NO. _____

IN THE SUPREME COURT OF THE UNITED STATES

ALVIN PERRY JORDAN,

Petitioner,

v.

PEOPLE OF THE STATE OF MICHIGAN,

Respondent.

On Petition for Writ of Certiorari to the
State of Michigan Court of Appeals

MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

AFFIDAVIT IN SUPPORT OF MOTION

Alvin Perry Jordan #961277
Petitioner, *Pro Se*
St. Louis Correctional Facility
8585 N. Croswell Road
St. Louis, Michigan 48880

***NOTICE: This document was prepared with the assistance of a non-attorney prisoner assigned to the Legal Writer Program with the Michigan Department of Corrections.**

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Petitioner, Alvin Perry Jordan respectfully asks this Honorable Court, pursuant to Supreme Court Rule 39, for leave to proceed *in forma pauperis* so that he may file the accompanying Petition for Writ of Certiorari with this Court. Petitioner has previously been granted leave to proceed *in forma pauperis* in this case in the State of Michigan Court of Appeals. As his affidavit indicates, Petitioner is currently incarcerated in a state prison, does not currently have a prison work assignment and the only income he receives are small gifts from family and friends. Petitioner's current prisoner trust account balance is $18.59.

Respectfully Submitted,

Date: 12/8/17

s/Alvin Perry Jordan #961277
Petitioner, *Pro Se*
St. Louis Correctional Facility
8585 N. Croswell Road
St. Louis, Michigan 48880

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

I, **Alvin Perry Jordan**, 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
Employment	$ 55.45	$ 0	$ 0	$ 0
Self-employment	$ 0	$ 0	$ 0	$ 0
Income from real property (such as rental income)	$ 0	$ 0	$ 0	$ 0
Interest and dividends	$ 0	$ 0	$ 0	$ 0
Gifts	$ 0	$ 0	$ 0	$ 0
Alimony	$ 0	$ 0	$ 0	$ 0
Child Support	$ 0	$ 0	$ 0	$ 0
Retirement (such as social security, pensions, annuities, insurance)	$ 0	$ 0	$ 0	$ 0
Disability (such as social security, insurance payments)	$ 0	$ 0	$ 0	$ 0
Unemployment payments	$ 0	$ 0	$ 0	$ 0
Public-assistance (such as welfare)	$ 0	$ 0	$ 0	$ 0
Other (specify):	$ 0	$ 0	$ 0	$ 0
Total monthly income:	$ 55.45	$ 0	$ 0	$ 0

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
MDOC Porter	see below	2016	$ 7.00
MDOC Library	see below	2017	$ 20.00
			$ 0

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
None			$ 0
			$ 0
			$ 0

4. How much cash do you and your spouse have? $
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
My Prison Account		$18.59	$ 0
		$	$ 0
		$	$ 0

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

□ Home
Value $ 0

□ Other real estate
Value $ 0

□ Motor Vehicle #1
Year, make & model
Value $ 0

□ Motor Vehicle #2
Year, make & model
Value $ 0

□ Other assets
Description
Value $ 0

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	$ 0
	$ 0	$ 0
	$ 0	$ 0

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) Are real estate taxes included? □ yes □ no Is property insurance included? □ yes □ no	$ 0	$ 0
Utilities (electricity, heating fuel, water, sewer, and telephone)	$ 0	$ 0
Home maintenance (repairs and upkeep)	$ 0	$ 0
Food	$ 0	$ 0
Clothing	$ 0	$ 0
Laundry and dry-cleaning	$ 0	$ 0
Medical and dental expenses	$ 0	$ 0

	You	Your Spouse

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

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 **X** 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 **X** no

If yes, how much? $ 0

If yes, state the attorney's name, address, and telephone number: **N/A**

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 **X** no

If yes, how much? $0

If yes, state the person's name, address, and telephone number: **N/A**

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

I am an indigent prisoner without a prison job and cannot afford the filing fee. I will send to this Court under separate cover to this filing; my notarized certificate of account activity and account statement from the prison business office.

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

Executed on: 12/8/17

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Additional material from this filing is available in the Clerk's Office.