

No. 18-48

**In the
SUPREME COURT OF THE UNITED STATES**

State of Minnesota, *Petitioner*,

v.

Quentin Todd Chute, *Respondent*.

On Petition for a Writ of Certiorari to the
Supreme Court of the State of Minnesota

MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

Pursuant to U.S. Sup. Ct. Rule 39, respondent requests that he be granted *in forma pauperis* status for the purpose of filing the attached Brief in Opposition to Petition for Writ of Certiorari requested by the Court. Respondent has been granted *in forma pauperis* status and appointed a public defender to represent him in all state court proceedings pursuant to Minn. Stat. § 611.18 and Minn. Rs. Crim. P. 28.02, subd. 5 and 29.04, subd. 11(2). Petitioner's affidavit in support of this motion is attached.

Dated: September 14, 2018

Respectfully submitted,



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

I, Quentin Chute, am the ^{respondent} ~~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	\$ N/A	\$ 0	\$ N/A	\$ 0
Self-employment	\$ N/A	\$ 0	\$ N/A	\$ 0
Income from real property (such as rental income)	\$ N/A	\$ 0	\$ N/A	\$ 0
Interest and dividends	\$ 0	\$ 0	\$ 0	\$ 0
Gifts	\$ 0	\$ 0	\$ 0	\$ 0
Alimony	\$ 0	\$ 0	\$ 0	\$ 0
Child Support	\$ 0	\$ 0	\$ 0	\$ 0
Retirement (such as social security, pensions, annuities, insurance)	\$ 0	\$ 0	\$ 0	\$ 0
Disability (such as social security, insurance payments)	\$ 750.00	\$ 0	\$ 750.00	\$ 0
Unemployment payments	\$ 0	\$ 0	\$ 0	\$ 0
Public-assistance (such as welfare)	\$ 270.00	\$ 0	\$ 270.00	\$ 0
Other (specify): <u>N/A</u>	\$ 0	\$ 0	\$ 0	\$ 0
Total monthly income:	\$ 1,020.00	\$ 0	\$ 1,020.00	\$ 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	\$ 0
N/A	N/A	N/A	\$ 0
N/A	N/A	N/A	\$ 0

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	\$ 0
N/A	N/A	N/A	\$ 0
N/A	N/A	N/A	\$ 0

4. How much cash do you and your spouse have? \$ 10.00
 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
N/A	\$ 0	\$ 0
N/A	\$ 0	\$ 0
N/A	\$ 0	\$ 0

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

- Home
Value _____
- Other real estate
Value _____
- Motor Vehicle #1
Year, make & model _____
Value _____
- Motor Vehicle #2
Year, make & model _____
Value _____
- Other assets
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	\$ \emptyset	\$ \emptyset
N/A	\$ \emptyset	\$ \emptyset
N/A	\$ \emptyset	\$ \emptyset

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
N/A	N/A	N/A
N/A	N/A	N/A
N/A	N/A	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)	\$ 400.00	\$ \emptyset
Are real estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 32.00	\$ \emptyset
Home maintenance (repairs and upkeep)	\$ \emptyset	\$ \emptyset
Food	\$ 200.00	\$ \emptyset
Clothing	\$ 50.00	\$ \emptyset
Laundry and dry-cleaning	\$ 20.00	\$ \emptyset
Medical and dental expenses	\$ \emptyset	\$ \emptyset

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 50 ⁰⁰	\$ 0
Recreation, entertainment, newspapers, magazines, etc.	\$ 168 ⁰⁰	\$ 0
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ 0	\$ 0
Life	\$ 0	\$ 0
Health	\$ 0	\$ 0
Motor Vehicle	\$ 0	\$ 0
Other: <u>N/A</u>	\$ 0	\$ 0
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>N/A</u>	\$ 0	\$ 0
Installment payments		
Motor Vehicle	\$ 0	\$ 0
Credit card(s)	\$ 0	\$ 0
Department store(s)	\$ 0	\$ 0
Other: _____	\$ 0	\$ 0
Alimony, maintenance, and support paid to others	\$ 0	\$ 0
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0	\$ 0
Other (specify): <u>N/A</u>	\$ 0	\$ 0
Total monthly expenses:	\$ 1,020⁰⁰	\$ 0

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? Ø

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? Ø

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 am permanently disabled.

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

Executed on: Sept 11, 2018, 2018



(Signature)