

25-7148

No. \_\_\_\_\_

ORIGINAL

IN THE  
SUPREME COURT OF THE UNITED STATES

FILED  
FEB 27 2026  
OFFICE OF THE CLERK  
SUPREME COURT, U.S.

In Re George Eugene Cross — PETITIONER  
(Your Name)

MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

The petitioner asks leave to file the attached petition for a writ of habeas corpus 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):

US Supreme #25-0144 / Sacramento Superior #26WM000050

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.

George Eugene Cross  
(Signature)

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SUPREME COURT, U.S.

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

I, Debra Eugene Cross, 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>75.00</u>	\$ <u>0</u>	\$ <u>75.00</u>	\$ <u>0</u>
Self-employment	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Income from real property (such as rental income)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Interest and dividends	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Gifts	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Alimony	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Child Support	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Disability (such as social security, insurance payments)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Unemployment payments	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Public-assistance (such as welfare)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Other (specify): _____	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
<b>Total monthly income:</b>	\$ <u>75.00</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</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
NA			\$ 75.00
			\$
			\$

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
NA			<del>0</del>
			\$
			\$

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.

Type of account (e.g., checking or savings)	Amount you have	Amount your spouse has
NA	\$ <del>0</del>	\$ <del>0</del>
	\$	\$
	\$	\$

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

<input type="checkbox"/> Home Value <u>NA</u>	<input type="checkbox"/> Other real estate Value <u>NA</u>
<input type="checkbox"/> Motor Vehicle #1 Year, make & model <u>NA</u> Value _____	<input type="checkbox"/> Motor Vehicle #2 Year, make & model <u>NA</u> Value _____
<input type="checkbox"/> Other assets Description <u>NA</u> 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
NA	\$ 0	\$ 0
	\$	\$
	\$	\$

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
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, or annually to show the monthly rate.

	You	Your spouse
Rent or home-mortgage payment (include lot rented for mobile home)	\$ NA	\$ NA
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)	\$ NA	\$ NA
Home maintenance (repairs and upkeep)	\$ NA	\$ NA
Food	\$ NA	\$ NA
Clothing	\$ NA	\$ NA
Laundry and dry-cleaning	\$ NA	\$ NA
Medical and dental expenses	\$ NA	\$ NA

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

*Every month my funds readjust to pay for legal copies & legal mail outs.*

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

Executed on: 3.23.26, 2026

George Eugene Cross  
(Signature)

Institution: MCSP

### Inmate Statement Report

<b>Start Date:</b>	7/16/2025	<b>Revalidation Cycle:</b>	All
<b>End Date:</b>	1/14/2026	<b>Housing Unit:</b>	All
<b>Inmate/Group#:</b>	V16421		



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ATTEST:  
 CALIFORNIA DEPARTMENT OF CORRECTIONS  
*[Signature]* 1/14/26  
 TRUST OFFICER

**Inmate Statement Report**

CDCR#	Inmate/Group Name	Institution	Unit	Cell/Bed
V16421	CROSS, GEORGE	MCSP	E 020C2	203002

**Current Available Balance:** \$25.17

**Transaction List**

Transaction Date	Institution	Transaction Type	Source Doc#	Receipt#/Check#	Amount	Account Balance
07/16/2025	MCSP	BEGINNING BALANCE				\$31.74
08/01/2025	MCSP	PLRA	SACV11-1399 UA (PLA)	1518390	(\$5.87)	\$25.87
08/01/2025	MCSP	FEDERAL FILING FEE	2:23-CV-00357DJC-CKD	1518392	(\$15.87)	\$10.00
08/07/2025	MCSP	INTEREST	07/25@4.258PERANNUM		\$0.16	\$10.16
08/07/2025	MCSP	LEGAL COPY	LEGAL COPY 7.11.25		(\$0.10)	\$10.06
08/07/2025	MCSP	I/M PAY - SUPPORT	JULY		\$75.60	\$85.66
08/07/2025	MCSP	LEGAL COPY	LEGAL COPY 7.11.25		(\$42.80)	\$42.86
08/07/2025	MCSP	LEGAL COPY	LEGAL COPY 7.21.25		(\$2.56)	\$40.30
08/08/2025	MCSP	SALES	20		(\$10.00)	\$30.30
08/15/2025	MCSP	JPAY	0000000182603938		\$15.00	\$45.30
08/15/2025	MCSP	LEGAL COPY	LEGAL COPY 7.21.25		(\$6.24)	\$39.06
08/15/2025	MCSP	LEGAL MAIL	LEGAL MAIL 7.21.25		(\$2.72)	\$36.34
08/15/2025	MCSP	LEGAL MAIL	LEGAL MAIL 7.21.25		(\$0.04)	\$36.30
08/31/2025	MCSP	JPAY	0000000183058170		\$40.00	\$76.30
09/01/2025	MCSP	PLRA	SACV11-1399 UA (PLA)	1518864	(\$26.15)	\$50.15
09/01/2025	MCSP	FEDERAL FILING FEE	2:23-CV-00357DJC-CKD	1518865	(\$26.15)	\$24.00
09/01/2025	MCSP	KIOSK REQUEST - GTL			(\$5.00)	\$19.00
09/03/2025	MCSP	I/M PAY - SUPPORT	AUGUST		\$82.80	\$101.80
09/03/2025	MCSP	SALES	47		(\$68.45)	\$33.35
09/09/2025	MCSP	INTEREST	08@4.251PERANNUM		\$0.12	\$33.47
09/23/2025	MCSP	FILING FEES DUE STATE	CERTIFIED STATEMENT		(\$0.31)	\$33.16
10/01/2025	MCSP	PLRA	SACV11-1399 UA (PLA)	1519295	(\$6.58)	\$26.58
10/01/2025	MCSP	FEDERAL FILING FEE	2:23-CV-00357DJC-CKD	1519297	(\$16.58)	\$10.00
10/01/2025	MCSP	JPAY	0000000183975660		\$20.00	\$30.00
10/01/2025	MCSP	I/M PAY - SUPPORT	SEPTEMBER		\$79.20	\$109.20
10/07/2025	MCSP	INTEREST	09@4.212PERANNUM		\$0.12	\$109.32
10/08/2025	MCSP	SALES	52		(\$69.55)	\$39.77



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 ATTEN:  
 CALIFORNIA DEPARTMENT OF CORRECTIONS  
 [Signature]  
 UNIT OFFICE

**Inmate Statement Report**

Transaction Date	Institution	Transaction Type	Source Doc#	Receipt#/Check#	Amount	Account Balance
10/09/2025	MCSP	FILING FEES DUE STATE	CERTIFIED STATEMENT		(\$0.05)	\$39.72
10/11/2025	MCSP	JPAY	0000000184327352		\$20.00	\$59.72
10/23/2025	MCSP	LEGAL COPY	LEGAL COPY 9.29.25		(\$0.80)	\$58.92
10/23/2025	MCSP	LEGAL COPY	LEGAL COPY 9.25.25		(\$10.40)	\$48.52
10/23/2025	MCSP	LEGAL COPY	LEGAL COPY 9.24.25		(\$0.80)	\$47.72
11/01/2025	MCSP	PLRA	SACV11-1399 UA (PLA)	1519740	(\$13.86)	\$33.86
11/01/2025	MCSP	FEDERAL FILING FEE	2:23-CV-00357DJC-CKD	1519741	(\$23.86)	\$10.00
11/03/2025	MCSP	LEGAL COPY	LEGAL COPY 10.31.25		(\$1.60)	\$8.40
11/06/2025	MCSP	LEGAL MAIL	LEGAL MAIL 11.3.25		(\$8.40)	\$0.00
11/06/2025	MCSP	I/M PAY - SUPPORT	OCTOBER		\$75.60	\$75.60
11/06/2025	MCSP	LEGAL COPY	LEGAL COPY 9.24.25		(\$8.00)	\$67.60
11/06/2025	MCSP	LEGAL COPY	LEGAL COPY 10.22.25		(\$1.50)	\$66.10
11/06/2025	MCSP	LEGAL COPY	LEGAL COPY 10.10.25		(\$8.40)	\$57.70
11/06/2025	MCSP	LEGAL COPY	LEGAL COPY 10.9.25		(\$1.60)	\$56.10
11/06/2025	MCSP	LEGAL MAIL	LEGAL MAIL 10.26.25		(\$1.03)	\$55.07
11/06/2025	MCSP	LEGAL MAIL	LEGAL MAIL 10.28.25		(\$1.03)	\$54.04
11/06/2025	MCSP	LEGAL MAIL	LEGAL MAIL 11.3.25		(\$8.75)	\$45.29
11/06/2025	MCSP	SALES	33		(\$18.20)	\$27.09
11/11/2025	MCSP	INTEREST	10@4. 150PERANNUM		\$0.24	\$27.33
11/29/2025	MCSP	JPAY	0000000185781285		\$10.00	\$37.33
12/01/2025	MCSP	PLRA	SACV11-1399 UA (PLA)	1580134	(\$15.70)	\$21.63
12/01/2025	MCSP	FEDERAL FILING FEE	2:23-CV-00357DJC-CKD	1580135	(\$11.63)	\$10.00
12/06/2025	MCSP	INTEREST	11/25@4. 096PERANNUM		\$0.09	\$10.09
12/11/2025	MCSP	I/M PAY - SUPPORT	NOVEMBER		\$79.20	\$89.29
12/19/2025	MCSP	SALES	73		(\$84.70)	\$4.59
12/24/2025	MCSP	LEGAL MAIL	LEGAL MAIL 12.22.25		(\$0.18)	\$4.41
01/06/2026	MCSP	I/M PAY - SUPPORT	DECEMBER		\$79.20	\$83.61
01/06/2026	MCSP	LEGAL MAIL	LEGAL MAIL 12.22.25		(\$0.56)	\$83.05
01/06/2026	MCSP	LEGAL MAIL			(\$2.72)	\$80.33



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 BY T. 12/22/25.  
 ATTEN:

**CALIFORNIA DEPARTMENT OF CORRECTIONS**

*[Handwritten Signature]* 1/14/26  
**REGISTRY OFFICE**

### Inmate Statement Report

Transaction Date	Institution	Transaction Type	Source Doc#	Receipt#/Check#	Amount	Account Balance
01/06/2026	MCSP	LEGAL MAIL	LEGAL MAIL 12.23.25		(\$1.90)	\$78.43
01/07/2026	MCSP	SALES	31		(\$45.95)	\$32.48
01/08/2026	MCSP	INTEREST	12/25@4. 025PERANNUM		\$0.10	\$32.58
01/14/2026	MCSP	FILING FEES DUE STATE	CERTIFIED STATEMENT		(\$3.00)	\$29.58

**Encumbrance List**

Encumbrance Type	Transaction Date	Amount
Other Encumbrance	01/06/2026	\$4.41

**Obligation List**

Obligation Type	Court Case#	Original Owed Balance	Sum of Tx for Date Range for Oblg	Current Balance
PLRA	SACV11-1399 UA (PLA)	\$350.00	(\$68.16)	\$0.00

**Restitution List**

Restitution	Court Case#	Status	Original Owed Balance	Interest Accrued	Sum of Tx for Date Range for Oblg	Current Balance
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\*\*No information was found for the given criteria.\*\*



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 CALIFORNIA DEPARTMENT OF CORRECTIONS  
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