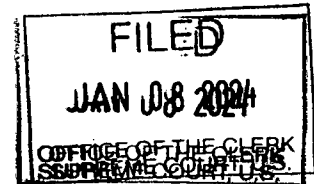
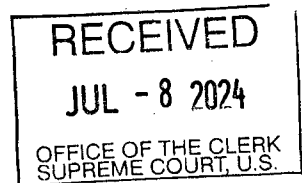


24 - 5047
No. _____



IN THE
SUPREME COURT OF THE UNITED STATES

PEDRO TERRAZAS (#M33374) PETITIONER
(Your Name)

VS.

WARDEN RYAN WOODS — 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):

Circuit Court of the Sixteenth Judicial Circuit, Kane County, Illinois
(Kane County Case Number: 10-CF-2122)

☐ 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: 725 ILCS 5/122-4 (2020) [Post-Conviction Hearing Act], or

☒ a copy of the order of appointment is appended. (The Circuit Court appointed the Public Defender to represent Petitioner on August 26, 2016 which is referenced in the Petitioner's Counsel's Certificate Pursuant to Illinois Supreme Court Rule 651(c)).

Pedro Terrazas
(Signature)

(SEE PAGE-9)

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

I, Pedro Terrazas, 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	\$ 0.00	\$ N/A	\$ 0.00	\$ N/A
Self-employment	\$ 0.00	\$ N/A	\$ 0.00	\$ N/A
Income from real property (such as rental income)	\$ 0.00	\$ N/A	\$ 0.00	\$ N/A
Interest and dividends	\$ 0.00	\$ N/A	\$ 0.00	\$ N/A
Gifts	\$ 100.00	\$ N/A	\$ 100.00	\$ N/A
Alimony	\$ 0.00	\$ N/A	\$ 0.00	\$ N/A
Child Support	\$ 0.00	\$ N/A	\$ 0.00	\$ N/A
Retirement (such as social security, pensions, annuities, insurance)	\$ 0.00	\$ N/A	\$ 0.00	\$ N/A
Disability (such as social security, insurance payments)	\$ 0.00	\$ N/A	\$ 0.00	\$ N/A
Unemployment payments	\$ 0.00	\$ N/A	\$ 0.00	\$ N/A
Public-assistance (such as welfare)	\$ 0.00	\$ N/A	\$ 0.00	\$ N/A
Other (specify): <u>Family Members</u>	\$ 25.00	\$ N/A	\$ 0.00	\$ N/A
Total monthly income:	\$ 175.00	\$ N/A	\$ 100.00	\$ N/A

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	\$ 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.)

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? \$ 1,034.00
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
Inmate Trust Fund Account	\$ 1,034.00	\$ 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 N/A

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

☐ Other assets
Description N/A (None)
Value N/A

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> </u>	\$ <u> </u>	\$ <u> </u>
<u> </u>	\$ <u> </u>	\$ <u> </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>N/A</u>	<u>N/A</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>0.00</u>	\$ <u>N/A</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>0.00</u>	\$ <u>N/A</u>
Home maintenance (repairs and upkeep)	\$ <u>0.00</u>	\$ <u>N/A</u>
Food	\$ <u>125.00</u>	\$ <u>N/A</u>
Clothing	\$ <u>20.00</u>	\$ <u>N/A</u>
Laundry and dry-cleaning	\$ <u>5.00</u>	\$ <u>N/A</u>
Medical and dental expenses	\$ <u>0.00</u>	\$ <u>N/A</u>

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 0.00	\$ N/A
Recreation, entertainment, newspapers, magazines, etc.	\$ 0.00	\$ N/A
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ 0.00	\$ 0.00 N/A
Life	\$ 0.00	\$ N/A
Health	\$ 0.00	\$ N/A
Motor Vehicle	\$ 0.00	\$ N/A
Other: N/A	\$ 0.00	\$ N/A
Taxes (not deducted from wages or included in mortgage payments)		
(specify): N/A	\$ 0.00	\$ N/A
Installment payments		
Motor Vehicle	\$ 0.00	\$ N/A
Credit card(s)	\$ 0.00	\$ N/A
Department store(s)	\$ 0.00	\$ N/A
Other: None	\$ 0.00	\$ N/A
Alimony, maintenance, and support paid to others	\$ 0.00	\$ N/A
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0.00	\$ N/A
Other (specify): N/A	\$ 0.00	\$ N/A
Total monthly expenses:	\$ 150.00	\$ N/A

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.

During the last (6)-months my family has only sent me an average of \$100.00 per month, prior to that, they sent me \$150.00 - \$200.00 per month, so my average income has decreased, which I expect it to be \$100.00 per month for the future.

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? N/A

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 have been incarcerated since 2010, I have difficulty speaking English and that prevents me from obtaining prison employment, I have no other income other than a monthly gift from one family member for general support.

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

Executed on: February 28, 20 24

Pedro Tenarez
(Signature)

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

Date: December 26, 2023

Pedro Terrazas
Signature of Applicant

Pedro Terrazas
(Print Name)

NOTICE TO PRISONERS: A prisoner must also attach a statement certified by the appropriate institutional officer or officers showing all receipts, expenditures and balances during the last six months in the prisoner's prison or jail trust fund accounts. 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--and you must also have the Certificate below completed by an authorized officer at each institution.

CERTIFICATE

(Incarcerated applicants only)

(To be completed by the institution of incarceration)

I certify that the applicant named herein, Pedro Terrazas, I.D.# M33374, has the sum of \$ 1,034.02 on account to his/her credit at (name of institution) Shenandoah CC.

I further certify that the applicant has the following securities to his/her credit: 0. I further certify that during the past six months the applicant's average monthly deposit was \$ 172.34.

(Add all deposits from all sources and then divide by number of months).

12/27/23
DATE

[Signature]
SIGNATURE OF AUTHORIZED OFFICER
A Turczyn CCTI
(Print name)

Date : 12/27/2023
Time : 08:18:30
CHAMP

Sheridan Correctional Center
Trust Fund
Inmate Transaction Statement
6/27/2023 to 12/27/2023

Page 1 of 1

Inmate: M33374 Terrazas, Pedro

Housing Unit: SHE-26-B -18

Date	Source	Transaction Type	Batch	Reference #	Description	Amount	Balance
Beginning Balance:							1,321.64
06/28/23	Disbursements	84 Library	1793192	Chk #142001	84232196, DOC: 523 F, Inv. Date: 06/15/2023	-3.40	1,318.24
07/10/23	Payroll	20 Payroll Adjustment	1911173		P/R month of 6 2023	13.00	1,331.24
07/17/23	Point of Sale	60 Commissary	1987198	845775	Commissary	-128.75	1,202.49
07/24/23	Mail Room	10 Western Union - Not Held	205200	2732893514	Terrazas, Maria Del Socorro	100.00	1,302.49
08/01/23	Disbursements	84 Library	2133192	Chk #142310	84240018, DOC: 523 F, Inv. Date: 07/03/2023	-3.60	1,298.89
08/10/23	Point of Sale	60 Commissary	2227198	847334	Commissary	-120.15	1,178.74
08/10/23	Payroll	20 Payroll Adjustment	2221173		P/R month of 7 2023	13.00	1,191.74
08/22/23	Mail Room	10 Western Union - Not Held	234200	0814183080	Terrazas, Maria Del Socorro	100.00	1,291.74
08/23/23	Point of Sale	60 Commissary	2357198	848712	Commissary	-62.42	1,229.32
09/13/23	Point of Sale	60 Commissary	2567198	850383	Commissary	-91.62	1,137.70
09/18/23	Payroll	20 Payroll Adjustment	2611173		P/R month of 8 2023	13.00	1,150.70
09/22/23	Mail Room	10 Western Union - Not Held	265200	8293576139	Villarreal, Daniel	100.00	1,250.70
09/25/23	Point of Sale	60 Commissary	2687198	851657	Commissary	-127.37	1,123.33
10/12/23	Payroll	20 Payroll Adjustment	2851173		P/R month of 9 2023	13.00	1,136.33
10/19/23	Point of Sale	60 Commissary	2927198	853024	Commissary	-93.08	1,043.25
10/24/23	Mail Room	10 Western Union - Not Held	297200	2264478523	Terrazas, Maria Del Socorro	100.00	1,143.25
11/06/23	Point of Sale	60 Commissary	3107198	854454	Commissary	-159.99	983.26
11/09/23	Payroll	20 Payroll Adjustment	3131173		P/R month of 10 2023	13.00	996.26
11/16/23	Point of Sale	60 Commissary	3207198	855679	Commissary	-62.81	933.45
11/28/23	Mail Room	10 Western Union - Not Held	332200	1279061141	Terrazas, Maria Del Socorro	100.00	1,033.45
12/12/23	Point of Sale	60 Commissary	3467198	857216	Commissary	-112.43	921.02
12/15/23	Payroll	20 Payroll Adjustment	3491135		P/R month of 11 2023	13.00	934.02
12/19/23	Mail Room	10 Western Union - Not Held	353200	3154203651	Villarreal, Daniel	100.00	1,034.02

Total Inmate Funds: 1,034.02

Less Funds Held For Orders: .00

Less Funds Restricted: .00

Funds Available: 1,034.02

Total Furloughs: .00

Total Voluntary Restitutions: .00

(Encl. A: 4 of 4)

IN THE CIRCUIT COURT FOR THE SIXTEENTH JUDICIAL CIRCUIT
KANE COUNTY, ILLINOIS

Thomas M. Hartwell
Clerk of the Circuit Court
Kane County, Illinois

9/17/2020 4:59 PM

FILED/IMAGED

PEOPLE OF THE STATE OF ILLINOIS,)

Respondent,)

vs.)

PEDRO TERRAZAS,)

Petitioner)

General No. 10 CF 2122

PETITIONER COUNSEL'S CERTIFICATE PURSUANT TO RULE 651 (c)

Now Comes, Petitioner's Counsel, Mike Tatman, of the Kane County Public Defender's Office, and pursuant to Supreme Court Rule 651(c), certifies as follows:

1. On November 30, 2015, the Petitioner filed a Petition for Post-Conviction Relief.
2. On July 26, 2016, the Court advanced the matter to the second stage.
3. On August 26, 2016, the Court appointed the Public Defender to represent the Petitioner
4. That counsel has reviewed the Petition filed by the Petitioner.
5. That counsel has reviewed the records contained within the court file in 10 CF 2122 and obtained and reviewed a copy of the transcripts, including trial and sentencing transcripts, filed with the Kane County Clerk's Office.
6. That counsel has consulted with the Petitioner by mail and through legal telephone calls to the extent necessary to adequately represent his contentions of error in the proceedings and thereafter filed an Amended Post-Conviction Petition.

Respectfully submitted,

Michael Tatman

Mike Tatman
Assistant Public Defender