26-6016

ORIGINAL

No. _____

FILED
JUN 22 2026
OFFICE OF THE CLERK
SUPREME COURT, U.S.

IN THE SUPREME COURT OF THE UNITED STATES

MARCUS T. GOVAN, SR. – PETITIONER

VS.

WARDEN BRIAN ENGLISH – RESPONDENT

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:

[x] Petitioner has previously been granted leave to proceed *in forma pauperis* in the following court(s): Indiana Appeal/Supreme Court.

[x] Petitioner has not previously been granted leave to proceed *in forma pauperis* in the United States District Court for the Northern District of Indiana, 204 South Main Street, South Bend Indiana 46601.

[x] Petitioner's affidavit or declaration is support of this motion is attached hereto.

Marcus T. Govan, Sr.

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

I, Marcus T. Govan, Sr., 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	$124.00	$0.00	$124.00	$0.00
Self-employment	$0.00	$0.00	$0.00	$0.00
Income from real property (such as rental income)	$0.00	$0.00	$0.00	$0.00
Interest and dividends	$0.00	$0.00	$0.00	$0.00
Gifts	$0.00	$0.00	$0.00	$0.00
Alimony	$0.00	$0.00	$0.00	$0.00
Child Support	$0.00	$0.00	$0.00	$0.00
Retirement (Such as social Security, pensions, annuities, insurance)	$0.00	$0.00	$0.00	$0.00
Disability (such as social Security, insurance payments)	$0.00	$0.00	$0.00	$0.00
Unemployment payments	$0.00	$0.00	$0.00	$0.00
Public-assistance (such as welfare)	$0.00	$0.00	$0.00	$0.00

Other (specify):	$0.00	$0.00	$0.00	$0.00
Total monthly income:	$124.00	$0.00	$124.00	$0.00

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**
Miami Correctional Facility	3038 W. 850 South Bunker Hill In. 46194	5/1/2025-present	$124.00

3. List your spouse's 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

4. How much cash do you and your spouse have? $160.00
   Below, state any money you and 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**
Offender Trust Fund	$160.00	$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 N/A

[ ] Motor Vehicle #1
Year; Make & Model N/A
Value N/A

[ ] Other assets
Description N/A
Value N/A

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**
Makailah M. Govan	Daughter	25
M.G.	Son	14

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)	$0.00	$0.00
Are real estate taxes included? [ ] Yes [x] No Is property insurance included? [ ] Yes [x] No		
Utilities (electric, heating fuel, Water, sewer, and telephone)	$50.00	$0.00
Home maintenance (repairs and upkeep)	$0.00	$0.00
Food	$60.00	$0.00
Clothing	$0.00	$0.00
Laundry and dry-cleaning	$0.00	$0.00
Medical and dental expenses	$0.00	$0.00
Transportation (not including motor vehicle payments)	$0.00	$0.00
Recreation, entertainment, newspaper, magazines, etc.	$0.00	$0.00

	You	Your spouse
Insurance (not deducted from wages or Included in mortgage payments)	$0.00	$0.00
Homeowner's or renter's	$0.00	$0.00
Life	$0.00	$0.00
Health	$0.00	$0.00
Motor Vehicle	$0.00	$0.00
Other:_____	$0.00	$0.00
Taxes (not deducted from wages or included In mortgage payments)	$0.00	$0.00
(specify):_____	$0.00	$0.00
Installment payments		
Motor Vehicle	$0.00	$0.00
Credit card(s)	$0.00	$0.00
Department store(s)	$0.00	$0.00
Other:_____	$0.00	$0.00
Alimony, maintenance, and support paid to others	$2.18	$0.00
Regular expenses for operation of business, profession, or farm (attach detailed statement)	$0.00	$0.00

Other (specify):_____	$0.00	$0.00
Total monthly expenses:	$112.00	$0.00

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 month?

   [ ] Yes [x] 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 [x] 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 [x] No

    If yes, how much? _____

    If yes, state the attorney'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 an incarcerated individual in in the Indiana Department of Correction, housed at the Miami correctional facility and I live off of the monthly (state pay) payment in the amount of $88.00-$124.00 that I earn from my state job working in the facility infirmary.

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

Executed on: June 19, 2026

_____
Marcus T. Govan, Sr.

CERTIFICATE OF SERVICE

I, Marcus T. Govan, Sr., do hereby certify that a true copy of the foregoing **MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*** and, **AFFIDAVIT OR DECLARATION IN SUPPORT OF MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*** has been served upon the Indiana Attorney General's Office at Indiana Government Center South, 302 W. Washington St. 5th Fl., Indianapolis, Indiana 46204 by first class U.S. Mail, First-Class postage prepaid, on this 19th day of June, 2026.



Marcus T. Govan, Sr.
Petitioner, *Pro Se*
IDOC #160567
Miami Correctional Facility
3038 West 850 South
Bunker Hill, Indiana 46914