

No.

**IN THE
SUPREME COURT OF THE UNITED STATES**

CHARLES M. STEELE,

Petitioner

vs.

CHARLOTTE JENKINS, WARDEN

Respondent

MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

The Petitioner asks leave to file the attached petition for a Writ of Certiorari without the prepayment of cost and to proceed *in forma pauperis*.

Please check the appropriate boxes:

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

Petitioner's affidavit or declaration in support of this motion is attached hereto.

Petitioner's affidavit or declaration is not attached because the court below appointed counsel in the current proceedings, and:

A copy of the order of appointment is appended.


Signature

IN THE UNITED STATES SUPREME COURT OF THE UNITED STATES

CHARLES M. STEELE,

Petitioner-Appellant,

vs.

CHARLOTTE JENKINS, Warden,
Chillicothe Correctional Institution, et. al.,

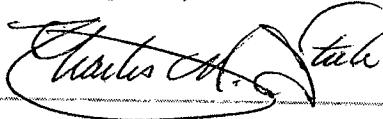
Respondent-Appellee

AFFIDAVIT TO APPEAL IN FORMA PAUPERIS

Affidavit in Support of Motion

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)

Signed:



Instructions

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "O," "none," or "not applicable (N/A)," write in that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Date:



My issues on appeal are:

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	N/A	N/A	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	N/A	N/A	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:	N/A	N/A	N/A	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	Date of employment	Gross monthly pay
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	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	Date of employment	Gross monthly pay
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A

4. How much cash do you and your spouse have? \$ None

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
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A

If you are a prisoner seeking to appeal a judgment in a civil action or proceeding, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

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

Home(Value)	Other real estate (Value)	Motor vehicle #1(Value)
N/A	N/A	N/A
N/A	N/A	Make & year: _____ N/A _____
N/A	N/A	Model: _____ N/A _____
Motor vehicle #2 _____ (Value)	Other assets _____ (Value)	Registration #: _____
Make & Year: _____ N/A _____	N/A	Other assets _____ (Value)
Model: _____	N/A	N/A
Registration #: _____	N/A	N/A

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	N/A	N/A
N/A	N/A	N/A
N/A	N/A	N/A

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

Name [or, if under 18, initials only] 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, semiannually, or annually to show the monthly rate.

	You	Your spouse
Rent or home-mortgage payment (include lot rented for mobile home)	N/A	N/A
Are real estate taxes included? Yes No	N/A	N/A
Is property insurance included? Yes No	N/A	N/A
Utilities (electricity, heating fuel, water, sewer, and 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 payments)	N/A	N/A
Recreation, entertainment, newspapers, magazines, etc.	N/A	N/A
Insurance (not deducted from wages or included in mortgage payments)	N/A	N/A
Homeowner's or 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
Taxes (not deducted from wages or included in mortgage payments) (specify): _____	N/A	N/A
Installment payments	N/A	N/A
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 detailed statement)	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? No.

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? No

Yes. No If yes, how much? \$ _____

11. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.
Incarcerated for the past 20 plus years, have been receiving state pay in the amount of \$18.00 the entire time.

12. State the city and state of your legal residence.

Chillicothe, Ohio _____

Your daytime phone number: (____) _____

Your age: 65 Your years of schooling: 13

Last four digits of your social-security number: 2603

Affidavit Section (B)

The claims entitling petitioner to redress are more fully articulated in the accompanying Motion Requesting Appeal

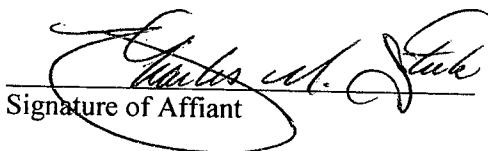
Affidavit Section (C)

The issues to be presented on this Appeal relate to the Decision of the Sixth Circuit Court of Appeals dismissal of Appellant's Case for not paying the entire filing fee to the District Court where appellant had shown by way of Affidavit of Poverty to that Court he was unable to pay such fees.

DECLARATION OF INMATE FILING
Pursuant to § 28 U.S.C. § 1746, § 18 U.S.C. 1621

I am an inmate at the Chillicothe Correctional Institution. Today June 21st, 2018 I am depositing the Notice of Appeal, Motion to Proceed in Forma Pauperis, Affidavit to Appeal in Forma Pauperis, Jurisdictional Statement, in this case in the Institution internal mail system, First Class postage is being paid by me.

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


Signature of Affiant

June 21st, 2018
Signed on