

No. _____

**IN THE
SUPREME COURT OF THE UNITED STATES**

In re, LeRon Everett Easley-El, Natural Person, In Propria persona, Sui juris, Petitioner;

V.

Congress, House of Representatives and Senate("the United States'), et al; District of Columbia

Muriel Bowser (Mayor), et al; State of Indiana

Eric Holcomb (Governor), et al; Indiana Department of Corrections (Robert E. Carter Jr.)

(Dushan Zatecky);

Respondent(s);

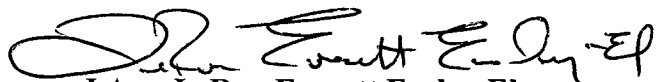
MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

The Petitioner asks leave to file the attached Petition for A National Emergency Writ of Habeas Corpus Ad Subjiciendum, Ad Respondendum, For Cause, 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):

- ☒ 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.



I Am: LeRon Everett Easley-El
Natural Person, In Propria Persona:
Moorish American Sovereign-
All Unalienable Rights Reserved

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

I, **LeRon Everett Easley-El**, 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 twelve (12) months. Adjust any amount that was received weekly, biweekly, quarterly, semi-annually, or annually to show the rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average amount during the past 6 months		Amount expected in next month	
	You	Spouse	You	Spouse
Employment	\$20.00	\$0.00	\$20.00	\$0.00
Self-Employment	\$0.00	\$0.00	\$0.00	\$0.00
Income from real property (such as rental income)	\$0.00	\$0.00	\$0.00	\$0.00
Interest and dividends	\$0.00	\$0.00	\$0.00	\$0.00
Gifts	\$110.00	\$0.00	\$0.00	\$0.00
Alimony	\$0.00	\$0.00	\$0.00	\$0.00
Child Support	\$0.00	\$0.00	\$0.00	\$0.00
Retirement (such as social security, pensions, annuities, insurance)	\$0.00	\$0.00	\$0.00	\$0.00
Disability (such as social security, insurance payments)	\$0.00	\$0.00	\$0.00	\$0.00
Unemployment payments	\$0.00	\$0.00	\$0.00	\$0.00
Public-assistance (such as welfare)	\$0.00	\$0.00	\$0.00	\$0.00
Other (specify)	\$0.00	\$0.00	\$0.00	\$0.00
Total monthly income:	\$130.00	\$0.00	\$0.00	\$0.00

2. List your employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross monthly pay
IDOC	Suicide Watch Companion	11/2015-present	\$ 20.00
IDOC	The Forward Program	2015 – 2015	\$ 21.00
IDOC	Clerical Assistant	2011-2011	\$ 35.00
IDOC	Substance Abuse Mentor	2011-2011	\$ 35.00
IDOC	Sanitation Department	2001-2011	\$ 35.00
IDOC	Sanitation Worker	1995-2001	\$ 35.00
IDOC	Clerical Assistant	1993-1995	\$ 35.00

3. List your spouse's employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross monthly pay
NA _____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. How much cash do you and your spouse have? \$N/A

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 spouse has
IDOC	Offender Trust Fund	\$ _____	\$0.00
_____	_____	_____	_____
_____	_____	_____	_____

If you are a prisoner seeking to appeal a judgment in a civil action or proceeding, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

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

Home (value)	Other real estate (value)	Motor Vehicle #1 (value)
NA	NA	Make & Year: NA
_____	_____	Model: _____
_____	_____	Registration: _____
Other assets (value)	Other assets (value)	Motor Vehicle #2 (value)
NA	NA	Make & Year: NA
_____	_____	Model: _____
_____	_____	Registration: _____

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
NA	NA	NA
_____	_____	_____
_____	_____	_____

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

Name	Relationship	Age
None	NA	NA
_____	_____	_____
_____	_____	_____

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, semiannually, or annually to show the monthly rate.

	You	Your spouse
Rent or home-mortgage payment (including lot rented for mobile home)	\$0.00	\$0.00
Are real estate taxes included? ☐ Yes ☐ No		
Is property insurance included? ☐ Yes ☐ No		
Utilities (electricity, heating fuel, water, sewer, telephone)	\$0.00	\$0.00

Home maintenance (repairs and upkeep)	\$0.00	\$0.00
Food	\$110.00	\$0.00
Clothing	\$0.00	\$0.00
Laundry and dry-cleaning	\$0.00	\$0.00
Medical and dental expenses	\$5.00	\$0.00
Transportation (not including motor vehicle expenses)	\$0.00	\$0.00
Recreation, entertainment, newspapers, magazines, etc.	\$0.00	\$0.00
Insurance (not deducted from wages or included in mortgage payments)	\$0.00	\$0.00
Life	\$0.00	\$0.00
Health	\$0.00	\$0.00
Motor Vehicle	\$0.00	\$0.00
Other _____	\$0.00	\$0.00
Alimony, maintenance, and support paid to others	\$0.00	\$0.00
Regular expenses for operation of business, profession or farm (attach detail)	\$0.00	\$0.00
Other (specify) Postage	\$10.00	\$0.00
Total monthly expenses	\$130.00	\$0.00

9. Do you expect any major changes to your monthly income or expenses on in your assets or liabilities during the next 12 months?

☐ Yes ☒ No If yes, describe on an attached sheet.

10. Have you spent — or will you be spending — any money for expenses or attorney fees in connection with this lawsuit?

☐ Yes ☒ No If yes, how much? \$ _____

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 docket fees for your appeal.

I have no income beyond what I make in my prison job and what gifts I may sporadically receive from family members. I have been in prison since 1993 and my resources are tapped out.

13. State the city and state of your legal residence:

Pendleton, Indiana

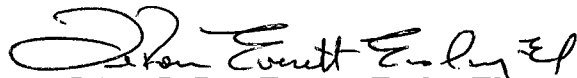
Your daytime phone number: NA

Your age: 55 Your years of schooling: Bachelor's Degree from Grace College

Last four digits of your social security number: XXX-XX-3841

I declare under penalty for perjury that the above and foregoing is true and correct to the best of my personal knowledge and belief.

Executed on: January 29th, 2018



I Am: LeRon Everett Easley-El
Natural Person, In Propria Persona:
Moorish American Sovereign-
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