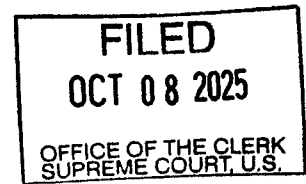


25-5939

ORIGINAL

No. _____



IN THE
SUPREME COURT OF THE UNITED STATES

MICHAEL G. CARSON — PETITIONER
(Your Name)

VS.

JEFF HOWARD — 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*.

Please check the appropriate boxes:

☐ 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.

☐ 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.


(Signature)

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

I, MICHAEL G. CARSON, 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>N/A</u>	\$ <u>N/A</u>	\$ _____	\$ _____
Self-employment	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ _____	\$ _____
Income from real property (such as rental income)	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ _____	\$ _____
Interest and dividends	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ _____	\$ _____
Gifts	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ _____	\$ _____
Alimony	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ _____	\$ _____
Child Support	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ _____	\$ _____
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ _____	\$ _____
Disability (such as social security, insurance payments)	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ _____	\$ _____
Unemployment payments	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ _____	\$ _____
Public-assistance (such as welfare)	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ _____	\$ _____
Other (specify): _____	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ _____	\$ _____
Total monthly income:	\$ <u>N/A</u>	\$ <u>N/A</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
None			\$
None			\$
None			\$
None			\$

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			\$
None			\$
None			\$

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
None	\$	\$
None	\$	\$
None	\$	\$

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 N/A

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

☐ Other assets
Description None
Value None

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	\$ _____	\$ _____
N/A	\$ _____	\$ _____
N/A	\$ _____	\$ _____

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
N/A	_____	_____
N/A	_____	_____
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	\$ N/A
Home maintenance (repairs and upkeep)	\$ N/A	\$ N/A
Food	\$ N/A	\$ N/A
Clothing	\$ N/A	\$ N/A
Laundry and dry-cleaning	\$ N/A	\$ N/A
Medical and dental expenses	\$ N/A	\$ 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>	\$ <u>N/A</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>N/A</u>	\$ <u>N/A</u>
Life	\$ <u>N/A</u>	\$ <u>N/A</u>
Health	\$ <u>N/A</u>	\$ <u>N/A</u>
Motor Vehicle	\$ <u>N/A</u>	\$ <u>N/A</u>
Other: <u>N/A</u>	\$ <u></u>	\$ <u></u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>N/A</u>	\$ <u></u>	\$ <u></u>
Installment payments		
Motor Vehicle	\$ <u>N/A</u>	\$ <u>N/A</u>
Credit card(s)	\$ <u>N/A</u>	\$ <u>N/A</u>
Department store(s)	\$ <u>N/A</u>	\$ <u>N/A</u>
Other: <u>N/A</u>	\$ <u></u>	\$ <u></u>
Alimony, maintenance, and support paid to others	\$ <u>N/A</u>	\$ <u>N/A</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>N/A</u>	\$ <u>N/A</u>
Other (specify): <u>N/A</u>	\$ <u></u>	\$ <u></u>
Total monthly expenses:	\$ <u>N/A</u>	\$ <u>N/A</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 and have no job sufficient enough to defray the cost of filing this Petition.

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

Executed on: Oct 7th, 2025



(Signature)

FEDERAL COURT

Prisoner-Plaintiff/Petitioner/Appellant name and number

Michael G. Carson
401749

v

Defendant's/Respondent's/Appellee's name

State of Michigan

CERTIFICATE OF PRISONER INSTITUTIONAL/TRUST FUND ACCOUNT ACTIVITY

I am employed by the Michigan Department of Corrections at the facility identified below, at which the prisoner identified as Plaintiff/Petitioner/Appellant is currently incarcerated.

Attached is a computer printout which accurately reflects the current spendable balance and all activity within this prisoner's account during the preceding six months or, if the prisoner has been incarcerated for less than six months, for the period of incarceration. Code "C" on the printout represents a withdrawal from the account and code "D" represents a deposit to the account. The attached printout reflects, for the reported period, an average monthly account deposit (i.e., total deposits divided by number of months) of \$80.68, an average monthly account balance (i.e., total deposits minus total withdrawals divided by number of months) of \$-27.72. There is a current spendable account balance of \$0.00.

Date:

9/24/25

A McDonald / Accounting Technician

Signature of Custodian of Prisoner Institutional/Trust Fund Account

Kinross

Correctional Facility

Daily Transaction Summary: March 24, 2025 - September 24, 2025

Page 1

Offender Number: 0401749
 Offender Name: Carson, Michael Georgie
 Account Status: Open

Institution: KCF
 Housing Facility: KCF
 Tier: B1

Living Unit: B1
 Cell: 101
 Bed: Bot

Primary Balance: \$134.37
 Available Balance: \$0.00

Date	Transaction Type	Payer / Paid To	Voucher / Obligation #	Deposit	Expense	Balance	Loc Code
03/24/2025						\$166.30	
04/09/2025 23:04	Commissary Sale	Keefe Commissary	C890192		(\$24.94)	\$166.36	KCF
04/11/2025 15:04	Phone Credits	ViaPath Technologies			(\$15.00)	\$201.36	KCF
05/02/2025 05:10	GTL	Lori Cook		\$50.00		\$241.59	COF
05/07/2025 23:10	Commissary Sale	Keefe Commissary	C929732		(\$45.46)	\$191.13	KCF
05/25/2025 04:00	Court Charges	57TH CIRCUIT COURT EMMET	12-003691-FH-P		(\$7.41)	\$233.72	COF
05/25/2025 04:00	Court Charges	57TH CIRCUIT COURT EMMET	12-003691-FH-P		(\$17.67)	\$213.95	COF
05/25/2025 04:00	Court Charges	57TH CIRCUIT COURT EMMET	12-003691-FH-P		(\$10.83)	\$186.02	COF
05/25/2025 04:00	Court Charges	57TH CIRCUIT COURT EMMET	12-003691-FH-P		(\$10.00)	\$167.09	COF
05/25/2025 04:00	Court Charges	57TH CIRCUIT COURT EMMET	12-003691-FH-P		(\$25.00)	\$129.59	COF
06/03/2025 05:10	GTL	Lori Cook		\$50.00		\$204.59	COF
06/04/2025 04:00	Court Charges	57TH CIRCUIT COURT EMMET	20-005054-FC-P		(\$91.98)	\$112.60	COF
06/04/2025 04:00	Court Charges	57TH CIRCUIT COURT EMMET	20-005054-FC-P		(\$8.59)	\$100.10	COF
06/04/2025 19:40	Kiosk Request	JPay Inc.			(\$5.00)	\$105.10	COF
06/10/2025 12:22	Phone Credits	ViaPath Technologies			(\$10.00)	\$70.04	KCF
07/09/2025 08:54	GTL	Lori Cook		\$50.00		\$110.00	COF

Date	Transaction Type	Payer / Paid To	Voucher / Obligation #	Deposit	Expense	Balance	Loc Code
07/15/2025 08:05	KCF-Institutional Services	500 - Institutional Services		\$22.20		\$122.20	KCF
07/18/2025 10:21	Stamps	KCF Institutional Services			\$0.00	\$93.55	KCF
08/09/2025 05:10	GTL	Lori Cook		\$50.00		\$132.93	COF
08/14/2025 07:24	KCF-Institutional Services	500 - Institutional Services		\$22.94		\$117.57	KCF
08/31/2025 04:00	MEDICAL CO-PAY	HEALTH CARE CO-PAY	KCF MED COPAY 072925		(\$0.73)	\$109.60	COF
09/02/2025 15:45	PBF Receipt - IET	KCF PBF		\$6.00		\$111.33	KCF
09/05/2025 05:10	GTL	Lori Cook		\$50.00		\$156.33	COF
09/15/2025 07:47	KCF-Institutional Services	500 - Institutional Services		\$22.94		\$134.37	KCF
09/24/2025				\$484.08	(\$516.01)	\$134.37	

Date	Deposit	Expense	Balance	Loc Code
03/24/2025			\$0.00	
No Activity				
09/24/2025	\$0.00	\$0.00	\$0.00	

Date Held	Hold Type	Notes	Amount
04/10/2025	Obligation	Auto Hold for - 20-005054-FC-P	\$6.25
05/24/2025	Obligation	Auto Hold for - 20-005054-FC-P	\$12.50
06/03/2025	Obligation	Auto Hold for - 20-005054-FC-P	\$6.25
06/04/2025	Obligation	Auto Hold for - 20-005054-FC-P	\$2.50
07/15/2025	Obligation	Auto Hold for - 07-092371-FH-P	\$5.55

Date Held	Hold Type	Notes	Amount
07/15/2025	Obligation	Auto Hold for - 20-005054-FC-P	\$11.10
08/14/2025	Obligation	Auto Hold for - 20-005054-FC-P	\$5.73
09/05/2025	Obligation	Auto Hold for - 07-092371-FH-P	\$1.50
09/05/2025	Obligation	Auto Hold for - 20-005054-FC-P	\$3.00
09/15/2025	Obligation	Auto Hold for - 20-005054-FC-P	\$5.73
09/22/2025	Obligation	Initial Hold	\$0.29