

No. _____

IN THE
SUPREME COURT OF THE UNITED STATES

JAMES PELLO – Petitioner;

v.

DUSHAN ZATECKY – Respondent(s);

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):

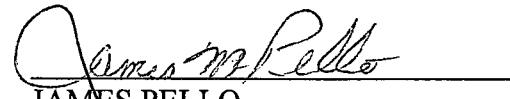
Elkhart Superior Court III;

Indiana Court of Appeals; and

United States District Court, Southern District Of Indiana, Indianapolis Division

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.



JAMES PELLO
Petitioner / pro se

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

I, JAMES PELLO, 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 twelve (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 amount during The past 12 months		Amount expected Next month	
	You	Spouse	You	Spouse
Employment (see, "Other")	\$ 10	\$ N/A	\$ 10	\$ 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: (monthly stipend from Indiana Dept. of Correction)	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Total monthly income:	\$ 10	\$ N/A	\$ 10	\$ N/A

2. List your employment history, 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
N/A	N/A	N/A	\$ N/A
N/A	N/A	N/A	\$ N/A

3. List your spouse's employment history, 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
N/A	N/A	N/A	\$ N/A
N/A	N/A	N/A	\$ N/A

4. How much cash do you or your spouse have? \$ N/A _____

Below, state any money you have in bank accounts or in any other financial institution.

Financial Institution	Type of Account	Amount you have	Amount your spouse has
Pendleton Corr. Fac.	Inmate Trust Fund	\$	\$ 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 value, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Home	Other Real Estate	Motor Vehicle #1 (Value) \$
(Value) \$ N/A	(Value) \$ N/A	Make and year: N/A
		Model: N/A
		Registration #: N/A

Motor Vehicle #1 (Value) \$ N/A	Other assets	Other assets
Make and year: N/A	(Value) \$ N/A	(Value) \$ N/A
Model: N/A	(Value) \$ N/A	(Value) \$ N/A
Registration #: 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.

Name of 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
N/A	\$ N/A	\$ N/A

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

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.

	You	Your Spouse
Rent or home-mortgage payment (including 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	\$ N/A	\$ N/A
Utilities (electricity, heating fuel, water, sewer, telephone)	\$ N/A	\$ N/A
Home maintenance (repairs and upkeep)	\$ N/A	\$ N/A
Food & personal hygiene items	\$ 10	\$ 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, video rental, etc.	\$ N/A	\$ N/A
Insurance (not deducted from wages or included in mortgage payments)		
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):	\$ 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 detailed statement)	\$ N/A	\$ N/A
Other (specify): Postage, legal and personal	\$ N/A	\$ N/A
Total monthly expenses:	\$ 10	\$ N/A

9. Do you expect any major changes to your monthly income or expenses on in your assets or liabilities during the next 12 months?

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 If "Yes," how much \$ N/A ____.

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

I have only the pay that I receive from Medical idle. It is used to purchase soap, shampoo, tooth paste, deodorant and other essential hygiene items. It is time sensitive on paying and filing with this Court, I would need more then 3 years to save the amount needed to pay the filing fees.

12. State the city and state of your legal residence: Pendleton Corr. Facility, IDOC # 964800, 4490 W. Reformatory Road, Pendleton, Indiana, 46064-9001.

Your daytime phone number: Not Applicable

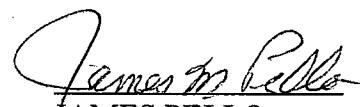
Your age: 75

Your years of schooling: 2~~0~~8~~0~~ 2~~0~~1~~8~~ 2~~0~~1~~8~~

Last four digits of your social security number: ***-**-9794

I declare under penalty for perjury that the above and foregoing is true and correct to the best of my personal knowledge and belief.

Executed on: August 2, 2018


JAMES PELLO
Petitioner, pro se