

IN THE
SUPREME COURT OF THE UNITED STATES

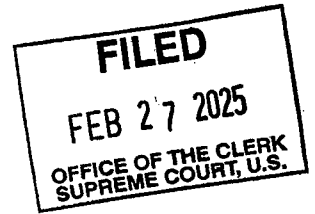
ORIGINAL

24-6745

ROBERT LEE FOSTER - PETITIONER

VS.

JEREMY BUSH - 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: United States Court of Appeals for the Sixth Circuit.

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

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Robert Lee Foster".

Robert Lee Foster, #151207

Date: February 27, 2025

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

I, Robert Lee Foster, 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: has	Type of account	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 None	<input type="checkbox"/> Other real estate Value 0.00
<input type="checkbox"/> Motor Vehicle #1 Year, make & model None Value 0.00	<input type="checkbox"/> Motor Vehicle #2 Year, make & model Value 0.00
<input type="checkbox"/> Other assets Description None Value 0.00	

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? <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)	\$ 0.00	\$ N/A
Home maintenance (repairs and upkeep)	\$ 0.00	\$ N/A
Food	\$ 0.00	\$ N/A
Clothing	\$ 0.00	\$ N/A
Laundry and dry-cleaning	\$ 0.00	\$ N/A
Medical and dental expenses	\$ 0.00	\$ N/A
	You	Your Spouse
Transportation (not including motor vehicle payments)	\$ 0.00	\$ N/A
Recreation, entertainment, newspapers, magazines, etc.	\$ 0.00	\$ N/A
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ 0.00	\$ N/A
Life	\$ 0.00	\$ N/A
Health	\$ 0.00	\$ N/A
Motor Vehicle	\$ 0.00	\$ N/A
Other: NONE	\$ 0.00	\$ N/A
Taxes (not deducted from wages or included in mortgage payments) (specify):	\$ 0.00	\$ N/A

Installment payments

Motor Vehicle	\$ 0.00	\$ N/A
Credit card(s)	\$ 0.00	\$ N/A
Department store(s)	\$ 0.00	\$ N/A
Other: <u>NONE</u>	\$ 0.00	\$ N/A
Alimony, maintenance, and support paid to others	\$ 0.00	\$ N/A
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0.00	\$ N/A
Other (specify): <u>NONE</u>	\$ 0.00	\$ N/A
Total monthly expenses:	\$ 0.00	\$ N/A

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?

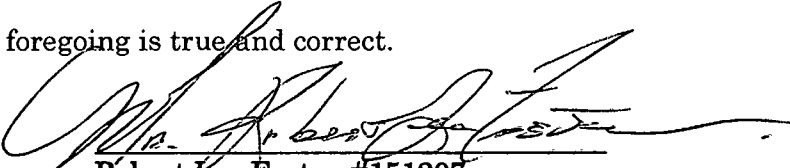
☐ yes ☒ no

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: February 27, 2025


Robert Lee Foster, #151207

FEDERAL COURT

Prisoner-Plaintiff/Petitioner/Appellant name and number
ROBERT LEE FOSTER, #151207

v

Defendant's/Respondent's/Appellee's name
JEREMY BUSH

CERTIFICATE OF PRISONER INSTITUTIONAL/TRUST FUND ACCOUNT ACTIVITY

I am employed by the Michigan Department of Corrections at the facility identified below, at which the prisoner identified as 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 six months or, if the prisoner has been incarcerated for less than six 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 \$19.42, an average monthly account balance (i.e., total deposits minus total withdrawals divided by number of months) of \$-3.34. There is a current spendable account balance of \$.91.

Date: 2-25-2025

P. Johnson Acct Tech
Signature of Custodian of Prisoner Institutional/Trust Fund Account
Macomb Correctional Facility
Correctional Facility

Offender Information

Offender Number: 0151207	Institution: MRF	Living Unit: HU#1	Primary Balance: \$26.65
Offender Name: Foster, Robert Lee	Housing Facility: MRF	Cell: 062	Available Balance: \$0.91
Account Status: Open	Tier: C	Bed: Top	

Primary Trust Transactions

Date	Transaction Type	Payer / Paid To	Voucher Number	Deposit	Expense	Balance	Loc Code
08/25/2024						\$20.95	
08/27/2024 23:49	Commissary Sale	Keefe Commissary	C559960		(\$15.24)	\$5.71	MRF
08/31/2024 04:00	MEDICAL CO-PAY	HEALTH CARE CO-PAY			(\$0.11)	\$5.60	COF
08/31/2024 04:00	MEDICAL CO-PAY	HEALTH CARE CO-PAY			(\$4.89)	\$0.71	COF
09/06/2024 05:10	GTL	John Brant		\$20.00		\$20.71	COF
09/10/2024 23:37	Commissary Sale	Keefe Commissary	C578859		(\$18.75)	\$1.96	MRF
09/13/2024 19:40	Kiosk Request	JPay Inc.			(\$1.96)	\$0.00	COF
10/07/2024 05:10	GTL	John Brant		\$20.00		\$20.00	COF
10/10/2024 19:40	Kiosk Request	JPay Inc.			(\$3.00)	\$17.00	COF
10/12/2024 19:40	Kiosk Request	JPay Inc.			(\$8.00)	\$9.00	COF
10/18/2024 13:21	Access Catalog Disbursement	Access Catalog	nsf 7.09		\$0.00	\$9.00	MRF
10/31/2024 04:00	DENTAL CO-PAY	HEALTH CARE CO-PAY			(\$5.00)	\$4.00	COF
10/31/2024 04:00	REPLACEMENT ID	MRF INSTITUTIONAL SERVICES			(\$4.00)	\$0.00	COF
11/18/2024 08:25	MRF-Institutional Services	500 - Institutional Services		\$5.18		\$5.18	MRF
11/23/2024 19:40	Kiosk Request	JPay Inc.			(\$5.00)	\$0.18	COF
12/13/2024 10:21	MRF-Institutional Services	500 - Institutional Services		\$21.46		\$21.64	MRF
12/17/2024 23:57	Commissary Sale	Keefe Commissary	C723452		(\$14.98)	\$6.66	MRF
12/31/2024 04:00	LEGAL SUPPLIES	MRF PBF Legal Supplies			(\$0.18)	\$6.48	COF
12/31/2024 04:00	REPLACEMENT ID	MRF INSTITUTIONAL SERVICES			(\$1.00)	\$5.48	COF
12/31/2024 04:00	REPLACEMENT ID	MRF INSTITUTIONAL SERVICES			(\$5.00)	\$0.48	COF
12/31/2024 04:00	LEGAL SUPPLIES	MRF PBF Legal Supplies			(\$0.06)	\$0.42	COF
01/15/2025 10:48	MRF-Institutional Services	500 - Institutional Services		\$16.28		\$16.70	MRF
01/15/2025 10:48	MRF-Institutional Services	500 - Institutional Services		\$7.56		\$24.26	MRF
01/29/2025 23:50	Commissary Sale	Keefe Commissary	C784470		(\$23.65)	\$0.61	MRF
02/14/2025 09:24	MRF-Institutional Services	500 - Institutional Services		\$26.04		\$26.65	MRF
02/25/2025				\$116.52	(\$110.82)	\$26.65	

Savings

Date	Deposit	Expense	Balance	Loc Code
08/25/2024			\$0.00	
No Activity				

Daily Transaction Summary (0151207 - Robert Foster cont.): August 25, 2024 - February 25, 2025

Page 2

02/25/2025

\$0.00

\$0.00

\$0.00

Holds - Current as of Date and Time of Report

Date Held	Hold Type	Notes	Amount
02/24/2025	Commissary		\$25.74

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
No Remaining Obligations									

$$\begin{array}{r} 116.52 \\ - 6 \\ \hline 19.42 \end{array}$$

$$\begin{array}{r} 116.52 \\ - 110.82 \\ - 25.74 \\ \hline - 20.04 \\ - 6 \\ \hline - 3.34 \end{array}$$

Total:

\$0.00