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Supreme Court, U.S.
FILED
MAY 17 2018
OFFICE OF THE CLERK

No. _____

IN THE
SUPREME COURT OF THE UNITED STATES

GEORGE W. FISHER PETITIONER
(Your Name)

VS.

STATE OF MISSOURI RESPONDENT(S)

June 6, 2018
DAYNA GAY SHELLEY
Notary Public, Notary Seal
State of Missouri
Callaway County
Commission # 12414798
My Commission Expires April 29, 2020

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*.

Please check the appropriate boxes:

☒ Petitioner has previously been granted leave to proceed *in forma pauperis* in the following court(s): SEE, YOUR MISSOURI COURTS CASE Net CAUSE NUMBER 1522-CC00702

US, DISTRICT COURT FOR THE WESTERN DISTRICT OF MISSOURI - KANSAS CITY (4:17-cv-00725-ODS)

☐ 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.

☐ Petitioner's affidavit or declaration is **not** attached because the court below appointed counsel in the current proceeding, and:

☒ The appointment was made under the following provision of law: _____, or

☐ a copy of the order of appointment is appended.

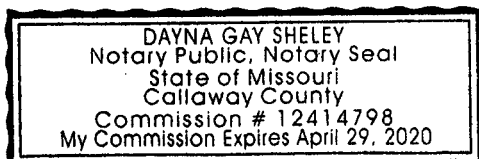
I, GEORGE FISHER
MADE MISTAKE CHECKING
THIS BOX. THE APPOINTMENT
GEORGE FISHER
(Signature)

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

I, GEORGE W. FISHER, 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 any deductions for taxes or otherwise.

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ <u>NO</u>	\$ _____	\$ _____	\$ _____
Self-employment	\$ <u>NO</u>	\$ _____	\$ _____	\$ _____
Income from real property (such as rental income)	\$ <u>NO</u>	\$ _____	\$ _____	\$ _____
Interest and dividends	\$ <u>NO</u>	\$ _____	\$ _____	\$ _____
Gifts	\$ <u>NO</u>	\$ _____	\$ _____	\$ _____
Alimony	\$ <u>NO</u>	\$ _____	\$ _____	\$ _____
Child Support	\$ <u>NO</u>	\$ _____	\$ _____	\$ _____
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>NO</u>	\$ _____	\$ _____	\$ _____
Disability (such as social security, insurance payments)	\$ <u>NO</u>	\$ _____	\$ _____	\$ _____
Unemployment payments	\$ <u>NO</u>	\$ _____	\$ _____	\$ _____
Public-assistance (such as welfare)	\$ <u>NO</u>	\$ _____	\$ _____	\$ _____
Other (specify): _____	\$ <u>NO</u>	\$ _____	\$ _____	\$ _____
Total monthly income:	\$ <u>NONE</u>	\$ _____	\$ _____	\$ _____



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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
NO	FULTON STATE HOSPITAL 600 EAST 5TH STREET FULTON MO. 65251	NO	\$ NO

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
NO SPOUSE			\$
			\$
			\$

4. How much cash do you and your spouse have? \$ NONE
Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Type of account (e.g., checking or savings)	Amount you have	Amount your spouse has
	\$	\$
	\$	\$
	\$ <u>NONE</u>	\$

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

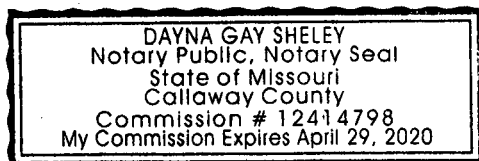
☐ Home
Value NO

☐ Other real estate
Value NO

☐ Motor Vehicle #1
Year, make & model NO
Value _____

☐ Motor Vehicle #2
Year, make & model NO
Value _____

☐ Other assets
Description NONE
Value _____



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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

NO

\$ NO

\$ NO

\$ _____

\$ _____

\$ _____

\$ _____

7. State the persons who rely on you or your spouse for support. For minor children, list initials instead of names (e.g. "J.S." instead of "John Smith").

Name

Relationship

Age

NO Body

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)

\$ NO

\$ _____

Are real estate taxes included? ☐ Yes ☐ No

Is property insurance included? ☐ Yes ☐ No

Utilities (electricity, heating fuel,
water, sewer, and telephone)

\$ NO

\$ _____

Home maintenance (repairs and upkeep)

\$ NO

\$ _____

Food

\$ NO

\$ _____

Clothing

\$ NO

\$ _____

Laundry and dry-cleaning

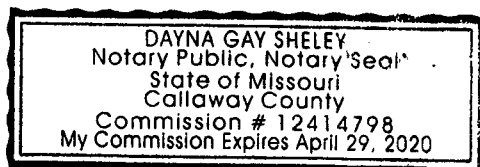
\$ NO

\$ _____

Medical and dental expenses

\$ NO

\$ _____



June 6, 2018

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DAYNA GAY SHELEY
Notary Public, Notary Seal
State of Missouri
Callaway County
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	You	Your spouse
Transportation (not including motor vehicle payments)	\$ NO	\$
Recreation, entertainment, newspapers, magazines, etc.	\$ NO	\$
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ NO	\$
Life	\$ NO	\$
Health	\$ NO	\$
Motor Vehicle	\$ NO	\$
Other: _____	\$ NO	\$
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ NO	\$
Installment payments		
Motor Vehicle	\$ NO	\$
Credit card(s)	\$ NO	\$
Department store(s)	\$ NO	\$
Other: _____	\$ NO	\$
Alimony, maintenance, and support paid to others	\$ NO	\$
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ NO	\$
Other (specify): _____	\$ NO	\$
Total monthly expenses:	\$ NONE	\$

RULE 39.1 PROCEEDING IN FORMA
PAUPERIS < IN COMPLIANCE WITH
28. U.S.C. § 1746 > RULE 39.2, I GEORGE
W FISHER IS INDIGENT TO PAY FOR
COPY IN THIS CASE.

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

If yes, how much? _____

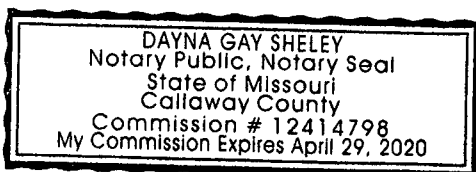
If yes, state the person's name, address, and telephone number:

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

I, GEORGE W FISHER IS IN A STATE INSTITUTION
SENCE MARCH -10-2009, MISSOURI DEPARTMENT
OF MENTAL

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

Executed on: MAY 15, 2018



GEORGE FISHER
(Signature)

June 6, 2018