

24-7178

No. _____

FILED
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OFFICE OF THE CLERK
SUPREME COURT, U.S.

IN THE
SUPREME COURT OF THE UNITED STATES

Douglas Wayne Turner — PETITIONER
(Your Name)

VS.

United States — RESPONDENT(S)

MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

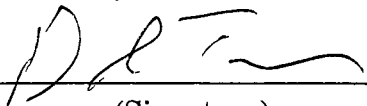
The petitioner asks leave to file the attached petition for a writ of certiorari without prepayment of costs and to proceed *in forma pauperis*.

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

Eighth Circuit

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.


(Signature)

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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>F.B.O.P.</u>	<u>Springfield, MO</u>	<u>2-2024 - Present</u>	<u>\$ 150.00</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>—</u>	<u>—</u>	<u>\$ 0.00</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

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	Amount you have	Amount your spouse has
<u>N/A</u>	<u>—</u>	<u>\$ 0.00</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 N/A

Other real estate
 Value N/A

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

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

Other assets
 Description N/A
 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>N/A</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

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

Name	Relationship	Age
<u>N/A</u>	<u>N/A</u>	<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 payment (include lot rented for mobile home)	\$ <u>0</u>	\$ <u>—</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>0</u>	\$ <u>—</u>
Home maintenance (repairs and upkeep)	\$ <u>0</u>	\$ <u>—</u>
Food	\$ <u>0</u>	\$ <u>—</u>
Clothing	\$ <u>0</u>	\$ <u>—</u>
Laundry and dry-cleaning	\$ <u>0</u>	\$ <u>—</u>
Medical and dental expenses	\$ <u>0</u>	\$ <u>—</u>

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

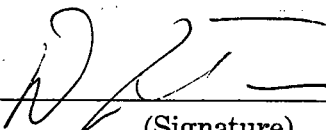
If yes, state the person's name, address, and telephone number:

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

I am currently incarcerated in the Federal B.O.P at the Springfield, MO Medical Center for Federal Prisoners.

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

Executed on: 29th of March, 2025


(Signature)

last