun, Inv. Date: 03/11/2024	-5.00	55.21
03/19/24	Mail Room	15 JPAY	079200	167406118	Tyler, Shanelle	60.00	115.21

Date: 3/25/2024

Time: 11:29am

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Menard Correctional Center

Trust Fund

Inmate Transaction Statement

Page 2

REPORT CRITERIA - Date: 09/25/2023 thru 03/25/2024; Inmate: Y33532; Active Status Only ? : No; Print Restrictions ? : Yes; Transaction Type: All Transaction Types; Print Furloughs / Restitutions ? : Yes; Include Inmate Totals ? : Yes; Print Balance Errors Only ? : No; Statewide ? : No

Inmate: Y33532 Glass, Christopher E.

Housing Unit: MEN-W -06-14

Total Inmate Funds:	115.21
Less Funds Held For Orders:	.00
Less Funds Restricted:	100.10
Funds Available:	15.11
Total Furloughs:	.00
Total Voluntary Restitutions:	.00

RESTRICTIONS

Invoice Date	Invoice Number	Type	Description	Vendor	Amount
03/22/2024	817848	Disb	Legal Postage	99999 DOC: 523 Fund Inmate Reimbursement	\$41.00
03/22/2024	817895	Disb	Library	2 DOC: 523 Fund Library	\$34.90
03/25/2024	817943	Disb	Library	2 DOC: 523 Fund Library	\$14.00
03/25/2024	817986	Disb	Library	2 DOC: 523 Fund Library	\$10.20
Total Restrictions:					\$100.10