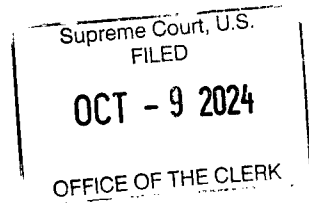


IN THE SUPREME COURT
OF THE UNITED STATES

24-6248

ORIGINAL



Kenneth Brown,
Petitioner

v.

no: 24A139

(application no.)


Robert Adams, Jr., Warden

MOTION TO PROCEED IN FORMA PAUPERUS ON WRIT OF CERTIORARI

Comes Now the Petitioner, Kenneth Brown, Pro se, and respectfully moves this Honorable Supreme Court to **GRANT** or permit the Petitioner's motion to proceed *in forma pauperus* in the above styled case. Petitioner is unable to pay the amount required to file writ of certiorari because Petitioner is indigent, and has been for quite some time now. Therefore Petitioner's trust fund balance has not exceeded \$20 in the past year. Attached to this Motion to Proceed In Forma Pauperus this Honorable Court will find a "Uniform Affidavet of Indigency" along with six months worth trust fund records from TDOC's TOMIS system, proving Appellant is indigent and unable to meet the payment requirement.¹

Wherefore, Appellant respectfully requests this Honorable Supreme Court to **GRANT** his Motion to Proceed In Forma Pauperus upon Writ of Certiorari.

Respectfully submitted,



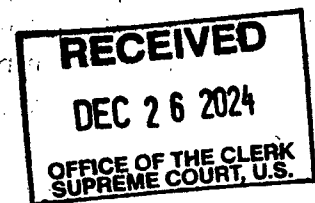
Kenneth Brown#512777

HCCF

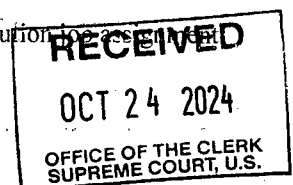
2520 Union Springs Road

p.o. Box 549

Whiteville TN 38075



¹ TDOC deducts aproximately half of all of what little funds Brown receives monthly from institution fees.



CERTIFICATE OF SERVICE

I, the undersigned Appellant, do certify that the foregoing MOTION TO PROCEED IFP ON WRIT OF CERTIORARI has been addressed and mailed to, and served upon, via prepaid postage, the following appropriate recipient(s):

Court Clerk Scott S. Harris:

1 First St., N.E., U.S. Supreme Court Bldg.,
Washington, DC 20543

Kenneth Brown, Appellant, **Pro se**
Hardeman County Correction Facility
2520 Union Springs Road
p.o. Box 549
Whiteville TN 38075

4. Amount of money that I have in cash or in a checking or savings account: \$ N/A.

5. Any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value that I own, including any item of value held in someone else's name *(describe the property and its approximate value)*:

6. Any housing, transportation, utilities, or loan payments, or other regular monthly expenses *(describe and provide the amount of the monthly expense)*:

7. Names (or, if under 18, initials only) of all persons who are dependent on me for support, my relationship with each person, and how much I contribute to their support:

8. Any debts or financial obligations *(describe the amounts owed and to whom they are payable)*:

Declaration: I declare under penalty of perjury that the above information is true and understand that a false statement may result in a dismissal of my claims.

Date: 10/15/24

Kenneth Brown
Applicant's signature

Kenneth Brown
Printed name

Trust FundLinks Suspend ☐

Account 00512777

Brown, Kenneth A.

Status ACTV

Location HCCF

Reset key fields

Transactions

Obligations

Organizations

Refresh

Actual Site HCCF

Assigned Site HCCF

Current Balance 17.18

Pending Balance

Enter

Trans Date	Seq No	Trans Type	Transaction Code	Transaction Amount	Trans Site	Current Amount	Pend Amount
09/17/2024	1	D	APP	6.00	HCCF	17.18	
09/12/2024	2	D	FEE	15.00	HCCF	23.18	
09/12/2024	1	C	PAD	30.00	HCCF	38.18	
09/04/2024	2	D	POS	0.69	HCCF	8.18	
09/04/2024	1	D	POS	1.25	HCCF	8.87	
08/22/2024	1	D	POS	3.43	HCCF	10.12	
08/14/2024	2	D	FEE	3.00	HCCF	13.55	
08/14/2024	1	C	PAD	6.00	HCCF	16.55	
07/30/2024	1	D	POS	2.31	HCCF	10.55	
07/12/2024	1	D	APP	4.20	HCCF	12.86	

Search

FastPath

Go

Top Of List

Trust Fund



Links  Suspend ☐

Account 00512777 Brown, Kenneth A. Status ACTV Location HCCF

Reset key fields Transactions Obligations Organizations

Refresh Actual Site HCCF Assigned Site HCCF Current Balance 17.18 Pending Balance


Enter
First

Trans Date	Seq No	Trans Type	Transaction Code	Transaction Amount	Trans Site	Current Amount	Pend Amount
07/11/2024	2	D	FEE	10.50	HCCF	17.06	
07/11/2024	1	C	PAD	21.00	HCCF	27.56	
06/13/2024	3	D	APP	4.20	HCCF	6.56	
06/13/2024	2	D	FEE	10.50	HCCF	10.76	
06/13/2024	1	C	PAD	21.00	HCCF	21.26	
05/28/2024	2	D	MED	3.00	HCCF	0.26	
05/28/2024	1	D	POS	4.27	HCCF	3.26	
05/14/2024	4	D	APP	6.30	HCCF	7.53	
05/14/2024	3	D	MED	5.00	HCCF	13.83	
05/14/2024	2	D	FEE	15.75	HCCF	18.83	

Search

FastPath Go

Trust Fund

Links  Suspend ☐

Account00512777Brown, Kenneth A.

StatusACTV

LocationHCCF

Reset key fields

TransactionsObligationsOrganizations

Actual SiteHCCFAssigned SiteHCCFCurrent Balance17.18

RefreshPending Balance

Enter
First

Trans Date	Seq No	Trans Type	Transaction Code	Transaction Amount	Trans Site	Current Amount	Pend Amount
05/14/2024	1	C	PAD	31.50	HCCF	34.58	
05/02/2024	1	C	COC	2.49	HCCF	3.08	
05/01/2024	1	D	COM	2.49	HCCF	0.59	
04/22/2024	1	D	COM	12.94	HCCF	3.08	
04/11/2024	4	D	APP	4.20	HCCF	16.02	
04/11/2024	3	D	MED	3.00	HCCF	20.22	
04/11/2024	2	D	FEE	10.50	HCCF	23.22	
04/11/2024	1	C	PAD	21.00	HCCF	33.72	
03/25/2024	1	D	POS	16.75	HCCF	12.72	
03/14/2024	3	D	APP	6.30	HCCF	29.47	

Search

FastPath Go

Trust Fund



Links ☒ Suspend ☐

Account 00512777 Brown, Kenneth A. Status ACTV Location HCCF

Reset key fields Transactions Obligations Organizations

Refresh Actual Site HCCF Assigned Site HCCF Current Balance 17.18 Pending Balance

Enter First

Trans Date	Seq No	Trans Type	Transaction Code	Transaction Amount	Trans Site	Current Amount	Pend Amount
03/14/2024	2	D	FEE	15.75	HCCF	35.77	
03/14/2024	1	C	PAD	31.50	HCCF	51.52	
02/14/2024	2	D	FEE	6.00	HCCF	20.02	
02/14/2024	1	C	PAD	12.00	HCCF	26.02	
01/11/2024	3	D	APP	6.00	HCCF	14.02	
01/11/2024	2	D	FEE	15.00	HCCF	20.02	
01/11/2024	1	C	PAD	30.00	HCCF	35.02	
12/08/2023	1	D	DBD	5.00	HCCF	5.02	
12/07/2023	3	D	APP	6.60	HCCF	10.02	
12/07/2023	2	D	FEE	16.50	HCCF	16.62	

Search

FastPath Go

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

I, Kenneth Brown, 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>30.⁰⁰</u>	\$ <u>0.⁰⁰</u>	\$ <u>30.⁰⁰</u>	\$ <u>0.⁰⁰</u>
Self-employment	\$ <u>0.⁰⁰</u>	\$ <u>0.⁰⁰</u>	\$ <u>0.⁰⁰</u>	\$ <u>0.⁰⁰</u>
Income from real property (such as rental income)	\$ <u>0.⁰⁰</u>	\$ <u>0.⁰⁰</u>	\$ <u>0.⁰⁰</u>	\$ <u>0.⁰⁰</u>
Interest and dividends	\$ <u>0.⁰⁰</u>	\$ <u>0.⁰⁰</u>	\$ <u>0.⁰⁰</u>	\$ <u>0.⁰⁰</u>
Gifts	\$ <u>0.⁰⁰</u>	\$ <u>0.⁰⁰</u>	\$ <u>0.⁰⁰</u>	\$ <u>0.⁰⁰</u>
Alimony	\$ <u>0.⁰⁰</u>	\$ <u>0.⁰⁰</u>	\$ <u>0.⁰⁰</u>	\$ <u>0.⁰⁰</u>
Child Support	\$ <u>0.⁰⁰</u>	\$ <u>0.⁰⁰</u>	\$ <u>0.⁰⁰</u>	\$ <u>0.⁰⁰</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0.⁰⁰</u>	\$ <u>0.⁰⁰</u>	\$ <u>0.⁰⁰</u>	\$ <u>0.⁰⁰</u>
Disability (such as social security, insurance payments)	\$ <u>0.⁰⁰</u>	\$ <u>0.⁰⁰</u>	\$ <u>0.⁰⁰</u>	\$ <u>0.⁰⁰</u>
Unemployment payments	\$ <u>0.⁰⁰</u>	\$ <u>0.⁰⁰</u>	\$ <u>0.⁰⁰</u>	\$ <u>0.⁰⁰</u>
Public-assistance (such as welfare)	\$ <u>0.⁰⁰</u>	\$ <u>0.⁰⁰</u>	\$ <u>0.⁰⁰</u>	\$ <u>0.⁰⁰</u>
Other (specify): _____	\$ <u>0.⁰⁰</u>	\$ <u>0.⁰⁰</u>	\$ <u>0.⁰⁰</u>	\$ <u>0.⁰⁰</u>
Total monthly income:	\$ <u>0.⁰⁰</u>	\$ <u>0.⁰⁰</u>	\$ <u>0.⁰⁰</u>	\$ <u>0.⁰⁰</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	N/A	N/A	\$ N/A
			\$
			\$

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	\$ N/A
			\$
			\$

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.

Type of account (e.g., checking or savings)	Amount you have	Amount your spouse has
N/A	\$	\$ 0.00
	\$	\$ 0.00
	\$	\$ 0.00

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

☐ Home
Value N/A

☐ Other real estate
Value N/A

☐ Motor Vehicle #1
Year, make & model N/A
Value N/A

☐ Motor Vehicle #2
Year, make & model N/A
Value N/A

☐ Other assets
Description N/A
Value N/A

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. For minor children, list initials instead of names (e.g. "J.S." instead of "John Smith").

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? ☐ Yes ☐ No

Is property insurance included? ☐ Yes ☐ No

Utilities (electricity, heating fuel,
water, sewer, and telephone)

\$ 0.00

\$ 0.00

Home maintenance (repairs and upkeep)

\$ 0.00

\$ 0.00

Food

\$ \$30.00

\$ 0.00

Clothing

\$ 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)	\$ <u>0</u>	\$ _____
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>0</u>	\$ _____
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>0</u>	\$ _____
Life	\$ <u>0</u>	\$ _____
Health	\$ <u>0</u>	\$ _____
Motor Vehicle	\$ <u>0</u>	\$ _____
Other: <u>N/A</u>	\$ <u>0</u>	\$ _____
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>N/A</u>	\$ <u>0.00</u>	\$ <u>0</u>
Installment payments		
Motor Vehicle	\$ <u>0.00</u>	\$ <u>0.00</u>
Credit card(s)	\$ <u>0.00</u>	\$ <u>0.00</u>
Department store(s)	\$ <u>0.00</u>	\$ <u>0.00</u>
Other: <u>N/A</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Alimony, maintenance, and support paid to others	\$ <u>0.00</u>	\$ <u>0.00</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>0.00</u>	\$ <u>0.00</u>
Other (specify): <u>N/A</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Total monthly expenses:	\$ <u>0.00</u>	\$ <u>0.00</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? N/A

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

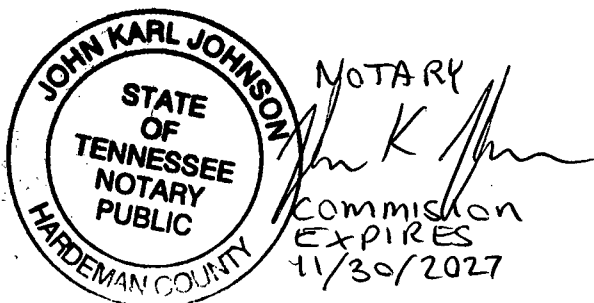
If yes, how much? N/A

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

Executed on: November 19, 2024



Kevin B. Brown
(Signature)