

IN THE
SUPREME COURT OF THE UNITED STATES

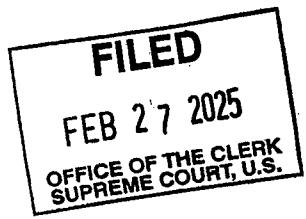
ORIGINAL

24-6745

ROBERT LEE FOSTER - PETITIONER

VS.

JEREMY BUSH - RESPONDENT



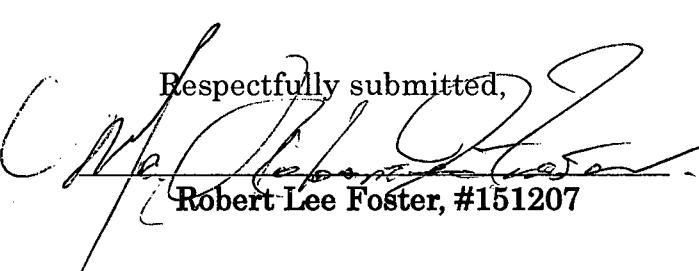
MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

The petitioner asks leave to file the attached petition for a writ of certiorari without prepayment of costs and to proceed *in forma pauperis*.

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,


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 Spouse | Average monthly amount during the past 12 months | | Amount expected next month | |
|--|---|----------------------|-------------------------------|----------------------|
| | You | Spouse | You | |
| 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: Type of account has | Amount you have | Amount your spouse |
|---|------------------------|---------------------------|
| None | \$ 0.00 | \$ <u>N/A</u> |

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 <u>None</u> | <input type="checkbox"/> Other real estate Value <u>0.00</u> |
| <input type="checkbox"/> Motor Vehicle #1 Year, make & model <u>None</u> Value <u>0.00</u> | <input type="checkbox"/> Motor Vehicle #2 Year, make & model Value <u>0.00</u> |
| <input type="checkbox"/> Other assets Description <u>None</u> Value <u>0.00</u> | |

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 | \$ <u>0.00</u> |

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.

Rent or home mortgage payment
(include lot rented for mobile home) You Your spouse
\$ 0.00 \$ N/A

Are real estate taxes included? yes no

Is property insurance included? yes 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

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

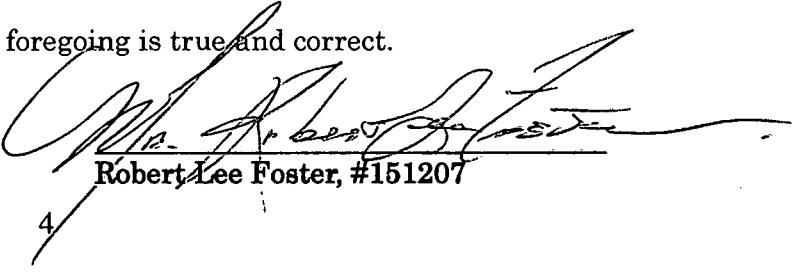
yes no

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

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

v

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 Act 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

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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 | | | | | 116.52 | | | | |
| | | | | | <u> - 6</u> | | | | |
| | | | | | 19.42 | | | | |
| | | | | | | | | | Total: \$0.00 |
| | | | | | | | | | |
| | | | | | 116.52 | | | | |
| | | | | | - 110.82 | | | | |
| | | | | | - 25.74 | | | | |
| | | | | | - 20.04 | | | | |
| | | | | | <u> - 6</u> | | | | |
| | | | | | - 3.34 | | | | |