

Case No. 24-5938

ORIGINAL

IN THE SUPREME COURT OF THE UNITED STATES

JOHN SCHNEKENBURGER - Petitioner

vs.

UNITED STATES OF AMERICA - Respondent

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.

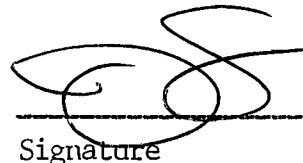
Please check the appropriate boxes:

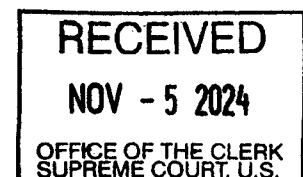
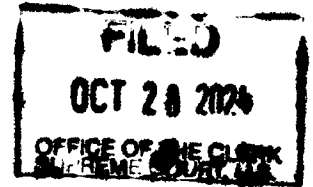
☒ Petitioner has previously been granted leave to proceed in forma pauperis in the following court(s):

Eighth District Court, Southern District of Iowa

Eighth Circuit Court of Appeals

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


Signature



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

I, JOHN C. SCHNEKENBURGER, 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</u>	\$ _____	\$ <u>0</u>	\$ _____
Self-employment	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Income from real property (such as rental income)	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Interest and dividends	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Gifts	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Alimony	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Child Support	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Disability (such as social security, insurance payments)	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Unemployment payments	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Public-assistance (such as welfare)	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Other (specify): _____	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Total monthly income:	\$ <u>0</u>	\$ _____	\$ <u>0</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
N/A (INCARCERATED)			\$
			\$
			\$

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			\$
			\$
			\$

4. How much cash do you and your spouse have? \$ 0
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
		\$	\$
		\$	\$
		\$	\$

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

☐ Home
Value 0

☐ Other real estate
Value 0

☐ Motor Vehicle #1
Year, make & model
Value 0

☐ Motor Vehicle #2
Year, make & model
Value 0

☐ Other assets
Description
Value 0

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>NONE</u>	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

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

Name	Relationship	Age
<u>NONE</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</u>	\$ _____
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)	\$ <u>0</u>	\$ _____
Home maintenance (repairs and upkeep)	\$ <u>0</u>	\$ _____
Food	\$ <u>0</u>	\$ _____
Clothing	\$ <u>0</u>	\$ _____
Laundry and dry-cleaning	\$ <u>0</u>	\$ _____
Medical and dental expenses	\$ <u>0</u>	\$ _____

	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)	\$ 0	\$
Other (specify): _____	\$ 0	\$
Total monthly expenses:	\$ 0	\$

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? \$ 25,000

If yes, state the attorney's name, address, and telephone number:

TIMOTHY MCCARTHY, II
1200 VALLEY WEST DRIVE, STE. 400
WEST DES MOINES, IA 50266
515-279-9700

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? _____

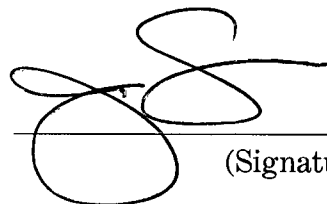
If yes, state the person's name, address, and telephone number:

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

I HAVE BEEN INCARCERATED SINCE OCTOBER 2017.
SEE EXHIBIT 1 FOR MY 6 MONTH HISTORY OF
MY TRUST FUND ACCOUNT.

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

Executed on: OCTOBER 25, 2024



(Signature)

EXHIBIT - 1

Deposits



Inmate Reg #: 81008408
 Inmate Name: SCHNEKENBURGER, JOHN
 Report Date: 09/13/2024
 Report Time: 8:44:07 AM

Current Institution: Danbury CT
 Housing Unit: DAN-M-A
 Living Quarters: M02-0181

<u>Date/Time</u>	<u>Transaction Type</u>	<u>Amount</u>	<u>Ref#</u>	<u>Sender Last Name</u>	<u>Sender Zip</u>
9/10/2024 8:27:43 AM	Payroll - IPP	\$4.80	ZIPP0824		
8/24/2024 5:07:50 AM	Lockbox - CD	\$50.00	70115801		19970
8/9/2024 5:07:20 AM	Lockbox - CD	\$25.00	70114701		19970
8/4/2024 1:07:59 PM	Western Union	\$25.00	33324217	SCHNEKENBURGER	19970
7/20/2024 5:08:36 AM	Lockbox - CD	\$50.00	70113301	SCHNEKENBURGER	19970
7/8/2024 2:19:24 PM	Payroll - IPP	\$1.60	ZIPP0624		
6/16/2024 1:07:27 PM	Western Union	\$75.00	33324168	SCHNEKENBURGER	19970
6/2/2024 11:06:47 AM	Western Union	\$100.00	33324154	SCHNEKENBURGER	19970
5/5/2024 6:08:00 PM	Western Union	\$50.00	33324126	SCHNEKENBURGER	19970
5/5/2024 1:07:34 PM	Western Union	\$50.00	33324126	SCHNEKENBURGER	19970
4/14/2024 9:08:37 PM	Western Union	\$75.00	33324105	SCHNEKENBURGER	19970
3/23/2024 12:06:51 PM	Western Union	\$50.00	33324083	SCHNEKENBURGER	19970

Inmate Inquiry



Inmate Reg #: 81908408
Inmate Name: SCHNEKENBURGER, JOHN
Report Date: 09/13/2024
Report Time: 8:40:00 AM
Current Institution: Danbury FCI
Household: DAN, M.L.
Living Quarters: MC00151

[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: 25th
FRP Participation Status: Completed
Arrived From: OKL
Transferred To:
Account Creation Date: 10/27/2017
Local Account Activation Date: 11/3/2021 4:18:29 AM
Sort Codes: [REDACTED]
Last Account Update: 9/10/2024 8:27:43 AM
Account Status: Active
Phone Balance: \$0.00

Pre-Release Plan Information

Target Pre-Release Account Balance: \$0.00
Pre-Release Deduction %: 0%
Income Categories to Deduct From: Payroll Outside Source Funds

FRP Plan Information

FRP Plan Type	Expected Amount	Expected Rate
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Account Balances

Account Balance:	\$14.43
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:	\$14.43
National 6 Months Deposits:	\$556.40