

No. _____

IN THE
SUPREME COURT OF THE UNITED STATES

BRIAN PRESTON — PETITIONER
(Your Name)

VS.

GREAT LAKES SPECIALTY FINANCE, INC., et. al. — 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 *in forma pauperis*.

Please check the appropriate boxes:

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

United States District Court of the Southern District of Ohio

☐ 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.

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

☐ The appointment was made under the following provision of law: _____

☐ a copy of the order of appointment is appended.

Brian R. Presto
Brian R. Presto
(Signature)

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

I, Brian Richard Preston, 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>0.00</u>	\$ <u>N/A</u>	\$ <u>0.00</u>	\$ <u>N/A</u>
Self-employment	\$ <u>0.00</u>	\$ <u>N/A</u>	\$ <u>0.00</u>	\$ <u>N/A</u>
Income from real property (such as rental income)	\$ <u>0.00</u>	\$ <u>N/A</u>	\$ <u>0.00</u>	\$ <u>N/A</u>
Interest and dividends	\$ <u>0.00</u>	\$ <u>N/A</u>	\$ <u>0.00</u>	\$ <u>N/A</u>
Gifts	\$ <u>0.00</u>	\$ <u>N/A</u>	\$ <u>0.00</u>	\$ <u>N/A</u>
Alimony	\$ <u>0.00</u>	\$ <u>N/A</u>	\$ <u>0.00</u>	\$ <u>N/A</u>
Child Support	\$ <u>0.00</u>	\$ <u>N/A</u>	\$ <u>0.00</u>	\$ <u>N/A</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0.00</u>	\$ <u>N/A</u>	\$ <u>0.00</u>	\$ <u>N/A</u>
Disability (such as social security, insurance payments)	\$ <u>0.00</u>	\$ <u>N/A</u>	\$ <u>0.00</u>	\$ <u>N/A</u>
Unemployment payments	\$ <u>0.00</u>	\$ <u>N/A</u>	\$ <u>0.00</u>	\$ <u>N/A</u>
Public-assistance (such as welfare)	\$ <u>192.00</u>	\$ <u>N/A</u>	\$ <u>192.00</u>	\$ <u>N/A</u>
Other (specify): _____	\$ <u>0.00</u>	\$ <u>N/A</u>	\$ <u>0.00</u>	\$ <u>N/A</u>
Total monthly income:	\$ <u>192.00</u>	\$ <u>N/A</u>	\$ <u>192.00</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
Unemployed since 2014			\$
			\$
			\$

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			\$
			\$
			\$

4. How much cash do you and your spouse have? \$0.00

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	\$	\$
	\$	\$
	\$	\$

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

☐ Home
Value N/A

☐ Other real estate
Value N/A

☐ Motor Vehicle #1
Year, make & model N/A
Value N/A

☐ Motor Vehicle #2
Year, make & model N/A
Value N/A

☐ Other assets
Description N/A
Value 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
	\$	\$
	\$	\$

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

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) Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0.00 \$(owned by mother) +	\$ N/A
Utilities (electricity, heating fuel, water, sewer, and telephone)	10.00 (subsidized) \$(paid by mother) +	\$ N/A
Home maintenance (repairs and upkeep)	\$ 0.00	\$ N/A
Food	\$ 192.00 (SNAP)	\$ N/A
Clothing	10.00 \$(paid by mother) +	\$ N/A
Laundry and dry-cleaning	10.00 \$(paid by mother) +	\$ N/A
Medical and dental expenses	\$ 0.00 (Medicaid)	\$ N/A

	You	Your spouse
Transportation (not including motor vehicle payments)	25.00 \$ (paid by mother)	\$ N/A
Recreation, entertainment, newspapers, magazines, etc.	\$ 0.00	\$ N/A
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	unknown \$ (paid by mother)	\$ N/A
Life	30.00 - 35.00 \$ (paid by mother)	\$ N/A
Health	\$ 0.00	\$ N/A
Motor Vehicle	unknown \$ (paid by mother)	\$ N/A
Other: N/A	\$ 0.00	\$ N/A
Taxes (not deducted from wages or included in mortgage payments)		
(specify): N/A	\$ 0.00	\$ N/A
Installment payments		
Motor Vehicle	0.00 \$ (owned by mother)	\$ N/A
Credit card(s)	unknown (incidentals) \$ (paid by mother)	\$ N/A
Department store(s)	\$ 0.00	\$ N/A
Other: N/A	\$ 0.00	\$ N/A
Alimony, maintenance, and support paid to others	\$ 0.00	\$ N/A
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0.00	\$ N/A
Other (specify): N/A	\$ 0.00	\$ N/A
Total monthly expenses:	277.00 - 282.00 plus unknown expenses paid by \$ mother.	\$ 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?

☐ 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? 40% contingency

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

Donald B. Hordes
Ritter & Randolph, LLC
1 East Fourth Street
Suite 700
Cincinnati, Ohio 45202

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? Amount paid from cost retainer unknown. Expenses include depositions and expert witnesses. ~\$4,000 legal fees before contingency agreement.

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

Attorney who received pre-contingency legal fees and is knowledge of expenses paid by cost retainer:

Donald B. Hordes
Ritter & Randolph, LLC
1 East Fourth Street
Suite 700
Cincinnati, Ohio 45202

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

The trauma of discriminatory acts have resulted in harm to my psychiatric disabilities that have led to highly reclusive behavior and overwhelming fear/anxiety in seeking out new employment absent significant psychiatric intervention that is cost prohibitive at this time. Additionally, since autumn 2013, I have had two spinal surgeries and I suffer from chronic pain that has greatly reduced my functionality due to the pain and medications. While there exists medical treatments that can greatly address the pain and need for pain medications at their current (high) levels, lack of financial resources and Medicaid limits prevent me from obtaining such treatment at the frequency required for "typical" daily functioning. All personal assets have been depleted. An SSDI claim has been filed but remains in an appeal process with no new actions expected for at least 18 months.

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

Executed on: August 4th, 2018



DONALD B. HORDES
NOTARY PUBLIC - STATE OF OHIO
My commission has no expiration date Section 147.03 D.R.C.

Bur R. Pust
(Signature)

before me this 4th day of August, 2018

Donald B. Hordes