CASE NO. _____ (CAPITAL CASE)

IN THE SUPREME COURT OF THE UNITED STATES

CHARLES RUSSELL RHINES, Petitioner.

v.

STATE OF SOUTH DAKOTA, Respondent.

On Petition for a Writ of Certiorari to The Supreme Court of the State of South Dakota

ATTACHMENT C IN SUPPORT OF MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

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Member of the Bar of the Supreme Court

Counsel for Petitioner, Charles Russell Rhines

Dated: May 2, 2018

No
IN THE
SUPREME COURT OF THE UNITED STATES
——————————————————————————————————————
(Your Name)
VS.
— 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 <i>in forma pauperis</i> .
Petitioner has previously been granted leave to proceed in forma pauperis in the following court(s):
[] 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.
March 12
(Signature)

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

	I,			, an	ı the peti	tione	r in the a	above-	entitled	case.	In suppo	rt of
				na pauperi								pay
the	costs of	this case	or to gi	ve security	therefor;	and	I believe	e I am	entitled	to re	dress.	

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.

	erage monthly amo past 12 months	ount during	Amount expe next month	cted
	You	Spouse	You	Spouse
Employment	\$	\$	\$Ø	\$
Self-employment	\$	\$ ø	\$ Ø	\$
Income from real property (such as rental income)	\$	\$	\$	\$
Interest and dividends	\$	\$	\$ Ø	\$ Ø
Gifts	\$ 60D	\$	\$ 50	\$ Ø
Alimony	\$	\$ Ø	\$	\$
Child Support	\$	\$ ø	\$_ \display	\$ Ø
Retirement (such as social security, pensions, annuities, insurance)	\$	\$ Ø	\$	\$
Disability (such as social security, insurance payme	\$ ents)	\$ Ø	\$	\$
Unemployment payments	\$	\$Ø	\$	\$
Public-assistance (such as welfare)	\$	\$	\$	\$ Ø
Other (specify):	\$ 200	\$	\$_40	\$_ Ø
Total monthly inco	me: \$_800	\$	\$ 90	\$_ ø

Employment \$ \$ \$ 3. List your spouse's employment history for the past two years, most recent employer fine (Gross monthly pay is before taxes or other deductions.)	Employer	Address	Dates of	Gross monthly pay
8. List your spouse's employment history for the past two years, most recent employer for (Gross monthly pay is before taxes or other deductions.) Employer Address Dates of Gross monthly pay Employment \$,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
8. List your spouse's employment history for the past two years, most recent employer for (Gross monthly pay is before taxes or other deductions.) Employer Address Dates of Gross monthly pay Employment \$	N/A	_	_	\$
3. List your spouse's employment history for the past two years, most recent employer for (Gross monthly pay is before taxes or other deductions.) Employer	- N/A			\$
Caross monthly pay is before taxes or other deductions.) Employer	N/A	_		\$
Employment S				, most recent employer firs
4. How much cash do you and your spouse have? \$	Employer / .	Address		Gross monthly pay
4. How much cash do you and your spouse have? \$	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 financinstitution. Financial institution Service first fer Service first f	~// 			\$
and ordinary household furnishings. Home Value/A Motor Vehicle #1 Year, make & modelYear, make & model	Financial institut	ion Type of account	Amount you have \$_\$\int \int \int \chi_{\chi} \chi_{\	Amount your spouse has \$\$ \$\$
Value	w			
Value			ch you own or your spous	e owns. Do not list clothi
	and ordinary h			
Year, make & model Year, make & model Value/A Value/A	and ordinary h ☐ Home	ousehold furnishings.	☐ Other real esta	te
Value	and ordinary h \Box Home	ousehold furnishings.	☐ Other real esta	te
☐ Other assets Description	and ordinary h ☐ Home Value//t	ousehold furnishings.	□ Other real esta Value <u>~</u> //	te
Description	and ordinary h ☐ Home Value// ☐ Motor Vehicle # Year, make & r	ousehold furnishings. #1 nodel	☐ Other real esta Value/ ☐ Motor Vehicle = Year, make & r	#2 model
	and ordinary h ☐ Home Value// ☐ Motor Vehicle # Year, make & r	ousehold furnishings. #1 nodel	☐ Other real esta Value/ ☐ Motor Vehicle = Year, make & r	#2 model
	and ordinary h Home Value Value Year, make & r Value Value Other assets	#1 model	☐ Other real esta Value/ ☐ Motor Vehicle = Year, make & r	#2 model

amount owed.			
Person owing you or your spouse money	Amount owed to yo	ou Amount	owed to your spouse
N/A	\$	\$	
NA	\$	\$	
N/A	\$	\$	
7. State the persons who re	ely on you or your spouse	for support.	
Name	Relationship		Age
NA			
8. Estimate the average more paid by your spouse. A annually to show the mo	Adjust any payments tha	d your family. Show t are made weekly,	separately the amounts biweekly, quarterly, or
		You	Your spouse
Rent or home-mortgage payment (include lot rented for mobile home)		\$	\$
Are real estate taxes inclu Is property insurance inclu	1984 (1985 1986),		
Utilities (electricity, heating water, sewer, and telephone		\$	_ \$
Home maintenance (repairs and upkeep)		\$	\$
Food		\$ <u> </u>	\$
Clothing		\$	\$
Laundry and dry-cleaning		\$	\$
Medical and dental expense	es	\$	\$

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

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

liabilities during the next 12 months?
\square Yes \square No \square 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.
I declare under penalty of perjury that the foregoing is true and correct.
Executed on:, 20
1/hre 1/2 5
(Signature)