

24-6509

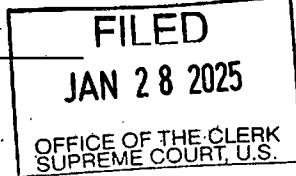
No. \_\_\_\_\_

ORIGINAL

Application No. \_\_\_\_\_

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IN THE SUPREME COURT OF THE UNITED STATES



ANTONIO ALEJANDRO CHARLEMAGNE  
*Petitioner*

v.

BRAD CAIN,  
Superintendent, Snake River Correctional Institution  
and  
OREGON BOARD OF PAROLE AND POST PRISON  
SUPERVISION  
*Respondents*

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ON PETITION FOR WRIT OF CERTIORARI TO THE UNITED STATES  
COURT OF APPEALS FOR THE NINTH CIRCUIT

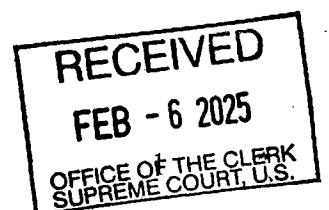
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MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

Petitioner respectfully asks leave of the Court to file the attached Petition for Writ of Certiorari without prepayment of costs and to proceed in Forma Pauperis.

Petitioner has previously been granted leave to proceed in Forma Pauperis in the following courts:

WRIT OF CERTIORARI IN FORMA PAUPERIS PETITION AND AFFIDAVIT  
Antonio A. Charlemagne #5448026



a. United States District Court for the District of Oregon (Case No. 2:23-cv-00088-SI (2023 WL7287497)).

Petitioner's notarized affidavit or declaration in support of this motion for leave to proceed in forma pauperis is attached hereto.

Dated this 28 day of January, 2025.

Antonio Charlemagne  
Antonio Alejandro Charlemagne  
Pro Se Petitioner  
#5448026  
Snake River Correctional Institution  
777 Stanton Blvd.  
Ontario, OR 97914

I declare under penalty of perjury that the foregoing and attached affidavit and declaration are true and correct.

Executed on the 28 day of January, 2025.

Antonio Charlemagne  
Antonio A. Charlemagne  
Pro Se Petitioner, *Counsel of Record*

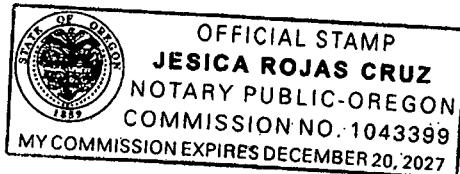
State of Oregon

County of Malheur

Signed and sworn to (or affirmed) before me on January 28th, 2023  
by Antonio Alejandro Charlemagne

Notary Public - State of Oregon

My commission expires: 12/20/2027



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

I, Antonio Charlemagne, 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	\$ 72.00	\$ N/A	\$ 72.00	\$ N/A
Self-employment	\$ 0	\$ N/A	\$ 0	\$ N/A
Income from real property (such as rental income)	\$ 0	\$ N/A	\$ 0	\$ N/A
Interest and dividends	\$ 2.10	\$ N/A	\$ 2.10	\$ N/A
Gifts	\$ 0	\$ N/A	\$ 0	\$ N/A
Alimony	\$ 0	\$ N/A	\$ 0	\$ N/A
Child Support	\$ 0	\$ N/A	\$ 0	\$ N/A
Retirement (such as social security, pensions, annuities, insurance)	\$ 0	\$ N/A	\$ 0	\$ N/A
Disability (such as social security, insurance payments)	\$ 0	\$ N/A	\$ 0	\$ N/A
Unemployment payments	\$ 0	\$ N/A	\$ 0	\$ N/A
Public-assistance (such as welfare)	\$ 0	\$ N/A	\$ 0	\$ N/A
Other (specify):	\$ 0	\$ N/A	\$ 0	\$ N/A
<b>Total monthly income:</b>	<b>\$ 74.10</b>	<b>\$ N/A</b>	<b>\$ 74.10</b>	<b>\$ N/A</b>

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
<u>Snake River Correctional Institution Ontario, OR</u>		<u>Jan 2023 - Jan 2025</u>	\$ <u>72.00</u>
			\$ <u>          </u>
			\$ <u>          </u>

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
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	\$ <u>N/A</u>
			\$ <u>          </u>
			\$ <u>          </u>

4. How much cash do you and your spouse have? \$ 10.00

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
<u>ODOC</u>	<u>TRUST Account</u>	\$ <u>10.00</u>	\$ <u>N/A</u>
		\$ <u>          </u>	\$ <u>          </u>
		\$ <u>          </u>	\$ <u>          </u>

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

Motor Vehicle #1  
Year, make & model \_\_\_\_\_  
Value None

Other assets  
Description None  
Value None

Other real estate  
Value None

Motor Vehicle #2  
Year, make & model None  
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
<u>None</u>	\$ <u>Ø</u>	\$ <u>N/A</u>
	\$ <u>      </u>	\$ <u>      </u>
	\$ <u>      </u>	\$ <u>      </u>

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

Name	Relationship	Age
<u>N/A</u>		

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 (include lot rented for mobile home)	payment \$ <u>Ø</u>	\$ <u>N/A</u>
Are real estate taxes included?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is property insurance included?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <u>Ø</u>	\$ <u>N/A</u>
Home maintenance (repairs and upkeep)	\$ <u>Ø</u>	\$ <u>N/A</u>
Food	\$ <u>65.00</u>	\$ <u>N/A</u>
Clothing	\$ <u>Ø</u>	\$ <u>N/A</u>
Laundry and dry-cleaning	\$ <u>Ø</u>	\$ <u>N/A</u>
Medical and dental expenses	\$ <u>5.00</u>	\$ <u>N/A</u>
Transportation (not including motor vehicle payments)	\$ <u>Ø</u>	\$ <u>N/A</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>2.00</u>	\$ <u>N/A</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>Ø</u>	\$ <u>N/A</u>
Life	\$ <u>Ø</u>	\$ <u>N/A</u>
Health	\$ <u>Ø</u>	\$ <u>N/A</u>
Motor Vehicle	\$ <u>Ø</u>	\$ <u>N/A</u>
Other: _____	\$ <u>Ø</u>	\$ <u>N/A</u>
Taxes (not deducted from wages or included in mortgage payments) (specify): _____	\$ <u>Ø</u>	\$ <u>N/A</u>

Installment payments

Motor Vehicle	\$ <u>0</u>	\$ <u>N/A</u>
Credit card(s)	\$ <u>0</u>	\$ <u>N/A</u>
Department store(s)	\$ <u>0</u>	\$ <u>N/A</u>
Other:	\$ <u>0</u>	\$ <u>N/A</u>
Alimony, maintenance, and support paid to others	\$ <u>0</u>	\$ <u>N/A</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>0</u>	\$ <u>N/A</u>
Other (specify):	\$ <u>0</u>	\$ <u>N/A</u>
<b>Total Monthly expenses:</b>	<b>\$ 72.00</b>	<b>\$ N/A</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 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 incarcerated and receive no financial help from anyone in the community.*

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

Executed on: 28, January, 2025

*Antonio Charlemagne*  
(Signature)