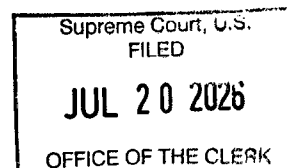


No. **26 - 5591 ORIGINAL**



IN THE
SUPREME COURT OF THE UNITED STATES

Edwin Gionanni Salinas PETITIONER
(Your Name)

VS.

United States of America 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):

In The United States District Court of Southern District Dakota

In The United States Court of Appeals for the 8th Circuit

☐ 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:

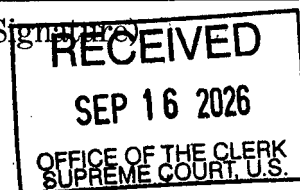
☐ The appointment was made under the following provision of law: _____

_____, or

☐ a copy of the order of appointment is appended.

Edwin Salinas

(Signature)



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

I, Edwin Giovanni Salinas, 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>	\$ _____	\$ <u>No</u>	\$ _____
Self-employment	\$ <u>No</u>	\$ _____	\$ <u>No</u>	\$ _____
Income from real property (such as rental income)	\$ <u>No</u>	\$ _____	\$ <u>No</u>	\$ _____
Interest and dividends	\$ <u>No</u>	\$ _____	\$ <u>No</u>	\$ _____
Gifts	\$ <u>No</u>	\$ _____	\$ <u>No</u>	\$ _____
Alimony	\$ <u>No</u>	\$ _____	\$ <u>No</u>	\$ _____
Child Support	\$ <u>No</u>	\$ _____	\$ <u>No</u>	\$ _____
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>No</u>	\$ _____	\$ <u>No</u>	\$ _____
Disability (such as social security, insurance payments)	\$ <u>No</u>	\$ _____	\$ <u>No</u>	\$ _____
Unemployment payments	\$ <u>No</u>	\$ _____	\$ <u>No</u>	\$ _____
Public-assistance (such as welfare)	\$ <u>No</u>	\$ _____	\$ <u>No</u>	\$ _____
Other (specify): _____	\$ <u>No</u>	\$ _____	\$ <u>No</u>	\$ _____
Total monthly income:	\$ <u>No</u>	\$ _____	\$ <u>No</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	N/A	N/A	\$ N/A
N/A	N/A	N/A	\$ N/A
N/A	N/A	N/A	\$ 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
			\$
			\$
			\$

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.

Type of account (e.g., checking or savings)	Amount you have	Amount your spouse has
	\$See Statement	\$
	\$	\$
	\$	\$

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

☐ Home N/A Value _____	☐ Other real estate Value N/A _____
☐ Motor Vehicle #1 N/A Year, make & model _____ Value N/A _____	☐ Motor Vehicle #2 N/A Year, make & model _____ Value N/A _____
☐ Other assets Commissary (see statement account) Description _____ 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	\$ N/A	\$
N/A	\$ 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
Adults	Son	Over 18

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	\$
Are real estate taxes included? ☐ Yes ☐ No		
Is property insurance included? ☐ Yes ☐ No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ N/A	\$
Home maintenance (repairs and upkeep)	\$ N/A	\$
Food	80.00 (Commissary)	\$
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>	\$ _____
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	N/A	
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>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:

N/A

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:

n/a

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

Nationality of El Salvador

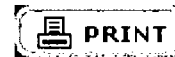
I was a landscape worker in the outside and have no one to cover for my expenses.

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

Executed on: September 1st ,2026 , 2026

Edwin Salinas
(Signature)

Inmate Inquiry



Inmate Reg #: 43923510 Current Institution: Coleman FCC
Inmate Name: SALINAS, EDWIN Housing Unit: COM-A-B
Report Date: 09/02/2026 Living Quarters: A04-125L
Report Time: 9:44:42 AM

[General Information](#) | [Account Balances](#) | [Commissary History](#) | [Commissary Restrictions](#) | [Comments](#)

General Information

Administrative Hold Indicator: No
No Power of Attorney: No
Never Waive NSF Fee: No
Max Allowed Deduction %: 100
PIN: 4952
PAC #: 493185207
Revalidation Date: 10th
FRP Participation Status: Completed
Arrived From: COA
Transferred To:
Account Creation Date: 11/30/2023
Local Account Activation Date: 11/20/2025 3:14:49 AM
Sort Codes:
Last Account Update: 9/2/2026 3:13:34 AM
Account Status: Active
Phone Balance: \$9.87

Pre-Release Plan Information

Target Pre-Release Account Balance: \$0.00
Pre-Release Deduction %: 0%
Income Categories to Deduct From: ☒ Payroll ☐ Outside Source Funds

FRP Plan Information

FRP Plan Type	Expected Amount	Expected Rate
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Account Balances

Account Balance: \$110.46
Pre-Release Balance: \$0.00
Debt Encumbrance: \$0.00
SPO Encumbrance: \$0.00
Other Encumbrances: \$0.00
Outstanding Negotiable Instruments: \$0.00
Administrative Hold Balance: \$0.00
Available Balance: \$110.46
National 6 Months Deposits: \$1,512.00

National 6 Months Withdrawals: \$1,685.40
Available Funds to be considered for IFRP Payments: \$962.00
National 6 Months Avg Daily Balance: \$195.66
Local Max. Balance - Prev. 30 Days: \$175.41
Average Balance - Prev. 30 Days: \$61.67

Commissary History

Purchases

Validation Period Purchases: \$109.20
YTD Purchases: \$2,651.75
Last Sales Date: 8/27/2026 2:29:28 PM

SPO Information

SPO's this Month: 0
SPO \$ this Quarter: \$0.00

Spending Limit Info

Spending Limit Override: No
Weekly Revalidation: Yes
Bi-Weekly Revalidation: No
Spending Limit: \$150.00
Expended Spending Limit: \$0.00
Remaining Spending Limit: \$150.00

Commissary Restrictions

Spending Limit Restrictions

Restricted Spending Limit: \$0.00
Restricted Expended Amount: \$0.00
Restricted Remaining Spending Limit: \$0.00
Restriction Start Date: N/A
Restriction End Date: N/A

Item Restrictions

List Name	List Type	Start Date	End Date	Active
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Comments

Comments: