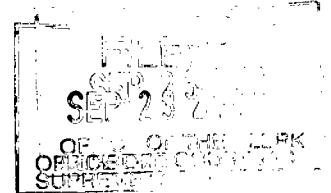


24-6049

CONFIDENTIAL

IN THE
SUPREME COURT OF THE UNITED STATES



MARIO RAY CHILDS- PETITIONER

VS.

JEFF TANNER, Warden - 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*.

[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,

Mario Childs

Mario Ray Childs, #132248

Date: November 14, 2024

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

I, Mario Ray Childs, 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	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Spouse				
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): <u></u>	\$ 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: November 14, 2024

Mario Childs
Mario Ray Childs, #132248

STATE OF MICHIGAN

CERTIFICATE OF PRISONER ACCOUNT ACTIVITY
AND AFFIDAVIT REGARDING SUSPENSION OF PRISONER FEES/COSTS

Prisoner-Plaintiff/Petitioner/Appellant name and number
MARIO RAY CHILDS, #132248

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

v

CERTIFICATE OF PRISONER ACCOUNT ACTIVITY

I am employed by the Michigan Department of Corrections at the facility identified below, at which the prisoner identified as the 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 twelve months or, if the prisoner has been incarcerated for less than twelve 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 \$25.62 and an average monthly account balance (i.e., total deposits minus total withdrawals divided by number of months) of \$.09. There is a current spendable account balance of \$.31.

Date: 11-12-2024

Johnson Acct Tech
Signature/Title
Macomb Correctional Facility
Correctional Facility

Note: Bottom section to be completed by prisoner and sent by prisoner to a Michigan court along with State civil pleading/claim of appeal.

AFFIDAVIT REGARDING SUSPENSION OF PRISONER FEES/COSTS

1. I am the Plaintiff/Respondent/Appellant in the attached pleading/petition/claim of appeal.
2. I am asking the court for suspension of filing fees and costs because I am indigent as reflected in the Certificate of Prisoner Account Activity and attached computer print-out.

Mario Childs
Prisoner's Signature

Subscribed and sworn to before me, a Notary Public,

this 14 day of 11, 2024

Kelly B. Edwards

My Commission Expires:

09-09-2029

KELLY B EDWARDS
NOTARY PUBLIC - STATE OF MICHIGAN
COUNTY OF SANILAC
My Commission Expires September 09, 2029
Acting in the County of Macomb

CSJ-276 7/07

Daily Transaction Summary: November 12, 2023 - November 12, 2024

Page 1

Offender Information

Offender Number: 0132248	Institution: MRF	Living Unit: HU#3	Primary Balance: \$3.01
Offender Name: CHILDS, MARIO RAY	Housing Facility: MRF	Cell: 009	Available Balance: \$0.31
Account Status: Open	Tier: A	Bed: Bot	

Primary Trust Transactions

Date	Transaction Type	Payer / Paid To	Voucher Number	Deposit	Expense	Balance	Loc Code
11/12/2023						\$4.12	
11/15/2023 08:29	MRF-Institutional Services	500 - Institutional Services		\$26.04		\$30.16	MRF
11/29/2023 23:21	Commissary Sale	Keefe Commissary	C154836		(\$27.43)	\$2.73	MRF
12/14/2023 08:15	MRF-Institutional Services	500 - Institutional Services		\$25.20		\$27.93	MRF
12/27/2023 23:25	Commissary Sale	Keefe Commissary	C197691		(\$21.54)	\$6.39	MRF
01/16/2024 09:31	MRF-Institutional Services	500 - Institutional Services		\$26.04		\$32.43	MRF
01/23/2024 23:28	Commissary Sale	Keefe Commissary	C237125		(\$28.92)	\$3.51	MRF
02/14/2024 09:38	MRF-Institutional Services	500 - Institutional Services		\$26.04		\$29.55	MRF
02/20/2024 23:32	Commissary Sale	Keefe Commissary	C279898		(\$25.90)	\$3.65	MRF
02/29/2024 04:00	LEGAL POSTAGE - PBF	MRF PBF Postage			(\$0.95)	\$2.70	COF
03/14/2024 09:24	MRF-Institutional Services	500 - Institutional Services		\$24.36		\$27.06	MRF
03/19/2024 23:36	Commissary Sale	Keefe Commissary	C323219		(\$17.14)	\$9.92	MRF
03/31/2024 04:00	DENTAL CO-PAY	HEALTH CARE CO-PAY			(\$5.00)	\$4.92	COF
03/31/2024 04:00	LEGAL POSTAGE - PBF	MRF PBF Postage			(\$0.68)	\$4.24	COF
03/31/2024 04:00	NOTARY	MRF PBF Notary			(\$1.00)	\$3.24	COF
03/31/2024 04:00	LEGAL POSTAGE - PBF	MRF PBF Postage			(\$0.54)	\$2.70	COF
04/12/2024 09:26	MRF-Institutional Services	500 - Institutional Services		\$24.36		\$27.06	MRF
04/12/2024 16:11	MRF-Institutional Services	500 - Institutional Services		\$1.68		\$28.74	MRF
04/16/2024 23:35	Commissary Sale	Keefe Commissary	C364680		(\$23.55)	\$5.19	MRF
04/30/2024 04:00	LEGAL POSTAGE - PBF	MRF PBF Postage			(\$1.33)	\$3.86	COF
05/14/2024 09:15	MRF-Institutional Services	500 - Institutional Services		\$25.20		\$29.06	MRF
05/14/2024 11:51	Dental Co-Pay Disbursement	Health Care Co-Pay	MRF DEN DOS 041024		(\$5.00)	\$24.06	MRF
05/29/2024 23:37	Commissary Sale	Keefe Commissary	C425451		(\$21.30)	\$2.76	MRF
06/14/2024 08:27	MRF-Institutional Services	500 - Institutional Services		\$26.04		\$28.80	MRF
06/25/2024 23:45	Commissary Sale	Keefe Commissary	C467998		(\$25.60)	\$3.20	MRF
07/15/2024 09:50	MRF-Institutional Services	500 - Institutional Services		\$25.20		\$28.40	MRF
07/23/2024 23:52	Commissary Sale	Keefe Commissary	C508098		(\$25.66)	\$2.74	MRF
08/14/2024 09:57	MRF-Institutional Services	500 - Institutional Services		\$26.04		\$28.78	MRF
09/16/2024 08:52	MRF-Institutional Services	500 - Institutional Services		\$26.04		\$54.82	MRF
09/26/2024 13:21	Legal Stamps	MRF Institutional Services			(\$9.50)	\$45.32	MRF
09/26/2024 13:22	Legal Stamps	MRF Institutional Services			(\$10.80)	\$34.52	MRF

Primary Trust Transactions									
Date	Transaction Type	Payer / Paid To	Voucher Number	Deposit	Expense	Balance	Loc Code		
10/03/2024 00:05	Commissary Sale	Keefe Commissary	C610876		(\$31.32)	\$3.20	MRF		
10/08/2024 23:31	Commissary Sale	Keefe Commissary	C610876		\$3.98	\$7.18	MRF		
10/14/2024 09:04	MRF-Institutional Services	500 - Institutional Services		\$25.20		\$32.38	MRF		
10/30/2024 23:49	Commissary Sale	Keefe Commissary	C652300		(\$17.37)	\$15.01	MRF		
10/31/2024 04:00	NOTARY	MRF PBF Notary			(\$0.50)	\$14.51	COF		
10/31/2024 04:00	NOTARY	MRF PBF Notary			(\$1.50)	\$13.01	COF		
10/31/2024 04:00	LEGAL COPIES	MRF PBF Copies			(\$10.00)	\$3.01	COF		
11/12/2024				\$307.44	(\$308.55)	\$3.01			
Savings									
Date				Deposit	Expense	Balance	Loc Code		
11/12/2023						\$0.00			
No Activity									
11/12/2024				\$0.00	\$0.00	\$0.00			
Holds - Current as of Date and Time of Report									
Date Held	Hold Type	Notes					Amount		
01/17/2023	Obligation	Auto Hold for - 19-002498-01-FC					\$1.35		
01/17/2023	Obligation	Auto Hold for - 19-002498-01-FC AM					\$1.35		
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
Restitution - Court Charges - 19-002498-01-FC AM	3RD CIRCUIT COURT WAYNE	N/A	\$2,238.00	\$0.00	\$0.00	\$1.35	\$255.50	N/A	\$1,981.15
Restitution - Victim - 19-002498-01-FC	3RD CIRCUIT COURT WAYNE	N/A	\$4,944.64	\$0.00	\$0.00	\$1.35	\$1,375.47	N/A	\$3,567.82
							307.44	Total:	\$5,548.97
							<u>307.44</u>	<u>- 308.55</u>	<u>- .09</u>
							<u>-.12</u>	<u>-.12</u>	