

20-5519

No. _____

ORIGINAL

Supreme Court, U.S.
FILED

AUG 18 2020

OFFICE OF THE CLERK

IN THE
SUPREME COURT OF THE UNITED STATES

RICHARD WANKE — PETITIONER
(Your Name)

VS.

THE COURTS OF ILLINOIS, et al. — 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*.

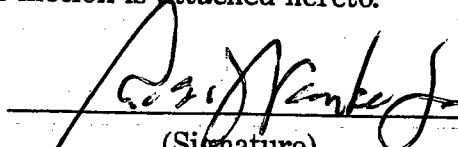
Petitioner has previously been granted leave to proceed *in forma pauperis* in the following court(s):

CIRCUIT COURT OF THE 17TH JUDICIAL DISTRICT, OF ILLINOIS

APPELLATE COURT OF THE 2ND JUDICIAL DISTRICT, OF ILLINOIS

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)

RICHARD WANKE

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

I, RICHARD WANKE, 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>ϕ</u> | \$ <u>ϕ</u> | \$ <u>ϕ</u> | \$ <u>ϕ</u> |
| Self-employment | \$ <u>ϕ</u> | \$ <u>ϕ</u> | \$ <u>ϕ</u> | \$ <u>ϕ</u> |
| Income from real property (such as rental income) | \$ <u>ϕ</u> | \$ <u>ϕ</u> | \$ <u>ϕ</u> | \$ <u>ϕ</u> |
| Interest and dividends | \$ <u>ϕ</u> | \$ <u>ϕ</u> | \$ <u>ϕ</u> | \$ <u>ϕ</u> |
| Gifts | \$ <u>100</u> | \$ <u>ϕ</u> | \$ <u>100</u> | \$ <u>ϕ</u> |
| Alimony | \$ <u>ϕ</u> | \$ <u>ϕ</u> | \$ <u>ϕ</u> | \$ <u>ϕ</u> |
| Child Support | \$ <u>ϕ</u> | \$ <u>ϕ</u> | \$ <u>ϕ</u> | \$ <u>ϕ</u> |
| Retirement (such as social security, pensions, annuities, insurance) | \$ <u>ϕ</u> | \$ <u>ϕ</u> | \$ <u>ϕ</u> | \$ <u>ϕ</u> |
| Disability (such as social security, insurance payments) | \$ <u>ϕ</u> | \$ <u>ϕ</u> | \$ <u>ϕ</u> | \$ <u>ϕ</u> |
| Unemployment payments | \$ <u>ϕ</u> | \$ <u>ϕ</u> | \$ <u>ϕ</u> | \$ <u>ϕ</u> |
| Public-assistance (such as welfare) | \$ <u>ϕ</u> | \$ <u>ϕ</u> | \$ <u>ϕ</u> | \$ <u>ϕ</u> |
| Other (specify): _____ | \$ <u>ϕ</u> | \$ <u>ϕ</u> | \$ <u>ϕ</u> | \$ <u>ϕ</u> |
| Total monthly income: | \$ <u>100</u> | \$ <u>ϕ</u> | \$ <u>100</u> | \$ <u>ϕ</u> |

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 |
|----------|---------|---------------------|-------------------|
| N/A | | | \$ _____ |
| | | | \$ _____ |
| | | | \$ _____ |

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 |
|----------|---------|---------------------|-------------------|
| N/A | | | \$ _____ |
| | | | \$ _____ |
| | | | \$ _____ |

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 |
|-----------------------|-----------------|-----------------|------------------------|
| MENARD C.C. | TRUST FUND | \$ 68.82 | \$ N/A |
| | | \$ _____ | \$ _____ |
| | | \$ _____ | \$ _____ |

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 |
|---------------------------------------|--------------------|----------------------------|
| N/A | \$ _____ | \$ _____ |
| | \$ _____ | \$ _____ |
| | \$ _____ | \$ _____ |

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

| Name | Relationship | Age |
|------|--------------|-----|
| N/A | | |
| | | |
| | | |

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) | \$ N/A | \$ N/A |
| 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) | \$ N/A | \$ _____ |
| Home maintenance (repairs and upkeep) | \$ N/A | \$ _____ |
| Food | \$ 40-80 | \$ _____ |
| Clothing | \$ N/A | \$ _____ |
| Laundry and dry-cleaning | \$ N/A | \$ _____ |
| Medical and dental expenses | \$ N/A | \$ _____ |

| | You | Your spouse |
|---|------------------|---------------|
| Transportation (not including motor vehicle payments) | \$ <u>N/A</u> | \$ <u>N/A</u> |
| Recreation, entertainment, newspapers, magazines, etc. | \$ <u>N/A</u> | \$ _____ |
| Insurance (not deducted from wages or included in mortgage payments) | | |
| Homeowner's or renter's | \$ <u>N/A</u> | \$ _____ |
| Life | \$ <u>N/A</u> | \$ _____ |
| Health | \$ <u>N/A</u> | \$ _____ |
| Motor Vehicle | \$ <u>N/A</u> | \$ _____ |
| Other: _____ | \$ <u>N/A</u> | \$ _____ |
| Taxes (not deducted from wages or included in mortgage payments) | | |
| (specify): _____ | \$ <u>N/A</u> | \$ _____ |
| Installment payments | | |
| Motor Vehicle | \$ <u>N/A</u> | \$ _____ |
| Credit card(s) | \$ <u>N/A</u> | \$ _____ |
| Department store(s) | \$ <u>N/A</u> | \$ _____ |
| Other: _____ | \$ <u>N/A</u> | \$ _____ |
| Alimony, maintenance, and support paid to others | \$ <u>N/A</u> | \$ _____ |
| Regular expenses for operation of business, profession, or farm (attach detailed statement) | \$ <u>N/A</u> | \$ _____ |
| Other (specify): _____ | \$ <u>N/A</u> | \$ _____ |
| Total monthly expenses: | \$ <u>50-100</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

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 HAVE BEEN INCARCERATED SINCE 2008. I RECEIVE ROUGHLY \$100 FROM MY PARENTS A MONTH.

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

Executed on: AUGUST 11, 2020


(Signature)

RICHARD WANKE

Menard Correctional Center Trust Fund

d_list_inmate_trans_statement_composite

Inmate Transaction Statement

REPORT CRITERIA - Date: 02/01/2020 thru End; Inmate: K77902; Active Status Only ? : No; Print Restrictions ? : Yes;
Transaction Type: All Transaction Types; Print Furloughs / Restitutions ? : Yes; Include Inmate Totals ? : Yes; Print Balance
Errors Only ? : No

Inmate: K77902 Wanke, Richard E.

Housing Unit: MES-X -B -71

| Date | Source | Transaction Type | Batch | Reference # | Description | Amount | Balance |
|----------|---------------|-------------------------|---------|--------------------|---|---------------------------|--------------|
| | | | | | | Beginning Balance: | 50.11 |
| 02/04/20 | Point of Sale | 60 Commissary | 0357168 | 1469741 | Commissary | -48.55 | 1.56 |
| 02/10/20 | Point of Sale | 60 Commissary | 0417168 | 1470893 | Commissary | -1.19 | .37 |
| 02/10/20 | Payroll | 20 Payroll Adjustment | 0411277 | | P/R month of 1 2020 | 10.00 | 10.37 |
| 02/12/20 | Mail Room | 16 GTL | 043200 | 808312075206892879 | Chavez, Diane | 100.00 | 110.37 |
| 02/18/20 | Point of Sale | 60 Commissary | 0497168 | 1471927 | Commissary | -57.58 | 52.79 |
| 02/28/20 | Disbursements | 81 Legal Postage | 0593207 | Chk #174464 | 695891, DOC: 523 Fun, Inv. Date: 02/27/2020 | -.15 | 52.64 |
| 03/02/20 | Point of Sale | 60 Commissary | 0627168 | 1473539 | Commissary | -46.95 | 5.69 |
| 03/03/20 | Mail Room | 16 GTL | 063200 | 808802324936760656 | Chavez, Diane | 150.00 | 155.69 |
| 03/09/20 | Point of Sale | 60 Commissary | 0697168 | 1474872 | Commissary | -79.59 | 76.10 |
| 03/09/20 | Payroll | 20 Payroll Adjustment | 0691277 | | P/R month of 2 2020 | 9.86 | 85.96 |
| 03/13/20 | Mail Room | 01 MO/Checks (Not Held) | 0732207 | 3132020 | Offender Stipend | 4.15 | 90.11 |
| 03/16/20 | Point of Sale | 60 Commissary | 0767168 | 1475989 | Commissary | -63.33 | 26.78 |
| 03/19/20 | Disbursements | 84 Library | 0793113 | Chk #174916 | 697650, DOC: 523 Fun, Inv. Date: 03/19/2020 | -1.00 | 25.78 |
| 03/30/20 | Mail Room | 16 GTL | 090200 | 814915984049623178 | Chavez, Diane | 150.00 | 175.78 |
| 04/06/20 | Payroll | 20 Payroll Adjustment | 0971277 | | P/R month of 3 2020 | 10.00 | 185.78 |
| 04/07/20 | Point of Sale | 60 Commissary | 0987168 | 1477342 | Commissary | -56.85 | 128.93 |
| 04/30/20 | Disbursements | 84 Library | 1213113 | Chk #175815 | 700340, DOC: 523 Fun, Inv. Date: 04/23/2020 | -.90 | 128.03 |
| 05/07/20 | Point of Sale | 60 Commissary | 1287105 | 1479792 | Commissary | -70.31 | 57.72 |
| 05/12/20 | Payroll | 20 Payroll Adjustment | 1331201 | | P/R month of 4 2020 | 10.00 | 67.72 |
| 05/22/20 | Disbursements | 84 Library | 1433113 | Chk #176518 | 702298, DOC: 523 Fun, Inv. Date: 05/15/2020 | -.60 | 67.12 |
| 05/22/20 | Disbursements | 84 Library | 1433113 | Chk #176518 | 702790, DOC: 523 Fun, Inv. Date: 05/22/2020 | -4.40 | 62.72 |
| 05/30/20 | Mail Room | 16 GTL | 151200 | 824229962919760010 | Chavez, Diane | 100.00 | 162.72 |
| 06/04/20 | Payroll | 20 Payroll Adjustment | 1561277 | | P/R month of 5 2020 | 10.00 | 172.72 |
| 06/08/20 | Point of Sale | 60 Commissary | 1607152 | 1482213 | Commissary | -84.61 | 88.11 |
| 07/02/20 | Payroll | 20 Payroll Adjustment | 1841277 | | P/R month of 6 2020 | 9.18 | 97.29 |
| 07/08/20 | Point of Sale | 60 Commissary | 1907105 | 1483923 | Commissary | -37.61 | 59.68 |
| 07/23/20 | Mail Room | 16 GTL | 205200 | 831736910411622940 | Chavez, Diane | 100.00 | 159.68 |
| 08/06/20 | Point of Sale | 60 Commissary | 2197105 | 1486511 | Commissary | -83.36 | 76.32 |
| 08/11/20 | Disbursements | 84 Library | 2243113 | Chk #178643 | 708179, DOC: 523 Fun, Inv. Date: 07/24/2020 | -.90 | 75.42 |
| 08/11/20 | Disbursements | 84 Library | 2243113 | Chk #178643 | 709277, DOC: 523 Fun, Inv. Date: 08/07/2020 | -6.60 | 68.82 |

Total Inmate Funds: 68.82

Less Funds Held For Orders: .00

Less Funds Restricted: .00

Funds Available: 68.82

Total Furloughs: .00

Total Voluntary Restitutions: .00

CERTIFICATE

(TO BE COMPLETED FOR PRISONERS ONLY. THIS IS A STATEMENT BY THE PRISON AND NOT THE PRISONER)

I hereby certify that the plaintiff or petitioner in this action has the sum of \$ 68.82 in his trust fund account at this correctional center where is confined. I further certify that the plaintiff or petitioner has the following securities to his credit according to the records of this institution: 0

Menard Correctional Center

Michele Prange
Authorized Officer

Menard
Institution

Account Tech.
Title

8/11/20
Date

IMPORTANT:

THIS CERTIFICATE MUST BE ACCOMPANIED BY A COPY OF A SIX MONTH LEDGER OF THE PLAINTIFF'S TRUST FUND ACCOUNT.

No. _____

IN THE
SUPREME COURT OF THE UNITED STATES

RICHARD WANKE
PETITIONER

vs.


THE COURTS OF ILLINOIS, et al.
RESPONDENTS

PROOF OF SERVICE

I, RICHARD WANKE, DO SWEAR OR DECLARE THAT OF THIS DATE, AUGUST 18TH, 2020, AS REQUIRED BY SUPREME COURT RULE 29 & THE GUIDE FOR PROSPECTIVE INDIGENT PETITIONERS SERVED THE ENCLOSED MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS AND PETITION FOR A WRIT OF CERTIORARI AS AN "INMATE CONFINED IN A INSTITUTION" TO THIS COURT, BY DEPOSITING THIS ENVELOPE CONTAINING THE ABOVE DOCUMENTS IN THE UNITED STATES MAIL PROPERLY ADDRESSED TO THE COURT DUE TO THE PANDEMIC AND WITH FIRST-CLASS POSTAGE PREPAID. THESE DOCUMENTS ALSO COMPLY TO THE EXTENDED DEADLINE & ORDER (589 U.S., THURSDAY, MARCH 19, 2020 ENCLOSED) HAVING BEEN FILED IN A TIMELY MANNER.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

EXECUTED ON AUGUST 18TH, 2020


RICHARD WANKE

VERIFICATION OF CERTIFICATION

I, RICHARD WANKE, the undersigned, certify and state that:

1. I am the (Petitioner/Respondent), in the above-captioned legal matter;
2. I have read the foregoing application and have knowledge of its contents;

and,

3. Under penalties as provided by law pursuant to Section 1-109 of the Code of Civil procedure, I certify that the statements set forth in the foregoing motion and this affidavit are true and correct except as to matters therein stated to be on information and belief, and as to such matters, I certify that I believe the same to be true.


Affiant's Signature

SUBSCRIBED and SWORN to me
This 18 day of Aug, 2020



