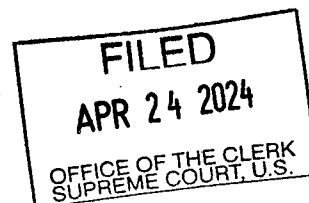


23-7575

ORIGINAL

No. _____



IN THE
SUPREME COURT OF THE UNITED STATES

Oscar Dillon, III —PETITIONER
(Your Name)

vs.

United States —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*.

☒ Petitioner has previously been granted leave to proceed *in forma pauperis* in the following court(s):
U.S. District Court 4:15-cr-00404-HEA E.D. Mo (Doc# 3946)

☐ 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.

B. Dillon III
(Signature)

IN THE
SUPREME COURT OF THE UNITED STATES

Oscar Dillon III)	
Petitioner,)	
v.)	Case No.
United States of America)	
Respondent.)	

PETITIONER'S MOTION TO PROCEED IN FORMA PAUPERIS

COMES NOW ("the Petitioner") Oscar Dillon, III, pro se, and moves this Honorable Court to allow him to proceed in forma pauperis in his petition for a writ of certiorari to the Eighth Circuit U.S. Court of Appeals and states in support the following:

1. The Petitioner, from the date of his December 1, 2016 grand jury indictment on case # 4:15-cr-00404-HEA, Eastern District of Missouri has now been incarcerated for an approximated 89 months, and is indigent. It is demonstrated by his previous filing to which the district court recently on April 3, 2024, granted his forma pauperis motion in the above - style case referenced herein. See (Doc.# 3945 and 3946).

2. Filed herewith and incorporated herein is an Affidavit Accompanying Motion for permission to Petition In Forma Pauperis.

Oscar Dillon III
#59514-019
SPC Beaumont Camp
P.O. Box 26010
Beaumont, Tx 77720

Respectfully Submitted,



April 24, 2024

IN THE
SUPREME COURT OF THE UNITED STATES

Oscar Dillon III,)	
Petitioner)	
v.)	Case No/
United States of America)	
Respondent.)	

AFFIDAVIT ACCOMPANYING MOTION
FOR PERMISSION TO PETITION IN FORMA PAUPERIS

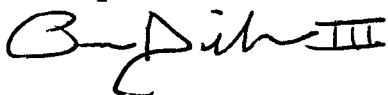
I, Oscar Dillon III, swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my Appeal / Petition or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. section 1746; 18 U.S.C. section 1621.)

I, Oscar Dillon III, have been incarcerated for approximately 89 months and have no income source; including no income from real property, such as rental income, Alimony, Child support nor retirement. E.g. no social security, pensions, annuities or insurance. Additionally, no disability, or public assistance, and nor am I employed. The Petitioner owns no vehicles or Real Estate.

Attached hereto will be a copy of the Petitioner's recent six months Bureau of Prisons Account Funds which are monies to buy food and hygienic supplies.

Respectfully Submitted

/s/s




Date: April 24, 2024

Inmate Inquiry



Inmate Reg #: 9914019 Current Institution: Beaumont PCC
 Inmate Name: DILLON, OSCAR Housing Unit: BML-G-D
 Report Date: 03/09/2024 Living Quarters: G04-001L
 Report Time: 9:01:15 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: 9083
 PAC #: 317312539
 Revalidation Date: 13th
 FRP Participation Status: Completed
 Arrived From: OKL
 Transferred To:
 Account Creation Date: 11/14/2007
 Local Account Activation Date: 3/9/2024 3:15:35 AM
 Sort Codes: 
 Last Account Update: 3/9/2024 3:15:35 AM
 Account Status: Active
 Phone Balance: \$0.00

Pre-Release Plan Information

Target Pre-Release Account Balance: \$0.00
 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: \$300.11
 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: \$300.11
 National 6 Months Deposits: \$558.00

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

I, Oscar Dillon III, 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>N/A</u>	\$ <u>NA</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Total monthly income:	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</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
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	\$ <u>N/A</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>	<u>N/A</u>	<u>N/A</u>	\$ <u>N/A</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

4. How much cash do you and your spouse have? \$ none
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>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</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 N/A

☐ Other real estate
Value N/A

☐ Motor Vehicle #1
Year, make & model N/A
Value N/A

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

☐ Other assets
Description N/A
Value N/A

	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>

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>
<u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
<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. For minor children, list initials instead of names (e.g. "J.S." instead of "John Smith").

Name	Relationship	Age
<u>"A.D."</u>	<u>Daughter</u>	<u>8</u>
<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></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>

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, Oscar Dillon III, have been incarcerated for an approximated 90 Months of my 187 month sentence and don't have any pecuniary means of employment. And, my wife and I are separated, thus having no contact, albeit it is believed that she has no assets either. The opposing counsel (Gov) is aware. Please see what will be labled ("IFF") Attch. A. Construed for "Spouse" response purposes only.

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

Executed on: May 13, 2024

Oscar Dillon III
(Signature)