

No. _____

IN THE
SUPREME COURT OF THE UNITED STATES

JAMES T. BAGBY-PETITIONER

SUPERINTENDENT/ STATE OF INDIANA -RESPONDENT(S)

ON PETITION FOR A WRIT OF CERTIORARI TO

United States Court of Appeals for the Seventh Circuit

Indiana District Court Northern District

MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

The petitioner asks leave to file the attached petition for writ of certiorari without prepayment of costs and to proceed *in forma pauperis*.

Petitioner has previously been granted leave to proceed *in forma pauperis* in the following court(s):

Indiana Court of Appeals, ////////////// Northern District Court, //////////////

United States court of Appeals for the Seventh Circuit

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.


(Signature)

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

I, James T. Bagby 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 thereof; 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 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>\$ 300.00</u>	<u>\$ N/A</u>	<u>\$ 30.00</u>	<u>\$ N/A</u>
Self-Employment	<u>\$ N/A</u>	<u>\$ N/A</u>	<u>\$ N/A</u>	<u>\$ N/A</u>
Income from real property (such as rental income)	<u>\$ N/A</u>	<u>\$ N/A</u>	<u>\$ N/A</u>	<u>\$ N/A</u>
Interest and dividends	<u>\$ N/A</u>	<u>\$ N/A</u>	<u>\$ N/A</u>	<u>\$ N/A</u>
Gifts	<u>\$ N/A</u>	<u>\$ N/A</u>	<u>\$ N/A</u>	<u>\$ N/A</u>
Alimony	<u>\$ N/A</u>	<u>\$ N/A</u>	<u>\$ N/A</u>	<u>\$ N/A</u>
Child Support	<u>\$ N/A</u>	<u>\$ N/A</u>	<u>\$ N/A</u>	<u>\$ N/A</u>
Retirement (such as social security, pensions, annuities, insurance)	<u>\$ N/A</u>	<u>\$ N/A</u>	<u>\$ N/A</u>	<u>\$ N/A</u>
Disability (such as social security, insurance payments)	<u>\$ N/A</u>	<u>\$ N/A</u>	<u>\$ N/A</u>	<u>\$ N/A</u>
Unemployment payments	<u>\$ N/A</u>	<u>\$ N/A</u>	<u>\$ N/A</u>	<u>\$ N/A</u>
Public-assistance (such as welfare)	<u>\$ N/A</u>	<u>\$ N/A</u>	<u>\$ N/A</u>	<u>\$ N/A</u>
Other (specify):	<u>\$ N/A</u>	<u>\$ N/A</u>	<u>\$ N/A</u>	<u>\$ N/A</u>
Total monthly income:	<u>\$ 300.00</u>	<u>\$ N/A</u>	<u>\$ 30.00</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
Library Maintenance	New Castle Corr. Facility	March/2017-April/2018	\$ 30.00
Library	New Castle Corr. Facility	October/2016-March/2018	\$ 20.00
	Miami Corr. Facility	Feb/2014-Sept./2016	\$ 30.00

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? \$ 0

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 spouse has
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0

0

0

0

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

6. Me and my spouse are separated. I am in prison and have been indigent since my arrest on 01-01-2009.

7. I have no assets.

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

10. Have you paid – or will you be paying – an attorney any money for service in connection with this case, including the completion of this form? Yes No

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? _____

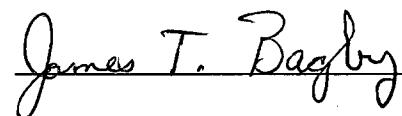
If yes, state the attorney's name, address and telephone number:

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

- I am in prison
- I have been declared indigent since my initial appeal

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

Executed on: April 5th, 2018



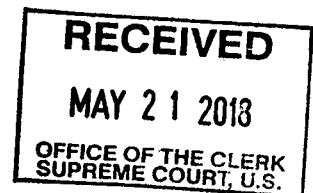
James T. Bagby
Petitioner/Defendant, *pro se*
D.O.C. # 913111
New Castle Correctional Facility
1000 Van Nuys Rd.
New Castle, IN 47362-1041

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

I, James T. Bagby, am the Petitioner in the fore-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 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	\$ 300.00	\$ N/A	\$ 30.00	\$ N/A
Self-Employment	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Income from real property (such as rental income)	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Interest and dividends	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Gifts	\$ 200.00	\$ N/A	\$??	\$ N/A
Alimony	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Child Support	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Retirement (such as social security, pensions, annuities, insurance)	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Disability (such as social security, insurance payments)	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Unemployment payments	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Public-assistance (such as welfare)	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Other (specify):	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Total monthly income:	\$ 300.00	\$ N/A	\$ 30.00	\$ N/A



2. List your 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
NCCF LIBRARY	1000 VAN NUTS RD. NEW CASTLE, IN 47362	MARCH2017- APRIL/2018	\$ 30.00
MAINTENANCE	1000 VAN NUTS RD. NEW CASTLE, IN 47362	OCTOBER/2016- MARCH/2018	\$ 20.00
LIBRARY	MIAMI CORR. FACILITY	FEB./2014-SEPT./2016	\$ 30.00

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.)

Petitioner and spouse are separated. She is on disability at unknown address.

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? \$ Ø

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 spouse has
<u>Ø</u>	<u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>
		\$ <u>Ø</u>	\$ <u>Ø</u>

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

HOME	Other real estate	Motor vehicle #1
(Value)\$ N/A	(Value)\$ N/A	(Value)\$ N/A

Motor vehicle #2	Other assets	Other assets
(Value)\$ N/A	(Value)\$ N/A	(Value)\$ N/A

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

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 upon you or your spouse for support. N/A

Name [or, if under 18, initials only]	Relationship	Age
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, semiannually, or annually to show the monthly rate. N/A

	You	Your Spouse
Rent or home-mortgage payment (including lot rented for mobile home)	\$ N/A	\$ N/A
Are real estate taxes included? N/A [] yes [X] No		
Is property insurance included? N/A [] Yes [X] No		
Utilities (electricity, heating fuel, water, sewer, telephone)	\$ N/A	\$ N/A
Home maintenance (repairs and upkeep)	\$ N/A	\$ N/A
Food	\$ N/A	\$ N/A
Clothing	\$ N/A	\$ N/A
Laundry and dry-cleaning	\$ N/A	\$ N/A
Medical and dental expenses	\$ N/A	\$ N/A
Transportation (not including motor vehicle expenses)	\$ N/A	\$ N/A
Recreation, entertainment, newspapers, magazines, etc.	\$ N/A	\$ N/A
Insurance (not deducted from wages or included in mortgage payments)		
Home owner's renter's:	\$ N/A	\$ N/A
Life:	\$ N/A	\$ N/A
Health:	\$ N/A	\$ N/A
Motor Vehicle:	\$ N/A	\$ N/A
Other:	\$ N/A	\$ N/A

Installment payments		
Motor vehicle:	\$ N/A	\$ N/A
Credit card (name):	\$ N/A	\$ N/A
Department store (name):	\$ N/A	\$ N/A
Other:	\$ N/A	\$ N/A
Alimony, maintenance, and support paid to others	\$ N/A	\$ N/A
Regular expenses for operation of business, profession or farm (attach detail)	\$ N/A	\$ N/A
Other (specify)	\$ N/A	\$ N/A
Total monthly expenses:	\$ N/A	\$ N/A

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months? If yes, describe on an attached sheet.

Yes No If yes, describe on an attached sheet

10. Have you spent – or will you be spending – any money for expenses or attorney fees in connection with this lawsuit? Yes No

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

12. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.

I am incarcerated in the Indiana Department of Correction at the New Castle Correctional Facility. I have been declared indigent since my incarceration. I began this incarceration in 01-03-2009. My earliest release date is 04-12-23. The DOC retains 15% of all monies received from my prison work assignment that I will not have access to until I am released from incarceration. Me and my spouse are separated and no longer have contact. She has moved to an unknown location.

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

Executed on: 05/01/18

James T. Bagby
 James T. Bagby #91311
 New Castle Correctional Facility
 1000 Van Nuys Rd.
 New Castle, IN 47362-1041