

24-6053
No. _____

IN THE

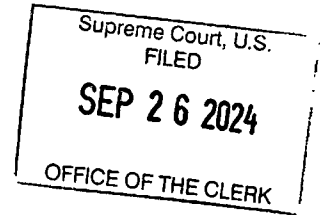
SUPREME COURT OF THE UNITED STATES

ORIGINAL

Torrence Belcher- PETITIONER, Pro Se

VS.

Ron Neal et al- 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 cost and to proceed *in forma pauperis*.

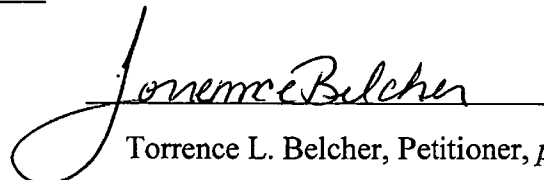
The petitioner has previously been granted leave to proceed in forma pauperis in the courts of the Northern District of Indiana. But was denied leave to proceed in forma pauperis in the seventh circuit court of appeals.

A copy of the petitioner's inmate trust fund ledger in support of this motion is attached hereto.

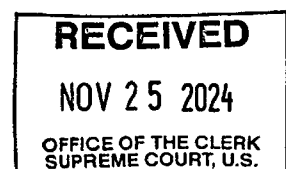
IN SUPPORT OF MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*.

I, Torrence Belcher, am the petitioner in the above-entitled case makes the declaration in support of my motion to proceed *in forma pauperis*. I state that because of my poverty I am unable to pay the cost of this case or give security therefor; and I believe I am entitled to redress. I am indigent, single, and with no source of income of my own at this time. Every and any amount of monies I receive is a gift from my mother and other family members or friends. I have no idea when my situation will change. I was last employed at the Indiana state prison for food service on July 14, in 2022.

Executed on November 13, 2024


Torrence L. Belcher, Petitioner, *pro se*

1 Park Row
Michigan City, IN 46360



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

I, Torrence Belcher, 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>-</u>	\$ <u>0</u>	\$ <u>-</u>
Self-employment	\$ <u>0</u>	\$ <u>-</u>	\$ <u>0</u>	\$ <u>-</u>
Income from real property (such as rental income)	\$ <u>0</u>	\$ <u>-</u>	\$ <u>0</u>	\$ <u>-</u>
Interest and dividends	\$ <u>0</u>	\$ <u>-</u>	\$ <u>0</u>	\$ <u>-</u>
Gifts	\$ <u>=?</u>	\$ <u>-</u>	\$ <u>?</u>	\$ <u>-</u>
Alimony	\$ <u>0</u>	\$ <u>-</u>	\$ <u>0</u>	\$ <u>-</u>
Child Support	\$ <u>0</u>	\$ <u>-</u>	\$ <u>0</u>	\$ <u>-</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0</u>	\$ <u>-</u>	\$ <u>0</u>	\$ <u>-</u>
Disability (such as social security, insurance payments)	\$ <u>0</u>	\$ <u>-</u>	\$ <u>0</u>	\$ <u>-</u>
Unemployment payments	\$ <u>0</u>	\$ <u>-</u>	\$ <u>0</u>	\$ <u>-</u>
Public-assistance (such as welfare)	\$ <u>0</u>	\$ <u>-</u>	\$ <u>0</u>	\$ <u>-</u>
Other (specify): _____	\$ <u>0</u>	\$ <u>-</u>	\$ <u>0</u>	\$ <u>-</u>
Total monthly income:	\$ <u>0</u>	\$ <u>-</u>	\$ <u>0</u>	\$ <u>-</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
Food Service at ISP	1 Park Row Michigan city, In 46360	July 5, 2022 to July 14, 2022	\$ \$ less than 50\$? \$

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? \$ 0, no spouse
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
	\$	\$
	\$	\$
	\$	\$

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 _____	<input type="checkbox"/> Other real estate Value _____
<input type="checkbox"/> Motor Vehicle #1 Year, make & model _____ Value _____	<input type="checkbox"/> Motor Vehicle #2 Year, make & model _____ Value _____
<input type="checkbox"/> Other assets Description _____ 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
NONE	\$ NONE	\$ NONE
	\$	\$
	\$	\$

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

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)	\$ NONE	\$ -
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 ?	\$ -
Home maintenance (repairs and upkeep)	\$ 0 ?	\$ -
Food	\$ 0 ?	\$ -
Clothing	\$ 0 ?	\$ -
Laundry and dry-cleaning	\$ 0 ?	\$ -
Medical and dental expenses	\$ 0 ?	\$ -

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

I am indigent, single, and with no source of income of my own at this time. Any amount of money I receive is a gift from my mother or other family members or friends.

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

Executed on: November, 7, 20 24

Jonathan Belcher
(Signature)

UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF INDIANA

[This form is for prisoners who do not pay the filing fee when they file a new case OR a notice of appeal.]

Torrence Belcher
[Put your full name on this line.]

v.

Ron Neal, et al
[Put the name of the first person you are suing on this line.]

Case Number _____
[For a new case in this court, leave blank.
The court will assign a case number.]

[The top of this page is the caption. Everything you file in this case must have the same caption. Once you know your case number, it is **VERY IMPORTANT** that you include it on everything you send to the court for this case. **DO NOT** send more than one copy of anything to the court.]

PRISONER MOTION TO PROCEED IN FORMA PAUPERIS

I am a prisoner. I am unable to pre-pay the costs of this case or appeal. I have attached an official copy of my prisoner trust fund account statement showing every transaction for the last six months. I declare under penalty of perjury that these statements are true.

Torrence Belcher
Signature

244707
Prisoner Number

9.26.2024
Date

OFFICIAL CERTIFICATE OF PRISONER ACCOUNT

I certify that every transaction for the last six months (or 12 months if the prisoner has been here less than six months) is listed on the attached prisoner trust account statement.

M. Thate
Signature of Authorized Officer

9/26/24
Date

M. Thate CCW4
Printed Name and Job Title

Indiana State Prison
Name of Facility

ISP

Resident Activity Report

Resident Id: 244707
 Full Name: BELCHER, TORRENCE L
 Housing: ISP, ISP, CE, CE2, 235L

Run Date: 09/26/2024
 From: 09/26/2023
 To: 09/26/2024

Beginning Balances

Account	Balance	Debt	Payable
Copies	\$0.00	-\$1.50	\$0.00
FFF - Initial Down Payment	\$0.00	-\$3.92	\$0.00
FFF - Remaining Balance	\$0.00	-\$1016.00	\$0.00
ID Cards	\$0.00	\$0.00	\$0.00
Postage	\$0.00	\$0.00	\$0.00
Primary - Trust	\$0.00	\$0.00	\$0.00
Re-entry Savings	\$10.65	\$0.00	\$0.00
	\$10.65	-\$1021.42	\$0.00

Ending Balances

Account	Balance	Debt	Payable
Copies	\$0.00	-\$1.90	\$0.00
FFF - Initial Down Payment	\$0.00	\$0.00	\$0.00
FFF - Remaining Balance	\$0.00	-\$1276.76	\$40.00
ID Cards	\$0.00	\$0.00	\$5.00
Postage	\$0.00	-\$7.58	\$0.13
Primary - Trust	\$0.48	\$0.00	\$0.00
Re-entry Savings	\$10.65	\$0.00	\$0.00
	\$11.13	-\$1286.24	\$45.13

Activity

Task #	Date	Type	Comment	Entry #	Amount	Balance	Debt	Payable
8871493	10/05/2023	Resident Charge	Doctor		-\$5.00	\$10.65	-\$1026.42	\$0.00
8945500	10/12/2023	Resident Deposit	GTL Receipt		\$65.00	\$26.23	-\$977.00	\$49.42
9021715	10/20/2023	Transfer Other Funds	Commissary	10/20/2023	-\$9.58	\$16.65	-\$977.00	\$49.42
9021716	10/20/2023	Transfer Other Funds	Commissary	10/20/2023	-\$3.41	\$13.24	-\$977.00	\$49.42
9141862	11/01/2023	Group Withdrawal	OCTOBER IFF EOM CLEANOUT	10273	-\$3.92	\$13.24	-\$977.00	\$45.50
9141979	11/01/2023	Group Withdrawal	OCTOBER FFF EOM CLEANOUT	10274	-\$39.00	\$13.24	-\$977.00	\$6.50
9142118	11/01/2023	Group Withdrawal	OCTOBER MEDC EOM CLEANOUT	10279	-\$5.00	\$13.24	-\$977.00	\$1.50
9169355	11/03/2023	Transfer Other Funds	Commissary	11/03/2023	-\$1.72	\$11.52	-\$977.00	\$1.50
9169356	11/03/2023	Transfer Other Funds	Commissary	11/03/2023	-\$0.78	\$10.74	-\$977.00	\$1.50
9351428	11/22/2023	Resident Charge	COPIES		-\$0.70	\$10.74	-\$977.70	\$1.50
9528843	12/11/2023	Resident Deposit	Holiday Gift		\$3.00	\$13.74	-\$977.70	\$1.50
9621721	12/14/2023	Resident Charge	Doctor 70465		-\$5.00	\$13.74	-\$982.70	\$1.50
9641031	12/15/2023	Transfer Other Funds	Commissary	12/15/2023	-\$0.49	\$13.25	-\$982.70	\$1.50
9788045	12/29/2023	Transfer Other Funds	Commissary	12/29/2023	-\$2.36	\$10.89	-\$982.70	\$1.50

Activity								
Task #	Date	Type	Comment	Entry #	Amount	Balance	Debt	Payable
9789554	12/30/2023	Resident Charge	Automated Medical Debt Forgive		\$5.00	\$10.89	-\$977.70	\$1.50
9832029	01/03/2024	Group Withdrawal	DECEMBER EOM COPIES	10651	-\$1.50	\$10.89	-\$977.70	\$0.00
10225647	02/08/2024	Resident Deposit	GTL Receipt		\$20.00	\$19.95	-\$966.76	\$10.94
10239723	02/09/2024	Transfer Other Funds	Commissary	02/09/2024	-\$8.68	\$11.27	-\$966.76	\$10.94
10506059	03/04/2024	Group Withdrawal	FEB EOM FFF	11103	-\$10.24	\$11.27	-\$966.76	\$0.70
10832234	04/02/2024	Group Withdrawal	MARCH EOM COPIES	11298	-\$0.70	\$11.27	-\$966.76	\$0.00
11263899	05/10/2024	Commissary Group Removal	Auto Removal - Edit Assigned On / Expires On Date		\$0.00	\$11.27	-\$966.76	\$0.00
11263900	05/10/2024	Commissary Group Assignment	Commissary Restriction Group Assignment		\$0.00	\$11.27	-\$966.76	\$0.00
11340844	05/17/2024	Transfer Other Funds	Commissary	05/17/2024	-\$0.49	\$10.78	-\$966.76	\$0.00
11477440	05/30/2024	Resident Charge	COPIES		-\$1.10	\$10.78	-\$967.86	\$0.00
11693972	06/18/2024	Resident Charge	Copies		-\$0.80	\$10.78	-\$968.66	\$0.00
11844271	07/02/2024	Resident Charge	ID Cards		-\$5.00	\$10.78	-\$973.66	\$0.00
11931979	07/10/2024	Resident Charge	Postage		-\$2.11	\$10.78	-\$975.77	\$0.00
11986491	07/16/2024	Resident Charge	Doctor		-\$5.00	\$10.78	-\$980.77	\$0.00
11986843	07/16/2024	Resident Charge	Postage		-\$1.63	\$10.78	-\$982.40	\$0.00
12097582	07/26/2024	Resident Charge	Postage		-\$0.69	\$10.78	-\$983.09	\$0.00
12135465	07/30/2024	Resident Charge	RX & Doctor		-\$10.00	\$10.78	-\$993.09	\$0.00
12237547	08/08/2024	Resident Charge	Automated Medical Debt Forgive		\$5.00	\$10.78	-\$988.09	\$0.00
12242812	08/08/2024	Resident Charge	FFF - Remaining Balance		-\$350.00	\$10.78	-\$1338.09	\$0.00
12248447	08/09/2024	Resident Charge	Automated Medical Debt Forgive		\$5.00	\$10.78	-\$1333.09	\$0.00
12258199	08/10/2024	Resident Charge	Automated Medical Debt Forgive		\$5.00	\$10.78	-\$1328.09	\$0.00
12313773	08/15/2024	Resident Charge	Postage		-\$2.59	\$10.78	-\$1330.68	\$0.00
12585058	09/08/2024	Resident Deposit	GTL Receipt		\$50.00	\$15.65	-\$1285.55	\$45.13
12716395	09/20/2024	Transfer Other Funds	Commissary	09/20/2024	-\$4.52	\$11.13	-\$1285.55	\$45.13
12761614	09/24/2024	Resident Charge	Postage		-\$0.69	\$11.13	-\$1286.24	\$45.13
Ending Balances						\$11.13	-\$1286.24	\$45.13