

No. _____

IN THE SUPREME COURT OF THE UNITED STATES

CLIFFORD DONTA WILLIAMS,

Petitioner,

v.

STATE OF OHIO,

Respondent.

MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

/s/Richard A. Cline
Richard A. Cline, Chief Counsel
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Counsel of Record

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Counsel for Petitioner Clifford Williams

Petitioner, Clifford Williams, requests leave to file the attached petition for writ of certiorari without prepayment of costs and to proceed *in forma pauperis* pursuant to Supreme Court Rule 39.

The United States District Court for the Southern District of Ohio, Eastern Division, granted Mr. Williams leave to file his habeas petition *in forma pauperis* and Mr. Williams continued to proceed *in forma pauperis* throughout his federal court litigation. The Butler County Court of Common Pleas found Mr. Williams indigent and appointed counsel at trial. The Ohio Supreme Court found Mr. Williams indigent and appointed counsel on direct appeal. Mr. Williams attaches an Affidavit or Declaration in Support of Motion for Leave to Proceed *In Forma Pauperis*, pursuant to Rule 39.

Respectfully submitted,

/s/Richard A. Cline
Richard A. Cline, Chief Counsel
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Counsel for Petitioner Clifford Williams

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

I, **Clifford Donta Williams**, 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	\$ 18.00	\$ n/a	\$ 18.00	\$ n/a
Self-employment	\$ -0-	\$ n/a	\$ -0-	\$ n/a
Income from real property (such as rental income)	\$ -0-	\$ n/a	\$ -0-	\$ n/a
Interest and dividends	\$ -0-	\$ n/a	\$ -0-	\$ n/a
Gifts	\$ 10.00	\$ n/a	\$ 10.00	\$ n/a
Alimony	\$ -0-	\$ n/a	\$ -0-	\$ n/a
Child Support	\$ -0-	\$ n/a	\$ -0-	\$ n/a
Retirement (such as social security, pensions, annuities, insurance)	\$ -0-	\$ n/a	\$ -0-	\$ n/a
Disability (such as social security, insurance payments)	\$ -0-	\$ n/a	\$ -0-	\$ n/a
Unemployment payments	\$ -0-	\$ n/a	\$ -0-	\$ n/a
Public-assistance (such as welfare)	\$ -0-	\$ n/a	\$ -0-	\$ n/a
Other (specify): _____	\$ n/a	\$ n/a	\$ -0-	\$ n/a
Total monthly income:	\$ 28.00	\$ n/a	\$ 28.00	\$ n/a

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
<u>State of Ohio</u> <u>- DRC</u>	<u>CCI</u> <u>PO Box 5500</u> <u>Chillicothe,</u> <u>OH 45601</u>	<u>09/18/16 to</u> <u>09-18-18</u>	<u>\$ 18.00</u> <u>\$</u> <u>\$</u>

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
<u>n/a</u>	<u></u>	<u></u>	<u>\$</u> <u>\$</u> <u>\$</u>

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.

Type of account (e.g., checking or savings)	Amount you have	Amount your spouse has
<u>n/a</u>	<u>\$</u>	<u>\$</u>
<u></u>	<u>\$</u>	<u>\$</u>
<u></u>	<u>\$</u>	<u>\$</u>

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

<input type="checkbox"/> Home Value <u>n/a</u>	<input type="checkbox"/> Other real estate Value <u>n/a</u>
<input type="checkbox"/> Motor Vehicle #1 Year, make & model <u>n/a</u> Value _____	<input type="checkbox"/> Motor Vehicle #2 Year, make & model <u>n/a</u> Value _____
<input type="checkbox"/> Other assets Description <u>n/a</u> 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	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

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	_____	_____
_____	_____	_____
_____	_____	_____

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 type="checkbox"/> No Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ -0- _____	\$ n/a _____
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 1.00 _____	\$ n/a _____
Home maintenance (repairs and upkeep)	\$ -0- _____	\$ n/a _____
Food	\$ -0- _____	\$ n/a _____
Clothing	\$ 17.00 _____	\$ n/a _____
Laundry and dry-cleaning	\$ 10.00 _____	\$ n/a _____
Medical and dental expenses	\$ -0- _____	\$ n/a _____

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ -0-	\$ n/a
Recreation, entertainment, newspapers, magazines, etc.	\$ -0-	\$ n/a
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ -0-	\$ n/a
Life	\$ -0-	\$ n/a
Health	\$ -0-	\$ n/a
Motor Vehicle	\$ -0-	\$ n/a
Other: n/a	\$ -0-	\$ n/a
Taxes (not deducted from wages or included in mortgage payments)		
(specify): n/a	\$ -0-	\$ n/a
Installment payments		
Motor Vehicle	\$ -0-	\$ n/a
Credit card(s)	\$ -0-	\$ n/a
Department store(s)	\$ -0-	\$ n/a
Other: n/a	\$ n/a	\$ n/a
Alimony, maintenance, and support paid to others	\$ -0-	\$ n/a
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ -0-	\$ n/a
Other (specify): n/a	\$ n/a	\$ n/a
Total monthly expenses:	\$ 28.00	\$ 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? n/a

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

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? n/a

If yes, state the person'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 an inmate on Ohio's death row.

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

Executed on: November 8, 2018

Clifford D. Williams
(Signature)