

No. _____

IN THE
SUPREME COURT OF THE UNITED STATES
OCTOBER TERM, 2018

RONNIE LEE BOWLING, Petitioner,
v.
RANDY WHITE (Warden), Respondent.

MOTION FOR LEAVE TO
PROCEED IN FORMA PAUPERIS

ADVERSELY AFFECTED "CAPITAL CASE"

The Petitioner, Ronnie Lee Bowling, Pro Se, asks leave to file the attached Petition for a Writ of Certiorari to the United States Court of Appeals for the Sixth Circuit without prepayment of costs and to proceed in forma pauperis pursuant to Rule 39. The Petitioner was permitted to proceed as an indigent in Sixth Circuit Court. See Bowling v. White, No. 15-6318 (6th Cir., June 8, 2017), at Document 13 (Order filed April 14, 2016, allowing in forma pauper status, granting a Certificate of Appealability, and appointing attorney). The Petitioner's declaration in support of this motion is attached.



MR. RONNIE LEE BOWLING

PRISON ID: 032861
DEATH ROW CELL 6-G-2
KENTUCKY STATE PENITENTIARY
266 WATER STREET
EDDYVILLE, KENTUCKY 42038-7737

December 7, 2017

Pro Se Petitioner

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

I, MR. RONNIE L. BOWLING, 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>45.00</u>	\$ <u>N/A</u>	\$ <u>45.00</u>	\$ <u>N/A</u>
Self-employment	\$ <u>NONE</u>	\$ <u>N/A</u>	\$ <u>NONE</u>	\$ <u>N/A</u>
Income from real property (such as rental income)	\$ <u>NONE</u>	\$ <u>N/A</u>	\$ <u>NONE</u>	\$ <u>N/A</u>
Interest and dividends	\$ <u>NONE</u>	\$ <u>N/A</u>	\$ <u>NONE</u>	\$ <u>N/A</u>
Gifts	\$ <u>80.00</u>	\$ <u>N/A</u>	\$ <u>80.00</u>	\$ <u>N/A</u>
Alimony	\$ <u>NONE</u>	\$ <u>N/A</u>	\$ <u>NONE</u>	\$ <u>N/A</u>
Child Support	\$ <u>NONE</u>	\$ <u>N/A</u>	\$ <u>NONE</u>	\$ <u>N/A</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>NONE</u>	\$ <u>N/A</u>	\$ <u>NONE</u>	\$ <u>N/A</u>
Disability (such as social security, insurance payments)	\$ <u>NONE</u>	\$ <u>N/A</u>	\$ <u>NONE</u>	\$ <u>N/A</u>
Unemployment payments	\$ <u>NONE</u>	\$ <u>N/A</u>	\$ <u>NONE</u>	\$ <u>N/A</u>
Public-assistance (such as welfare)	\$ <u>NONE</u>	\$ <u>N/A</u>	\$ <u>NONE</u>	\$ <u>N/A</u>
Other (specify): <u>NONE</u>	\$ <u>NONE</u>	\$ <u>N/A</u>	\$ <u>NONE</u>	\$ <u>N/A</u>
Total monthly income:	\$ <u>125.00</u>	\$ <u>N/A</u>	\$ <u>125.00</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
Kentucky State Penitentiary	266 WATER ST. EDDYVILLE KENTUCKY	1992-2017	\$ Prison Job \$ AVERAGE monthly \$ pay \$45.00

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

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.

Financial institution	Type of account	Amount you have	Amount your spouse has
Kentucky State Penitentiary	INMATE ACCOUNTS	\$	\$ 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 0

☐ Other real estate
Value 0

☐ Motor Vehicle #1
Year, make & model 0
Value 0

☐ Motor Vehicle #2
Year, make & model 0
Value 0

☐ Other assets
Description 0
Value 0

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money

NONE

Amount owed to you

\$ 0

Amount owed to your spouse

\$ N/A

\$ _____

\$ _____

\$ _____

\$ _____

7. State the persons who rely on you or ~~your spouse~~ for support.

Name

NONE

Relationship

N/A

Age

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)

\$ NONE

\$ N/A

Are real estate taxes included? ☐ Yes ☐ No

Is property insurance included? ☐ Yes ☐ No

Utilities (electricity, heating fuel,
water, sewer, and telephone)

\$ NONE

\$ N/A

Home maintenance (repairs and upkeep)

\$ NONE

\$ N/A

Food

\$ 75.00

\$ N/A

Clothing

I do have to buy underwear, T-shirts, socks, shoes, pants, shirts. But I do not every month. Just as needed.

\$ 0

\$ N/A

Laundry and dry-cleaning

\$ NONE

\$ N/A

Medical and dental expenses

All prisoner must pay co-pay for medical and dental. Just as needed.

\$ 0

\$ N/A

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>NONE</u>	\$ <u>N/A</u>
Recreation, entertainment, <u>newspapers</u> , magazines, etc.	\$ <u>App. \$45.00 each year for my home town paper</u>	\$ <u>N/A</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>NONE</u>	\$ <u>N/A</u>
Life	\$ <u>NONE</u>	\$ <u>N/A</u>
Health	\$ <u>NONE</u>	\$ <u>N/A</u>
Motor Vehicle	\$ <u>NONE</u>	\$ <u>N/A</u>
Other: _____	\$ <u>NONE</u>	\$ <u>N/A</u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ <u>NONE</u>	\$ <u>N/A</u>
Installment payments		
Motor Vehicle	\$ <u>NONE</u>	\$ <u>N/A</u>
Credit card(s)	\$ <u>NONE</u>	\$ <u>N/A</u>
Department store(s)	\$ <u>NONE</u>	\$ <u>N/A</u>
Other: _____	\$ <u>NONE</u>	\$ <u>N/A</u>
Alimony, maintenance, and support paid to others	\$ <u>NONE</u>	\$ <u>N/A</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>NONE</u>	\$ <u>N/A</u>
Other (specify): <u>Must buy hygiene items - soap, toothpaste, deodorant, shampoo.</u>	\$ <u>About \$45.00</u>	\$ <u>N/A</u>
<u>Must pay for copies, postage, envelopes, paper</u>	\$ <u>About \$1.15</u>	\$ <u>N/A</u>
Total monthly expenses:		

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. *Respectfully, I expect to be GRANTED CERTIORARI by this Court and Freed From PRISON. I am ACTUALLY INNOCENT and have been WRONGFULLY-CONVICTED and WRONGFULLY-sentenced - to - DEATH. THIS SHALL CHANGE MY FINANCES.*

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.

I WORK A PRISON job make about 45 dollars a month. My family tries to give me a gift of around 80 dollars a month. PRISON canteen allows prisoners spend \$1.25.00 each week. I AVERAGE only spending about \$15.00. Every now and then I have to buy clothes when others wear out \$5 shoes. I have to pay for copies, postage, paper, things help me with "legal work." I HAVE pay co-pay For medical, dental, mental health.

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

Executed on: WEDNESDAY, NOVEMBER 22ND, 2017

Ronnie Lee Barling
(Signature)

COMMONWEALTH OF KENTUCKY DEPARTMENT OF CORRECTIONS

Kentucky State Penitentiary

CERTIFICATION OF FUNDS DEPOSITED IN PRISONER'S INSTITUTIONAL ACCOUNT

Inmate Name: **Ronnie Bowling**
Number: **032861**

I, Amy Ford, of the Kentucky State Penitentiary Inmate
Accounts Office, do hereby certify that the sum of \$ 530.50 has been
deposited to this inmate's account during the preceding six months.



Signature of Authorized Officer

November 29, 2017
Date