

No. _____

24-6258

ORIGINAL

IN THE
SUPREME COURT OF THE UNITED STATES

FILED
SEP 13 2024

OFFICE OF THE CLERK
SUPREME COURT, U.S.

MICHAEL COLLINS IHEME — PETITIONER
(Your Name)

vs.

STATE OF MINNESOTA - Ms. BELTZ WARDEN RESPONDENT(S)

ON PETITION FOR A WRIT OF CERTIORARI TO

MINNESOTA COURT OF APPEALS
(NAME OF COURT THAT LAST RULED ON MERITS OF YOUR CASE)

PETITION FOR WRIT OF CERTIORARI

MICHAEL COLLINS IHEME
(Your Name)

1101 LINDEN LANE
(Address)

FARIBAULT, MN 55021
(City, State, Zip Code)

(Phone Number)

RECEIVED
SEP 17 2024
OFFICE OF THE CLERK
SUPREME COURT, U.S.

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? _____

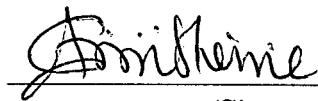
If yes, state the person's name, address, and telephone number:

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

I HAVE NO JOB, NO INCOME COMING TO MY ACCOUNT. TO DATE I HAVE NOT WORKED SINCE MORE THAN FIVE YEARS

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

Executed on: AUGUST 15, 2024



(Signature)

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 0.00	\$ N/A
Recreation, entertainment, newspapers, magazines, etc.	\$ 0.00	\$ _____
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ 0.00	\$ _____
Life	\$ _____	\$ _____
Health	\$ _____	\$ _____
Motor Vehicle	\$ _____	\$ _____
Other: _____	\$ V	\$ _____
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>NONE</u>	\$ 0.00	\$ _____
Installment payments		
Motor Vehicle	\$ _____	\$ _____
Credit card(s)	\$ _____	\$ _____
Department store(s)	\$ _____	\$ _____
Other: <u>NONE</u>	\$ _____	\$ _____
Alimony, maintenance, and support paid to others	\$ _____	\$ _____
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ _____	\$ _____
Other (specify): <u>NONE</u>	\$ _____	\$ _____
Total monthly expenses:	\$ V	\$ V

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money

NONE
↓

Amount owed to you

\$ 0.00
\$
\$ ↓

Amount owed to your spouse

\$ 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

NONE
↓

Relationship

N/A
↓

Age

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.

NONE

You

Your spouse

Rent or home-mortgage payment
(include lot rented for mobile home)

\$ 0.00

\$ _____

Are real estate taxes included? Yes No
Is property insurance included? Yes No

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

\$ _____

\$ _____

Home maintenance (repairs and upkeep)

\$ _____

\$ _____

Food

\$ _____

\$ _____

Clothing

\$ _____

\$ _____

Laundry and dry-cleaning

\$ _____

\$ _____

Medical and dental expenses

\$ _____

\$ _____

2. List your employment history for the past two years, most recent first. (Gross monthly pay is before taxes or other deductions.)

Employer <u>NONE</u> 	Address 	Dates of Employment 	Gross monthly pay <u>\$0.00</u> <u>\$</u> <u>\$</u> 
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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 SEARCH MONTE ↓	Address _____	Dates of Employment _____	Gross monthly pay \$ <u> </u> M/R \$ <u> </u> ↓ \$ <u> </u>
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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) <u>NONE</u>	Amount you have \$ 0.00	Amount your spouse has \$ N/A
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5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Home
Value None

Other real estate
Value MONE

Motor Vehicle #1
Year, make & model NONE
Value NONE

Motor Vehicle #2
Year, make & model NONE
Value NONE

Other assets
Description NONE
Value NONE

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

I, MICHAEL COLLINS HEME, 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	\$ 0.00	\$ N/A	\$ 0.00	\$ N/A
Self-employment	\$ 0.00	\$	\$	\$
Income from real property (such as rental income)	\$ 0.00	\$	\$	\$
Interest and dividends	\$ 0.00	\$	\$	\$
Gifts	\$ 0.00	\$	\$	\$
Alimony	\$ 0.00	\$	\$	\$
Child Support	\$ 0.00	\$	\$	\$
Retirement (such as social security, pensions, annuities, insurance)	\$ 0.00	\$	\$	\$
Disability (such as social security, insurance payments)	\$ 0.00	\$	\$	\$
Unemployment payments	\$ 0.00	\$	\$	\$
Public-assistance (such as welfare)	\$ 0.00	\$	\$	\$
Other (specify): <u>NONE</u>	\$ 0.00	\$	\$	\$
Total monthly income:	\$ 0.00	\$	\$	\$

No. _____

IN THE
SUPREME COURT OF THE UNITED STATES

MICHAEL COLLINS HEME — PETITIONER
(Your Name)

VS.

STATE OF MINNESOTA — 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*.

Please check the appropriate boxes:

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

1 HENNEPIN COUNTY DISTRICT COURT
2 COURT OF APPEALS - MINNESOTA

Petitioner has **not** previously been granted leave to proceed *in forma pauperis* in any other court.

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

Petitioner's affidavit or declaration is **not** attached because the court below appointed counsel in the current proceeding, and:

The appointment was made under the following provision of law: _____
_____, or

a copy of the order of appointment is appended.

Michael Heme
(Signature)