

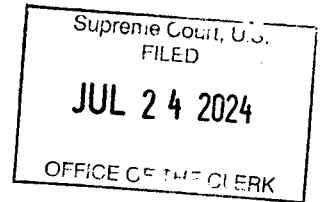
No. 24-5292

IN THE
SUPREME COURT OF THE UNITED STATES

Shawn Paul O'Brien — PETITIONER
(Your Name)

VS.

State of Kansas — 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):

Appellant Court of Kansas

District Court of Douglas County, Kansas

☐ 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.


(Signature)

#126181

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

I, Shawn Paul O'Brien, 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	\$29.40	\$	\$83.44	\$
Self-employment	\$ 0	\$	\$ 0	\$
Income from real property (such as rental income)	\$ 0	\$	\$ 0	\$
Interest and dividends	\$ 0	\$	\$ 0	\$
Gifts	\$ 0	\$	\$ 0	\$
Alimony	\$ 0	\$	\$ 0	\$
Child Support	\$ 0	\$	\$ 0	\$
Retirement (such as social security, pensions, annuities, insurance)	\$ 0	\$	\$ 0	\$
Disability (such as social security, insurance payments)	\$ 0	\$	\$ 0	\$
Unemployment payments	\$ 0	\$	\$ 0	\$
Public-assistance (such as welfare)	\$ 0	\$	\$ 0	\$
Other (specify):	\$ 0	\$	\$ 0	\$
Total monthly income:	\$29.40	\$	\$83.44	\$

SPB

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
K.D.O.C	P.o.Box 1568	11/11/2021	\$29.40
K.D.O.C	Hutchinson	07/19/2024	\$
	Kansas 67504		\$

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
			\$
			\$
			\$

4. How much cash do you and your spouse have? \$ 83.55
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
K.D.O.C inmate banking	\$ 83.55	\$
	\$	\$
	\$	\$

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

☒ Motor Vehicle #1
Year, make & model 1968 volkswagen
Value \$220.00

☐ Motor Vehicle #2
Year, make & model
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
N/A	\$ 0	\$
	\$	\$
	\$	\$

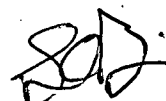
7. State the persons who rely on you or your spouse for support. For minor children, list initials instead of names (e.g. "J.S." instead of "John Smith").

Name	Relationship	Age
K.M.O.B	Daughter	17
K.A.O.B	Son	16
A.K.O.B	Daughter	13
K.A.O.B	Daughter	11

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	\$
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)	\$ 0	\$
Home maintenance (repairs and upkeep)	\$ 0	\$
Food	\$83.44	\$
Clothing	\$ 0	\$
Laundry and dry-cleaning	\$ 0	\$
Medical and dental expenses	\$ 0	\$

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 0	\$
Recreation, entertainment, newspapers, magazines, etc.	\$ 0	\$
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ 0	\$
Life	\$ 0	\$
Health	\$ 0	\$
Motor Vehicle	\$ 0	\$
Other: _____	\$ 0	\$
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ 0	\$
Installment payments		
Motor Vehicle	\$ 0	\$
Credit card(s)	\$ 0	\$
Department store(s)	\$ 0	\$
Other: _____	\$ 0-	\$
Alimony, maintenance, and support paid to others	\$ 0	\$
Regular expenses for operation of business, profession, or farm (attach detailed statement)	Own my Business \$	\$
	Temp. closed due to incarceration	
Other (specify): _____	\$ 0	\$
Total monthly expenses:	\$ 83.44	\$



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.

If I am awarded a new trial not during Covid-19 and am allowed to have all my witnesses be present and have a fair trial were I am allowed to present a full and fair defense.

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 made \$84.00 an hour as a professional massage therapist and had for well over a decade, Now I work for the State of Kansas and make until this month \$29.40 a month, we were just given a raise to \$83.44 a month as a Handicap Aide, I still own my own business and would gladly pay if I can just get a new trial, Again not during the Pandemic so I can have all of my witness present. True and correct, This is my explanation of why I have no money.

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

Executed on: 07/22, 2024



(Signature)

126181

Inmate: 0126181 OBRIEN, SHAWN, PAUL

Time Frame: July 23 2023 thru July 23 2024

* Means Government Benefits Were Affected

Code	Description	Date	Fac	Cash	Forced Savings	Mandatory Savings	Voucher#
600	Non-Exempt Cante	7/25/23	HCF-C	4.45-	.00	.00	
616	ARAMARK	7/25/23	HCF-C	9.00-	.00	.00	
920	ADMIN FEE PAYMEN	8/01/23	HCF-C	1.00-	.00	.00	0000020
606	PRAESES, PHONE MI	8/02/23	HCF-C	5.00-	.00	.00	
610	Postage (Non-Leg	8/02/23	HCF-C	7.91-	.00	.00	
210	Reid, Michael, Ala	8/07/23	HCF-C	25.00	.00	.00	
301	10%SVNGS	8/07/23	HCF-C	2.50-	2.50	.00	
248	Forced Savings I	8/11/23	HCF-C	.00	.52	.00	
240	Cash Interest	8/11/23	HCF-C	.10	.00	.00	
600	Non-Exempt Cante	8/15/23	HCF-C	13.21-	.00	.00	
606	PRAESES, PHONE MI	8/15/23	HCF-C	5.00-	.00	.00	
250	Incentive Pay	8/18/23	HCF-C	29.40	.00	.00	

More...

F3 = Exit F12 = Previous Screen F11=Display more information

Inmate: 0126181 OBRIEN, SHAWN, PAUL

Time Frame: July 23 2023 thru July 23 2024

* Means Government Benefits Were Affected

Code	Description	Date	Fac	Cash	Forced Savings	Mandatory Savings	Voucher#
600	Non-Exempt Cante	8/22/23	HCF-C	28.54-	.00	.00	
614	OFFICE OF VITAL	8/31/23	HCF-C	.00	15.00-	.00	
920	ADMIN FEE PAYMEN	9/01/23	HCF-C	1.00-	.00	.00	0000021
248	Forced Savings I	9/14/23	HCF-C	.00	.58	.00	
240	Cash Interest	9/14/23	HCF-C	.07	.00	.00	
250	Incentive Pay	9/15/23	HCF-C	29.40	.00	.00	
900	LEGAL/OFF. PST P	9/15/23	HCF-C	12.36-	.00	.00	
600	Non-Exempt Cante	9/19/23	HCF-C	13.19-	.00	.00	
616	ARAMARK	9/19/23	HCF-C	10.00-	.00	.00	
600	Non-Exempt Cante	9/26/23	HCF-C	.01-	.00	.00	
210	ROSE, NANCY	10/02/23	HCF-C	30.00	.00	.00	
301	10%SVNGS	10/02/23	HCF-C	2.90-	2.90	.00	

More...

F3 = Exit F12 = Previous Screen F11=Display more information

Inmate: 0126181 OBRIEN, SHAWN, PAUL

Time Frame: July 23 2023 thru July 23 2024

* Means Government Benefits Were Affected

Code	Description	Date	Fac	Cash	Forced Savings	Mandatory Savings	Voucher#
920	ADM FEE PAY	10/03/23	HCF-C	1.00-	.00	.00	0000022
600	Non-Exempt Cante	10/10/23	HCF-C	26.43-	.00	.00	
248	Forced Savings I	10/12/23	HCF-C	.00	.51	.00	
240	Cash Interest	10/12/23	HCF-C	.03	.00	.00	
250	Incentive Pay	10/13/23	HCF-C	29.40	.00	.00	
600	Non-Exempt Cante	10/17/23	HCF-C	8.16-	.00	.00	
616	ARAMARK	10/18/23	HCF-C	10.00-	.00	.00	
210	Reid, Michael, Ala	10/19/23	HCF-C	10.00	.00	.00	
301	10%SVNGS	10/19/23	HCF-C	1.00-	1.00	.00	
606	Exempt PPD Telep	10/25/23	HCF-C	5.00-	.00	.00	
600	Non-Exempt Cante	10/31/23	HCF-C	6.53-	.00	.00	
814	RETURN CK#251117	11/01/23	HCF-C	.00	15.00	.00	

More...

F3 = Exit F12 = Previous Screen F11=Display more information

Inmate: 0126181 OBRIEN, SHAWN, PAUL

Time Frame: July 23 2023 thru July 23 2024

* Means Government Benefits Were Affected

Code	Description	Date	Fac	Cash	Forced Savings	Mandatory Savings	Voucher#
920	ADMIN FEE PAYMEN	11/01/23	HCF-C	1.00-	.00	.00	0000023
900	LEGAL/OFF. PST P	11/06/23	HCF-C	5.22-	.00	.00	
600	Non-Exempt Cante	11/07/23	HCF-C	2.35-	.00	.00	
250	Incentive Pay	11/10/23	HCF-C	29.40	.00	.00	
600	Non-Exempt Cante	11/14/23	HCF-C	2.95-	.00	.00	
616	ARAMARK	11/14/23	HCF-C	20.00-	.00	.00	
248	Forced Savings I	11/14/23	HCF-C	.00	.54	.00	
240	Cash Interest	11/14/23	HCF-C	.10	.00	.00	
614	KDOR	11/15/23	HCF-C	.00	11.00-	.00	
606	Exempt PPD Telep	11/16/23	HCF-C	5.00-	.00	.00	
210	DeMartinis, Andre	11/17/23	HCF-C	20.00	.00	.00	
301	10%SVNGS	11/17/23	HCF-C	2.00-	2.00	.00	

More...

F3 = Exit F12 = Previous Screen F11=Display more information

Inmate: 0126181 OBRIEN, SHAWN, PAUL

Time Frame: July 23 2023 thru July 23 2024

* Means Government Benefits Were Affected

Code	Description	Date	Fac	Cash	Forced Savings	Mandatory Savings	Voucher#
614	OFFICE OF VITAL	11/17/23	HCF-C	.00	29.00-	.00	
600	Non-Exempt Cante	11/20/23	HCF-C	1.32-	.00	.00	
600	Non-Exempt Cante	11/28/23	HCF-C	18.03-	.00	.00	
250	Incentive Pay	12/08/23	HCF-C	29.40	.00	.00	
920	ADM FEE PAY	12/08/23	HCF-C	1.00-	.00	.00	0000024
600	Non-Exempt Cante	12/12/23	HCF-C	18.71-	.00	.00	
616	ARAMARK	12/13/23	HCF-C	10.00-	.00	.00	
600	Non-Exempt Cante	12/19/23	HCF-C	.01-	.00	.00	
248	Forced Savings I	12/20/23	HCF-C	.00	.53	.00	
240	Cash Interest	12/20/23	HCF-C	.07	.00	.00	
210	Freed, Matt, Joel	12/21/23	HCF-C	35.05	.00	.00	
301	10%SVNGS	12/21/23	HCF-C	3.51-	3.51	.00	

More...

F3 = Exit F12 = Previous Screen F11=Display more information

Inmate: 0126181 OBRIEN, SHAWN, PAUL

Time Frame: July 23 2023 thru July 23 2024

* Means Government Benefits Were Affected

Code	Description	Date	Fac	Cash	Forced Savings	Mandatory Savings	Voucher#
210	DeMartinis, Andre	12/26/23	HCF-C	193.05	.00	.00	
301	10%SVNGS	12/26/23	HCF-C	19.31-	19.31	.00	
600	Non-Exempt Cante	12/26/23	HCF-C	31.56-	.00	.00	
900	LEGAL/OFF. PST P	12/27/23	HCF-C	13.21-	.00	.00	
606	Exempt PPD Telep	12/29/23	HCF-C	5.00-	.00	.00	
600	Non-Exempt Cante	1/02/24	HCF-C	69.23-	.00	.00	
920	ADMIN FEE PAYMEN	1/02/24	HCF-C	1.00-	.00	.00	0000025
250	Incentive Pay	1/05/24	HCF-C	29.40	.00	.00	
600	Non-Exempt Cante	1/09/24	HCF-C	25.08-	.00	.00	
616	ARAMARK	1/10/24	HCF-C	11.00-	.00	.00	
248	Forced Savings I	1/10/24	HCF-C	.00	.46	.00	
240	Cash Interest	1/10/24	HCF-C	.22	.00	.00	

More...

F3 = Exit F12 = Previous Screen F11=Display more information

Inmate: 0126181 OBRIEN, SHAWN, PAUL

Time Frame: July 23 2023 thru July 23 2024

* Means Government Benefits Were Affected

Code	Description	Date	Fac	Cash	Forced Savings	Mandatory Savings	Voucher#
606	Exempt PPD Telep	1/13/24	HCF-C	5.00-	.00	.00	
600	Non-Exempt Cante	1/16/24	HCF-C	40.70-	.00	.00	
900	LEGAL/OFF. PST P	1/19/24	HCF-C	6.42-	.00	.00	
900	LEGAL/OFF. PST P	1/19/24	HCF-C	5.22-	.00	.00	
606	Exempt PPD Telep	1/30/24	HCF-C	5.00-	.00	.00	
600	Non-Exempt Cante	1/30/24	HCF-C	15.99-	.00	.00	
250	Incentive Pay	2/02/24	HCF-C	29.40	.00	.00	
920	ADM FEE PAY	2/02/24	HCF-C	1.00-	.00	.00	0000026
600	Non-Exempt Cante	2/06/24	HCF-C	29.02-	.00	.00	
248	Forced Savings I	2/14/24	HCF-C	.00	.58	.00	
240	Cash Interest	2/14/24	HCF-C	.31	.00	.00	
250	Incentive Pay	3/01/24	HCF-C	29.40	.00	.00	

More...

F3 = Exit F12 = Previous Screen F11=Display more information

Inmate: 0126181 OBRIEN, SHAWN, PAUL

Time Frame: July 23 2023 thru July 23 2024

* Means Government Benefits Were Affected

Code	Description	Date	Fac	Cash	Forced Savings	Mandatory Savings	Voucher#
900	LEGAL/OFF. PST/P	3/01/24	HCF-C	13.13-	.00	.00	
900	LEGAL/OFF. PST P	3/01/24	HCF-C	13.13-	.00	.00	
920	ADMIN FEE PAYMEN	3/01/24	HCF-C	1.00-	.00	.00	0000027
248	Forced Savings I	3/19/24	HCF-C	.00	.54	.00	
240	Cash Interest	3/19/24	HCF-C	.02	.00	.00	
210	Reid, Michael, Ala	3/25/24	HCF-C	50.00	.00	.00	
301	10%SVNGS	3/25/24	HCF-C	4.18-	4.18	.00	
610	Postage (Non-Leg	3/26/24	HCF-C	8.16-	.00	.00	
606	Exempt PPD Telep	3/28/24	HCF-C	5.00-	.00	.00	
250	Incentive Pay	3/29/24	HCF-C	29.40	.00	.00	
920	ADMIN FEE PAYMEN	4/01/24	HCF-C	1.00-	.00	.00	0000028
600	Non-Exempt Cante	4/02/24	HCF-C	49.83-	.00	.00	

More...

F3 = Exit F12 = Previous Screen F11=Display more information

Inmate: 0126181 OBRIEN, SHAWN, PAUL

Time Frame: July 23 2023 thru July 23 2024

* Means Government Benefits Were Affected

Code	Description	Date	Fac	Cash	Forced Savings	Mandatory Savings	Voucher#
616	ARAMARK	4/02/24	HCF-C	13.00-	.00	.00	
248	Forced Savings I	4/15/24	HCF-C	.00	.53	.00	
240	Cash Interest	4/15/24	HCF-C	.07	.00	.00	
600	Non-Exempt Cante	4/23/24	HCF-C	.75-	.00	.00	
250	Incentive Pay	4/26/24	HCF-C	29.40	.00	.00	
600	Non-Exempt Cante	4/30/24	HCF-C	6.38-	.00	.00	
616	ARAMARK	4/30/24	HCF-C	11.00-	.00	.00	
920	ADMIN FEE PAYMEN	5/01/24	HCF-C	1.00-	.00	.00	0000029
606	Exempt PPD Telep	5/10/24	HCF-C	5.00-	.00	.00	
600	Non-Exempt Cante	5/14/24	HCF-C	6.04-	.00	.00	
248	Forced Savings I	5/14/24	HCF-C	.00	.56	.00	
240	Cash Interest	5/14/24	HCF-C	.04	.00	.00	

More...

F3 = Exit F12 = Previous Screen F11=Display more information

Inmate: 0126181 OBRIEN, SHAWN, PAUL

Time Frame: July 23 2023 thru July 23 2024

* Means Government Benefits Were Affected

Code	Description	Date	Fac	Cash	Forced Savings	Mandatory Savings	Voucher#
250	Incentive Pay	5/24/24	HCF-C	29.40	.00	.00	
600	Non-Exempt Cante	5/28/24	HCF-C	29.13-	.00	.00	
248	Forced Savings I	6/17/24	HCF-C	.00	.56	.00	
240	Cash Interest	6/17/24	HCF-C	.04	.00	.00	
210	Freed, Matt, Joel	6/21/24	HCF-C	95.05	.00	.00	
301	10%SVNGS	6/21/24	HCF-C	6.96-	6.96	.00	
250	Incentive Pay	6/21/24	HCF-C	29.40	.00	.00	
900	LEGAL/OFF. PST P	6/21/24	HCF-C	12.49-	.00	.00	
900	LEGAL/OFF. PST P	6/21/24	HCF-C	1.71-	.00	.00	
900	LEGAL/OFF. PST P	6/21/24	HCF-C	13.84-	.00	.00	
920	ADM FEE PAY	6/21/24	HCF-C	1.00-	.00	.00	0000030
900	LEGAL/OFF. PST P	6/24/24	HCF-C	5.00-	.00	.00	

More...

F3 = Exit F12 = Previous Screen F11=Display more information

Inmate: 0126181 OBRIEN, SHAWN, PAUL

Time Frame: July 23 2023 thru July 23 2024

* Means Government Benefits Were Affected

Code	Description	Date	Fac	Cash	Forced Savings	Mandatory Savings	Voucher#
900	LEGAL/OFF. PST P	6/24/24	HCF-C	12.49-	.00	.00	
900	LEGAL/OFF. PST P	6/24/24	HCF-C	7.95-	.00	.00	
616	ARAMARK	6/26/24	HCF-C	22.00-	.00	.00	
606	Exempt PPD Telep	6/28/24	HCF-C	5.00-	.00	.00	
900	LEGAL/OFF. PST P	6/28/24	HCF-C	5.52-	.00	.00	
900	LEGAL/OFF. PST P	6/28/24	HCF-C	5.28-	.00	.00	
900	LEGAL/OFF. PST P	6/28/24	HCF-C	.24-	.00	.00	
600	Non-Exempt Cante	7/01/24	HCF-C	23.77-	.00	.00	
920	ADMIN FEE PAYMEN	7/01/24	HCF-C	1.00-	.00	.00	0000031
800	Non-Exempt Cante	7/03/24	HCF-C	3.00	.00	.00	
210	LLC, KINESICS	7/08/24	HCF-C	60.00	.00	.00	
301	10%SVNGS	7/08/24	HCF-C	6.00-	6.00	.00	

More...

F3 = Exit F12 = Previous Screen F11=Display more information

Inmate: 0126181 OBRIEN, SHAWN, PAUL

Time Frame: July 23 2023 thru July 23 2024

* Means Government Benefits Were Affected

Code	Description	Date	Fac	Cash	Forced Savings	Mandatory Savings	Voucher#
600	Non-Exempt Cante	7/09/24	HCF-C	2.17-	.00	.00	
606	Exempt PPD Telep	7/12/24	HCF-C	5.00-	.00	.00	
248	Forced Savings I	7/15/24	HCF-C	.00	.60	.00	
240	Cash Interest	7/15/24	HCF-C	.10	.00	.00	
600	Non-Exempt Cante	7/16/24	HCF-C	50.40-	.00	.00	
250	Incentive Pay	7/19/24	HCF-C	83.44	.00	.00	
600	Non-Exempt Cante	7/23/24	HCF-C	22.22-	.00	.00	
605	WEST BEND 8 INCH	7/23/24	HCF-C	57.51-	.00	.00	

Bottom

F3 = Exit F12 = Previous Screen F11=Display more information