

1-5139
IN THE
COURT OF THE UNITED STATES

ORIGINAL

LAMAR MCKAY- PETITIONER

VS.

JEFF TANNER, Warden - RESPONDENT

Supreme Court, U.S.
FILED

JUN 13 2024

OFFICE OF THE CLERK

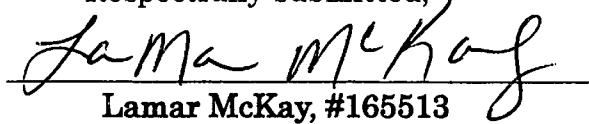
MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

The petitioner asks leave to file the attached petition for a writ of certiorari without prepayment of costs and to proceed *in forma pauperis*.

[X] Petitioner has previously been granted leave to proceed *in forma pauperis* in the following courts: NONE.

Petitioner's affidavit or declaration in support of this motion is attached hereto.

Respectfully submitted,



Lamar McKay, #165513

Date: June 12, 2024

RECEIVED

JUL 25 2024

OFFICE OF THE CLERK
SUPREME COURT, U.S.

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

I, Lamar McKay, 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 deductions for taxes or otherwise.

Income source Spouse	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	
Employment	\$ <u>0.00</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Self-employment	\$ <u>0.00</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Income from real property (such as rental income)	\$ <u>0.00</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Interest and dividends	\$ <u>0.00</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Gifts	\$ <u>0.00</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Alimony	\$ <u>0.00</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Child Support	\$ <u>0.00</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0.00</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Disability (such as social security, insurance payments)	\$ <u>0.00</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Unemployment payments	\$ <u>0.00</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Public assistance (such as welfare)	\$ <u>0.00</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Other (specify):	\$ <u>0.00</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Total monthly income:	\$ <u>0.00</u>	\$ <u>N/A</u>	\$ <u>0.00</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 monthly pay	Address	Dates of Employment	Gross
	None		\$ 0.00

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 monthly pay	Address	Dates of Employment	Gross
	None		\$ 0.00

4. How much cash do you and your spouse have? \$ 0.00

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

Financial institution: Type of account has	Amount you have	Amount your spouse
None	\$ 0.00	\$ N/A

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

<input type="checkbox"/> Home Value <u>None</u>	<input type="checkbox"/> Other real estate Value <u>0.00</u>
<input type="checkbox"/> Motor Vehicle #1 Year, make & model <u>None</u> Value <u>0.00</u>	<input type="checkbox"/> Motor Vehicle #2 Year, make & model Value <u>0.00</u>
<input type="checkbox"/> Other assets Description <u>None</u> Value <u>0.00</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
None	\$ 0.00	\$ 0.00

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

Name	Relationship	Age
None		

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)	\$ 0.00	\$ N/A

Are real estate taxes included? yes no
Is property insurance included? yes no

Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 0.00	\$ N/A
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Home maintenance (repairs and upkeep)	\$ 0.00	\$ N/A
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Food	\$ 0.00	\$ N/A
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Clothing	\$ 0.00	\$ N/A
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Laundry and dry-cleaning	\$ 0.00	\$ N/A
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Medical and dental expenses	\$ 0.00	\$ N/A
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	You	Your Spouse
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Transportation (not including motor vehicle payments)	\$ 0.00	\$ N/A
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Recreation, entertainment, newspapers, magazines, etc.	\$ 0.00	\$ N/A
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Insurance (not deducted from wages or included in mortgage payments)

Homeowner's or renter's	\$ 0.00	\$ N/A
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Life	\$ 0.00	\$ N/A
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Health	\$ 0.00	\$ N/A
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Motor Vehicle	\$ 0.00	\$ N/A
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Other: <u>NONE</u>	\$ 0.00	\$ N/A
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Taxes (not deducted from wages or included in mortgage payments)
(specify): _____

\$ 0.00	\$ N/A
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Installment payments

Motor Vehicle	\$ <u>0.00</u>	\$ <u>N/A</u>
Credit card(s)	\$ <u>0.00</u>	\$ <u>N/A</u>
Department store(s)	\$ <u>0.00</u>	\$ <u>N/A</u>
Other: <u>NONE</u>	\$ <u>0.00</u>	\$ <u>N/A</u>
Alimony, maintenance, and support paid to others	\$ <u>0.00</u>	\$ <u>N/A</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>0.00</u>	\$ <u>N/A</u>
Other (specify): <u>NONE</u>	\$ <u>0.00</u>	\$ <u>N/A</u>
Total monthly expenses:	\$ <u>0.00</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?

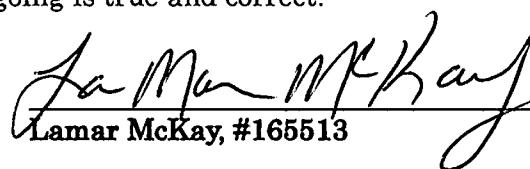
yes no

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

I am currently incarcerated at the Macomb Correctional Facility, at 34625 26 Mile Road, Lenox Township, Michigan, 48048, and I do not have any source of income. I have no other assets, real or otherwise, which would defray the cost of filing this action.

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

Date: June 12, 2024


Lamar McKay, #165513

FEDERAL COURT

Prisoner-Plaintiff/Petitioner/Appellant name and number
LAMAR MCKAY, #165513

Defendant's/Respondent's/Appellee's name
JEFF TANNER, WARDEN

v

CERTIFICATE OF PRISONER INSTITUTIONAL/TRUST FUND ACCOUNT ACTIVITY

I am employed by the Michigan Department of Corrections at the facility identified below, at which the prisoner identified as Plaintiff/Petitioner/Appellant is currently incarcerated.

Attached is a computer printout which accurately reflects the current spendable balance and all activity within this prisoner's account during the preceding six months or, if the prisoner has been incarcerated for less than six months, for the period of incarceration. Code "C" on the printout represents a withdrawal from the account and code "D" represents a deposit to the account. The attached printout reflects, for the reported period, an average monthly account deposit (i.e., total deposits divided by number of months) of \$107.65, an average monthly account balance (i.e., total deposits minus total withdrawals divided by number of months) of \$-14. There is a current spendable account balance of \$30.54.

Date: 6-10-2024

PJohnson Acct Tech
Signature of Custodian of Prisoner Institutional/Trust Fund Account
Macomb Correctional Facility
Correctional Facility

Primary Trust Transactions

Date	Transaction Type	Payer / Paid To	Voucher Number	Deposit	Expense	Balance	Loc Code
04/27/2024 05:10	GTL	Simone Williams		\$45.00		\$51.40	COF
04/30/2024 23:37	Commissary Sale	Keefe Commissary	C384931		(\$37.16)	\$14.24	MRF
05/14/2024 09:15	MRF-Institutional Services	500 - Institutional Services		\$38.00		\$52.24	MRF
05/14/2024 09:15	MRF-Institutional Services	500 - Institutional Services		\$25.20		\$77.44	MRF
05/29/2024 23:37	Commissary Sale	Keefe Commissary	C425486		(\$22.31)	\$55.13	MRF
06/10/2024				\$645.88	(\$627.12)	\$55.13	

Savings

Date	Deposit	Expense	Balance	Loc Code
12/10/2023			\$0.00	
No Activity				
06/10/2024	\$0.00	\$0.00	\$0.00	

Holds - Current as of Date and Time of Report

Date Held	Hold Type	Notes	Amount
01/11/2023	Manual	MRF Med copay DOS 11.15.22	\$5.00
06/10/2024	Commissary		\$19.59

Remaining Obligations - Current as of Date and Time of Report

Description	Paid To	Max Per Period	Ordered	Transfer	Outside Source	Held	Paid	Written Off	Total Remaining
No Remaining Obligations									
Total:									\$0.00

$$\begin{array}{r}
 645.88 \\
 - 627.12 \\
 \hline
 107.65
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 \quad
 \begin{array}{r}
 645.88 \\
 - 19.59 \\
 \hline
 .83
 \end{array}
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 \begin{array}{r}
 - 627.12 \\
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 - .14
 \end{array}$$