

24-5982

UNPAID

IN THE		Supreme Court of the United States
SUPREME COURT OF THE UNITED STATES		OCT 11 2024
Petitioner's Name: BENIGNO PEREZ-AGUILAR		OFFICE OF THE CLERK
Petitioner's Address: 123 Main Street, Anytown, USA		
Petitioner's Name: BENIGNO PEREZ-AGUILAR		PETITIONER
Petitioner's Address: 123 Main Street, Anytown, USA		
VS.		
Jeff Howard, Warden		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*.

Inte	\$0.00	\$0.00	\$0.00	\$0.00
<input checked="" type="checkbox"/>	Petitioner has previously been granted leave to proceed <i>in forma pauperis</i>			
	\$0.00	\$0.00	\$0.00	\$0.00

in the following court(s):

At 10:00	\$0.00	\$0.00	\$0.00	\$0.00
SIXTH CIRCUIT COURT OF APPEALS	\$0.00	\$0.00	\$0.00	\$0.00
Child Support	\$0.00	\$0.00	\$0.00	\$0.00

At 10:00	\$0.00	\$0.00	\$0.00	\$0.00
Re: Pet. for Review to Court	\$0.00	\$0.00	\$0.00	\$0.00
<input checked="" type="checkbox"/>	Petitioner has not previously been granted leave to proceed <i>in forma pauperis</i> in any other court.			

At 10:00	\$0.00	\$0.00	\$0.00	\$0.00
Petitioner's affidavit or declaration in support of this motion is attached hereto.	\$0.00	\$0.00	\$0.00	\$0.00
<input checked="" type="checkbox"/>	Petitioner's affidavit or declaration in support of this motion is attached hereto.			

At 10:00	\$0.00	\$0.00	\$0.00	\$0.00
Signature: Benigno Perez-Aguilar	<i>Benigno Perez-Aguilar</i>			
(Signature) = Benigno Aguilar				

Other (specify): <u>N/A</u>	\$0.00	\$0.00	\$0.00	\$0.00
-----------------------------	--------	--------	--------	--------

<b>Total monthly income:</b>	\$0.00	\$0.00	\$0.00	\$0.00
------------------------------	--------	--------	--------	--------

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
MDOC	4533 W. Industrial	2022-2024	\$ 19.74
n/a	n/a	n/a	\$ 0.00
n/a	n/a	n/a	\$ 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	Address	Dates of Employment	Gross monthly pay
n/a	n/a	n/a	\$ 0.00
n/a	n/a	n/a	\$ 0.00
n/a	n/a	n/a	\$ 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	Amount you have	Amount your spouse has
n/a	n/a	\$0.00	\$ 0.00
n/a	n/a	\$0.00	\$ 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 checked="" type="checkbox"/> Hom e		<input checked="" type="checkbox"/> Other real estate
Value	none	Value
		none

  

<input checked="" type="checkbox"/> Motor Vehicle #1		<input checked="" type="checkbox"/> Motor Vehicle #2
Year, make & model	none	Year, make & model

Value 0.00	Value 0.00	
L Other assets		
Description none		
Value 0.00		

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	\$0.00	\$0.00
n/a	\$0.00	\$0.00
n/a	\$0.00	\$0.00

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

Name	Relationship	Age
n/a	n/a	n/a
n/a	n/a	n/a
n/a	n/a	n/a

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	\$0.00
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)	\$0.00	\$0.00
Home maintenance (repairs)	\$0.00	\$0.00

Food	\$ 0.00	\$ 0.00	
Laundry and dry-cleaning	\$ 0.00	\$ 0.00	
Medical and dental expenses	\$ 0.00	\$ 0.00	

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 0.00	\$ 0.00
Recreation, entertainment, newspapers, magazines, etc.	\$ 0.00	\$ 0.00
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ 0.00	\$ 0.00
Life	\$ 0.00	\$ 0.00
Health	\$ 0.00	\$ 0.00
Motor Vehicle	\$ 0.00	\$ 0.00
Other: none	\$ 0.00	\$ 0.00
Taxes (not deducted from wages or included in mortgage payments)		
(specify): none	\$ 0.00	\$ 0.00
Installment payments		
Motor Vehicle	\$ 0.00	\$ 0.00
Credit card(s)	\$ 0.00	\$ 0.00
Department store(s)	\$ 0.00	\$ 0.00
Other: none	\$ 0.00	\$ 0.00

Alimony, maintenance, and support paid to others	\$0.00	\$0.00
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$0.00	\$0.00
Other: (specify) none	\$0.00	\$0.00
<b>Total monthly expenses:</b>	<b>\$0.00</b>	<b>\$0.00</b>

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 attorney's name, address, and telephone number:

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

Petitioner Aguilar is currently incarcerated at the Kinross Corr. Fac. and work as a housing unit porter that is being pay 19.74 a month that he use to purchase personal hygiene, stamps, medical co-payment, stationary supplies etc.

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

Executed on: 10 - 10 , 2024

  
(Signature) – Benigno Perez-Aguilar