No. 26-6078

ORIGINAL

IN THE

SUPREME COURT OF THE UNITED STATES

FILED
JUN 17 2026
OFFICE OF THE CLERK
SUPREME COURT, U.S.

PAUL M. POUPART

(PETITIONER)

VS.

LOUISIANA

(RESPONDENTS)

MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

The petitioner asks to file attached petition for a writ of certiorari without prepayment of cost 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): 24th Judicial District Court, Case No. 856-442; Louisiana Fifth Circuit Court of Appeal, Case No. 25-CA-102; Louisiana Supreme Court, Case No. 25-KO-1364.

□ Petitioner has **not** previously been granted leave to proceed in forma pauperis in any other court.

[x] Petitioner's affidavit or declaration in support of his 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 provisions of law: _____, or

□ a copy of the order of appointment is appended.

(Signature)

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

I, *Paul Michael Poupart*, am the petitioner in the above-entitled case. In support of my motion to proceed in forma pauperis, I state the because of my poverty I am unable to pay the cost of the case or to give security therefore, 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, amount 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	$ - 0 -	$ - 0 -	$ - 0 -	$ - 0 -
Self-employment	$ - 0 -	$ - 0 -	$ - 0 -	$ - 0 -
Income from real property (such as rental income)	$ - 0 -	$ - 0 -	$ - 0 -	$ - 0 -
Interested and dividends	$ - 0 -	$ - 0 -	$ - 0 -	$ - 0 -
Gifts	$ 300.00	$ - 0 -	$ 300.00	$ - 0 -
Alimony	$ - 0 -	$ - 0 -	$ - 0 -	$ - 0 -
Child Support	$ - 0 -	$ - 0 -	$ - 0 -	$ - 0 -
Retirement (such as social security, pension, annuities, insurance)	$ - 0 -	$ - 0 -	$ - 0 -	$ - 0 -
Disability (such as social security, insurance payments)	$ - 0 -	$ - 0 -	$ - 0 -	$ - 0 -
Unemployment payments	$ - 0 -	$ - 0 -	$ - 0 -	$ - 0 -
Public-assistance (such as welfare)	$ - 0 -	$ - 0 -	$ - 0 -	$ - 0 -
Other (specify): _____	$ - 0 -	$ - 0 -	$ - 0 -	$ - 0 -
Total monthly income:	$ 300.00	$ - 0 -	$ 300.00	$ - 0 -

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			$

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			$
N/A			$
N/A			$

4. How much case do you and your spouse have? $ - 0 -
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
	$	$
	$	$
	$	$

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

□ Home
Value - 0 -

□ Other real estate
Value - 0 -

□ Motor Vehicle # 1
Year, make & Model - 0 -
Value

□ Motor Vehicle # 2
Year, make & Model - 0 -
Value

□ Other assets
Description NONE
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**
- 0 -	$ - 0 -	$ - 0 -
- 0 -	$ - 0 -	$ - 0 -
- 0 -	$ - 0 -	$ - 0 -

7. State the persons who rely on you or your spouse for support. For minor children, list initial instead of names (e.g. "J.S." instead of "John Smith").

Name	**Relationship**	**Age**
NONE		
NONE		
NONE		

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payment that are made weekly, biweekly, quarterly, or annually to show the monthly rate.

	You	**Your spouse**
Rent or home-mortgage payment (include lost rental for mobile home)	$ - 0 -	$ - 0 -
Are real estate taxes included? □ Yes □ No Is properly insurance included? □ Yes □ No	$ - 0 -	$ - 0 -
Utilities (electricity, heating fuel, water, sewer, and telephone)	$ - 0 -	$ - 0 -
Home maintenance (repairs and upkeep)	$ - 0 -	$ - 0 -
Food	$ 300.00	$ - 0 -
Clothing	$ - 0 -	$ - 0 -
Laundry and dry-cleaning	$ - 0 -	$ - 0 -
Medical and dental expenses	$	$

	You	Your spouse
Transportation (not including motor vehicle payments)	$ - 0 -	$ - 0 -
Recreation, entertainment, newspapers, magazines, etc.	$ - 0 -	$ - 0 -
Insurance (not deducted from wages or included on mortgage payments)		
Homeowner's or Renter's	$ - 0 -	$ - 0 -
Life	$ - 0 -	$ - 0 -
Health	$ - 0 -	$ - 0 -
Motor Vehicle	$ - 0 -	$ - 0 -
Other: _____		
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	$ - 0 -	$ - 0 -
Installment payments		
Motor Vehicle	$ - 0 -	$ - 0 -
Credit Cards	$ - 0 -	$ - 0 -
Department Store(s)	$ - 0 -	$ - 0 -
Other: _____		
Alimony, maintenance, and support paid to others	$ - 0 -	$ - 0 -
Regular expenses or operation of business, profession, of farm (attach detail statement)	$ - 0 -	$ - 0 -
Other (specify): _____	$ - 0 -	$ - 0 -
Total monthly expenses:	$ 300.00	$ - 0 -

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities in the nest 12 months ? NO

□ Yes If yes, describe on an attached sheet.

10. Have you paid or will you be paying – an attorney or 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 that 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 person's name, address, and telephone number:

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

I have been incarcerated for the past 16 + Years

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

Executed on: June 9, 2026.

Paul M Poupart
(Signature)

STATEMENT OF ACCOUNT
(Certified Institutional Equivalent)

I hereby certify that Paul Poupart (inmate number 357073, the plaintiff herein, has the following sums of money on account to his credit at Elayn Hunt Correctional, the institution where he is confined:

Prison Drawing Account: $ 95.64

Prison Savings Account: $ 358.98

A. Cash $ _____

B. Bonds $ _____

I further certify that the average monthly deposits for the preceding six (6) months is $ 3.41.

The average monthly deposits are to be determined by adding the deposits made during a given month and dividing that total by the number of deposits made during that month. This is to be repeated for each of the six (6) months. The average from each of the six months are to be added together and the total is to be divided by six (6).

I further certify that the average monthly balance for the prior six (6) months is $ 13.00.

The average monthly balance is to be determined by adding each day's balance for a given month and dividing that total by the number of days in that month. This is to be repeated for each of the six (6) months. The balance from each of the six months are to be added together and the total is to be divided by six (6).

6/3/26
Date Certified

D. Stewart
Signature of Authorized
Officer of Institution