

23-7745

ORIGINAL

IN THE SUPREME COURT OF THE UNITED STATES

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GUSTAVO GALINDEZ,

Petitioner,

v.

PEOPLE OF THE STATE OF MICHIGAN,

Respondent.

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On Petition for Writ of Certiorari to the  
Michigan Supreme Court

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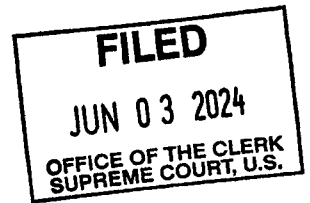
**MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS**

Petitioner, Gustavo Galindez #807436 respectfully asks this Honorable Court, pursuant to Supreme Court Rule 39, for leave to proceed *in forma pauperis* so that he may file the accompanying Petition for Writ of Certiorari with this Court. Petitioner has previously been granted leave to proceed *in forma pauperis* in Michigan Court of Appeals, Michigan Supreme Court, As the affidavit attached indicates, Petitioner is currently incarcerated in a state prison and is receiving a meager income.

Respectfully Submitted,

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Gustavo Galindez #807436  
*In Propria Persona*  
Chippewa Correctional Facility  
4269 West M-80  
Kincheloe, Michigan 49784



NO. \_\_\_\_\_

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MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

AFFIDAVIT IN SUPPORT OF MOTION

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Gustavo Galindez #807436  
*In Propria Persona*  
Chippewa Correctional Facility  
4269 West M-80  
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NO.

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IN THE  
SUPREME COURT OF THE UNITED STATES

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GUSTAVO GALINDEZ -PETITIONER

VS.

CONNIE HORTON, Warden -RESPONDENT

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AFFIDAVIT OR DECLARATION

IN SUPPORT OF MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

Affidavit in Support of Motion		Instructions
I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal 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. §1746; 18 U.S.C. §1621.)		Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0", "none", or "not applicable (N/A)," write in that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

I Gustavo Galindez, 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>0.00</u>	\$ <u>N/A</u>	\$ <u>0.00</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>0.00</u>	\$ <u>N/A</u>	\$ <u>0.00</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>NONE</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
<b>Total monthly income:</b>	\$ <u>0.00</u>	\$ <u>NONE</u>	\$ <u>0.00</u>	\$ <u>NONE</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>Not Applicable</u>	<u>Not Applicable</u>	<u>Not Applicable</u>	\$ <u>NONE</u>
<u>Not Applicable</u>	<u>Not Applicable</u>	<u>Not Applicable</u>	\$ <u>NONE</u>

Not Applicable      Not Applicable      Not Applicable      \$ NONE

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.)

<b>Employer</b>	<b>Address</b>	<b>Dates of Employment</b>	<b>Gross monthly pay</b>
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Not Applicable      Not Applicable      Not Applicable      \$ NONE

Not Applicable      Not Applicable      Not Applicable      \$ NONE

Not Applicable      Not Applicable      Not Applicable      \$ NONE

4. How much cash do you and your spouse have? \$ NONE

Below, state any money you or your spouse has in bank accounts or in any other financial institution.

<b>Financial institution</b>	<b>Type of account</b>	<b>Amount you have</b>	<b>Amount your spouse has</b>
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Not Applicable      \$ NONE      \$ NONE

Not Applicable      \$ NONE      \$ NONE

Not Applicable      \$ NONE      \$ NONE

**If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.**

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

<b>Home</b>	<b>(Value)</b>	<b>Other real estate (Value)</b>	<b>Motor Vehicle #1 (Value)</b>
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Not Applicable - NONE      Not Applicable-NONE      N/A      Make & year: N/A - NONE

Not Applicable - NONE      Not Applicable-NONE      N/A      Model: N/A - NONE

Not Applicable - NONE      Not Applicable-NONE      N/A      Registration #: N/A - NONE

<b>Motor Vehicle #2 (Value)</b>	<b>Other assets (Value)</b>	<b>Other assets (Value)</b>
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Make & year: N/A - NONE      Not Applicable-NONE      Not Applicable-NONE

Model: N/A - NONE Not Applicable-NONE Not Applicable-NONE

Registration #: N/A - NONE Not Applicable-NONE Not Applicable-NONE

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

**Person owing you or your spouse money: N/A**

**Amount owed to you: N/A**

**Amount owed to your spouse: N/A**

Not Applicable \$ NONE \$ NONE

Not Applicable \$ NONE \$ NONE

Not Applicable \$ NONE \$ NONE

7. State the persons who rely on you or your spouse for support.

Name	Relationship	Age
<u>Not Applicable</u>	<u>Not Applicable</u>	<u>Not Applicable</u>
<u>Not Applicable</u>	<u>Not Applicable</u>	<u>Not Applicable</u>
<u>Not Applicable</u>	<u>Not Applicable</u>	<u>Not Applicable</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, semiannually, or annually to show the monthly rate.

	You	Your spouse
Rent or home-mortgage payment	<u>\$ N/A</u>	<u>\$ N/A</u>
(include lot rented for mobile home)		

Are real estate taxes included? ☐ yes ☒ no

Is property insurance included? ☐ yes ☒ no

	You	Your spouse
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>
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)	\$ <u>N/A</u>	\$ <u>N/A</u>
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>NONE</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>NONE</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Installment payments		
Motor Vehicle	\$ <u>N/A</u>	\$ <u>N/A</u>
Credit card (name): <u>NONE</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Department store (name): <u>NONE</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Other: <u>NONE</u>	\$ <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>
<b>Total monthly expenses:</b>	\$ <u>NONE</u>	\$ <u>NONE</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. Not Applicable

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? NONE

If yes, state the attorney's name, address, and telephone number: NONE

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? \$ NONE

If yes, state the person's name, address, and telephone number: NONE

12. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.

I am incarcerated at the Chippewa Correctional Facility. I am indigent and receive a meager income from my prison job. I owe restitution and am unable to pay docket fees for this appeal. While I have received sporadic donations from family and/or friends within the last year, I am unsure if I will continue to receive such donations in the future.

13. State the address of your legal residence.

Chippewa Correctional Facility (URF-West)

4269 West M-80

Kincheloe, Michigan 49784

Your daytime phone number: N/A

Your age: \_\_\_\_\_ Your years of schooling: \_\_\_\_\_

Your social-security number: \_\_\_\_\_

### **VERIFICATION**

I declare under penalty of perjury that the above statements are true to the best of knowledge, information and belief. Executed On June 2, 2024.

Respectfully Submitted,



Gustavo Galindez#807436