

No. **18-8864**

ORIGINAL

IN THE
SUPREME COURT OF THE UNITED STATES

JOSEPH B.,
Petitioner,

Supreme Court, U.S.
FILED
FEB - 1 2019
OFFICE OF THE CLERK

v.

STATE OF NEBRASKA ON BEHALF OF
B.H., A MINOR CHILD, ET AL.,
Respondents.

ON PETITION FOR A WRIT OF CERTIORARI
TO THE NEBRASKA COURT OF APPEALS

MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

Joseph J. Buttercase - 76999
pro se Petitioner
Nebraska State Penitentiary
P.O. Box 22500
Lincoln, Nebraska 68542-2500
(402) 471-3161

RECEIVED
APR 16 2019
OFFICE OF THE CLERK
SUPREME COURT, U.S.

RECEIVED
FEB - 5 2019
OFFICE OF THE CLERK
SUPREME COURT, U.S.

IN THE
SUPREME COURT OF THE UNITED STATES

MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

Pursuant to Rule 39 of this Court, Petitioner Joseph J. Buttercase moves for leave to file the accompanying Petition for a Writ of Certiorari to the Nebraska Court of Appeals, without prepayment of fees or costs or giving security therefor, and to proceed in forma pauperis.

1. Petitioner sought and obtained leave to proceed with appeal in forma pauperis on August 29, 2017 by the district court of Otoe County, Nebraska.

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

CONCLUSION

Petitioner Joseph J. Buttercase respectfully requests leave to proceed in forma pauperis.

Respectfully Submitted,



JOSEPH J. BUTTERCASE - 76999
Nebraska State Penitentiary
P.O. Box 22500
Lincoln, Nebraska 68542-2500
(402) 471-3161

Date: January 31, 2019

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

I, Joseph J. Buttercase, 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	\$ 40.00	\$ N/A	\$ 40.00	\$ N/A
Self-employment	\$ 0.00	\$ N/A	\$ 0.00	\$ N/A
Income from real property (such as rental income)	\$ 0.00	\$ N/A	\$ 0.00	\$ N/A
Interest and dividends	\$ 0.00	\$ N/A	\$ 0.00	\$ N/A
Gifts	\$ 0.00	\$ N/A	\$ 0.00	\$ N/A
Alimony	\$ 0.00	\$ N/A	\$ 0.00	\$ N/A
Child Support	\$ 0.00	\$ N/A	\$ 0.00	\$ N/A
Retirement (such as social security, pensions, annuities, insurance)	\$ 0.00	\$ N/A	\$ 0.00	\$ N/A
Disability (such as social security, insurance payments)	\$ 0.00	\$ N/A	\$ 0.00	\$ N/A
Unemployment payments	\$ 0.00	\$ N/A	\$ 0.00	\$ N/A
Public-assistance (such as welfare)	\$ 0.00	\$ N/A	\$ 0.00	\$ N/A
Other (specify): <u>None</u>	\$ 0.00	\$ N/A	\$ 0.00	\$ N/A
Total monthly income:	\$ 40.00	\$ N/A	\$ 40.00	\$ 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
Inmate Porter - Nebraska Dept. of Corrections	4201 S. 14th St. Lincoln, NE 68502	May, 2013 through Present	\$ 40.00 \$ \$

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? \$ 0.00
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
None N/A	\$ 0.00	\$ N/A
	\$	\$
	\$	\$

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 N/A Value None	<input type="checkbox"/> Other real estate N/A Value None
<input type="checkbox"/> Motor Vehicle #1 N/A Year, make & model None Value None	<input type="checkbox"/> Motor Vehicle #2 N/A Year, make & model None Value None
<input type="checkbox"/> Other assets N/A Description None Value None	

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 0.00	\$ 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	\$ 0.00	\$ N/A
Life	\$ 0.00	\$ N/A
Health	\$ 0.00	\$ N/A
Motor Vehicle	\$ 0.00	\$ N/A
Other: <u>None</u>	\$ 0.00	\$ N/A
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>None</u>	\$ 0.00	\$ N/A
Installment payments		
Motor Vehicle	\$ 0.00	\$ N/A
Credit card(s)	\$ 0.00	\$ N/A
Department store(s)	\$ 0.00	\$ N/A
Other: <u>None</u>	\$ 0.00	\$ N/A
Alimony, maintenance, and support paid to others	\$ 40.00	\$ N/A
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0.00	\$ N/A
Other (specify): <u>Hygiene, Postage/Copies, & Inmate Calling time.</u>	\$ 30.00	\$ N/A
Total monthly expenses:	\$ 70.00	\$ 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
None	\$ 0.00	\$ N/A
None	\$ 0.00	\$ N/A
None	\$ 0.00	\$ N/A

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

Name	Relationship	Age
M.P.	Daughter	10
B.H.	Daughter	7

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

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: N/A

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

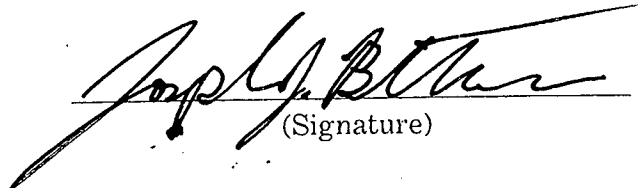
If yes, state the person's name, address, and telephone number: N/A

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

Petitioner, Joseph J. Buttercase, is currently incarcerated at the Nebraska State Penitentiary with a tentative release date of 2032. Petitioner's only income is from his prison job which amounts to only \$20.00 per month after the two child support orders and mandatory 05% Release Savings deductions. The Petitioner's living expenses wholly absorbs his income, and he has no assets.

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

Executed on: January 31, 2019


(Signature)