

No. 24-5410

ORIGINAL

IN THE
SUPREME COURT OF THE UNITED STATES

Supreme Court, U.S.
FILED
AUG 20 2024
JOSEPH MILLER — PETITIONER
OFFICE OF THE CLERK

(Your Name)

VS.

UNITED States of America — 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):

United States Dist Court Northern Dist of Indiana

United States Court of Appeals for the Seventh Circuit

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: _____

a copy of the order of appointment is appended.

RECEIVED
AUG 27 2024
OFFICE OF THE CLERK
SUPREME COURT, U.S.

Joseph Miller
(Signature)

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

I, JOSEPH MILLER, 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 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	\$ 10.00	\$ NA	\$ 0	\$ NA
Self-employment	\$ 0	\$ NA	\$ 0	\$ NA
Income from real property (such as rental income)	\$ 0	\$ NA	\$ 0	\$ NA
Interest and dividends	\$ 0	\$ NA	\$ 0	\$ NA
Gifts	\$ 0	\$ NA	\$ 0	\$ NA
Alimony	\$ 0	\$ NA	\$ 0	\$ NA
Child Support	\$ 0	\$ NA	\$ 0	\$ NA
Retirement (such as social security, pensions, annuities, insurance)	\$ 0	\$ NA	\$ 0	\$ NA
Disability (such as social security, insurance payments)	\$ 0	\$ NA	\$ 0	\$ NA
Unemployment payments	\$ 0	\$ NA	\$ 0	\$ NA
Public-assistance (such as welfare)	\$ 0	\$ NA	\$ 0	\$ NA
Other (specify):	\$ 0	\$ NA	\$ 0	\$ NA
Total monthly income:	\$ 10.00	\$ NA	\$ 10.00	\$ NA

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
Prison Education	FCI Greenville	10-24-22-present	\$ 10.00
			\$
			\$

3. List your spouse's employment history for the past two years, most recent employer (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross monthly pay
NA	NA	NA	\$ 0
			\$
			\$

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	Amount you have	Amount your spouse has
NA	NA	\$ NA	\$ NA
		\$	\$
		\$	\$

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

Home

Value NA

Other real estate

Value NA

Motor Vehicle #1

Year, make & model 0

Value

Motor Vehicle #2

Year, make & model 0

Value

Other assets

Description None

Value

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

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
NA	\$ 0	\$ NA
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

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

Name	Relationship	Age
Joseph Miller JR	Son	33
Ashley Flowers	Daughter	36
Antionette Miller	Daughter	29

8. Estimate the average monthly expenses of you and your family. Show separately the amount 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)	\$ NA	\$ NA
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)	\$ NA	\$ NA
Home maintenance (repairs and upkeep)	\$ NA	\$ NA
Food	\$ NA	\$ NA
Clothing	\$ NA	\$ NA
Laundry and dry-cleaning	\$ NA	\$ NA
Medical and dental expenses	\$ NA	\$ NA

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

I don't have any financial income of my own besides the income
that I receive from working in the Education Department at FCI Greenville
I have been incarcerated over ten years and my parents are deceased
any funds I may receive are strictly charity from friends and family.
I declare under penalty of perjury that the foregoing is true and correct.

Executed on: AUGUST 1974, 2024

Joseph Miller
(Signature)

National 6 Months Deposits: \$1,164.20
National 6 Months Withdrawals: \$1,163.90
Available Funds to be considered for IFRP Payments: \$714.20
National 6 Months Avg Daily Balance: \$24.69
Local Max. Balance - Prev. 30 Days: \$50.85
Average Balance - Prev. 30 Days: \$3.54

Commissary History

Purchases

Validation Period Purchases: \$0.00
YTD Purchases: \$1,853.60
Last Sales Date: 7/17/2024 7:38:57 AM

SPO Information

SPO's this Month: 0
SPO \$ this Quarter: \$0.00

Spending Limit Info

Spending Limit Override: No
Weekly Revalidation: No
Bi-Weekly Revalidation: Yes
Spending Limit: \$180.00
Expended Spending Limit: \$0.00
Remaining Spending Limit: \$180.00

Commissary Restrictions

Spending Limit Restrictions

Restricted Spending Limit: \$0.00
Restricted Expended Amount: \$0.00
Restricted Remaining Spending Limit: \$0.00
Restriction Start Date: N/A
Restriction End Date: N/A

Item Restrictions

List Name	List Type	Start Date	End Date	Active
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Comments

Comments:

Inmate Inquiry



Inmate Reg #: 12481424 Current Institution: Greenville FCI
Inmate Name: MILLER, JOSEPH Housing Unit: GRE-C-A
Report Date: 08/15/2024 Living Quarters: C93-234L
Report Time: 10:32:59 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: [REDACTED]

PAC #: [REDACTED]

Revalidation Date: 4th

FRP Participation Status: Participating

Arrived From: OKL

Transferred To:

Account Creation Date: 5/26/2004

Local Account Activation Date: 11/29/2016 3:11:40 AM



Sort Codes:

Last Account Update: 8/15/2024 12:11:39 AM

Account Status: Active

Phone Balance: \$0.00

Pre-Release Plan Information

Target Pre-Release Account Balance: \$12,000.00

Pre-Release Deduction %: 0%

Income Categories to Deduct From: Payroll Outside Source Funds

FRP Plan Information

FRP Plan Type	Expected Amount	Expected Rate
Quarterly	\$200.00	0%

Account Balances

Account Balance:	\$0.35
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:	\$0.35