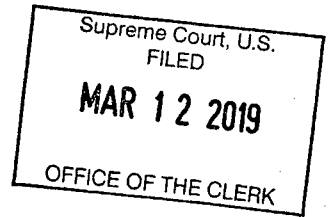


18-9112

No. _____

ORIGINAL

IN THE
SUPREME COURT OF THE UNITED STATES



Daniel Bronson — PETITIONER
(Your Name)

VS.

Warden, Warren Correctional Inst. — 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):

The United States District Court

☐ 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: _____, or

☐ a copy of the order of appointment is appended.

Daniel Bronson
(Signature)

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

I, Daniel Bronson, 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</u> | \$ <u>0</u> | \$ <u>0</u> | \$ <u>0</u> |
| Self-employment | \$ <u>0</u> | \$ <u>0</u> | \$ <u>0</u> | \$ <u>0</u> |
| Income from real property (such as rental income) | \$ <u>0</u> | \$ <u>0</u> | \$ <u>0</u> | \$ <u>0</u> |
| Interest and dividends | \$ <u>0</u> | \$ <u>0</u> | \$ <u>0</u> | \$ <u>0</u> |
| Gifts | \$ <u>0</u> | \$ <u>0</u> | \$ <u>0</u> | \$ <u>0</u> |
| Alimony | \$ <u>0</u> | \$ <u>0</u> | \$ <u>0</u> | \$ <u>0</u> |
| Child Support | \$ <u>0</u> | \$ <u>0</u> | \$ <u>0</u> | \$ <u>0</u> |
| Retirement (such as social security, pensions, annuities, insurance) | \$ <u>0</u> | \$ <u>0</u> | \$ <u>0</u> | \$ <u>0</u> |
| Disability (such as social security, insurance payments) | \$ <u>0</u> | \$ <u>0</u> | \$ <u>0</u> | \$ <u>0</u> |
| Unemployment payments | \$ <u>0</u> | \$ <u>0</u> | \$ <u>0</u> | \$ <u>0</u> |
| Public-assistance (such as welfare) | \$ <u>0</u> | \$ <u>0</u> | \$ <u>0</u> | \$ <u>0</u> |
| Other (specify): <u>0</u> | \$ <u>0</u> | \$ <u>0</u> | \$ <u>0</u> | \$ <u>0</u> |
| Total monthly income: | \$ <u>0</u> | \$ <u>0</u> | \$ <u>0</u> | \$ <u>0</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 |
|-------------|-------------|---------------------|-------------------|
| <u>None</u> | <u>None</u> | <u>None</u> | \$ <u>None</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>None</u> | <u>None</u> | <u>None</u> | \$ <u>None</u> |
| _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ |

4. How much cash do you and your spouse have? \$ _____
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>None</u> | \$ _____ | \$ _____ |
| _____ | \$ <u>None</u> | \$ <u>None</u> |
| _____ | \$ _____ | \$ _____ |

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

☐ Home
Value Ø

☐ Other real estate
Value Ø

☐ Motor Vehicle #1
Year, make & model Ø
Value _____

☐ Motor Vehicle #2
Year, make & model Ø
Value _____

☐ Other assets
Description Ø
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 |
|---------------------------------------|--------------------|----------------------------|
| _____ | \$ _____ | \$ _____ |
| <u>N/A</u> | \$ <u>N/A</u> | \$ <u>N/A</u> |
| _____ | \$ _____ | \$ _____ |

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 |
|------------|--------------|------------|
| _____ | _____ | _____ |
| <u>N/A</u> | <u>N/A</u> | <u>N/A</u> |
| _____ | _____ | _____ |

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) | \$ <u>Ø</u> | \$ <u>Ø</u> |
| 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 | | |
| Utilities (electricity, heating fuel, water, sewer, and telephone) | \$ <u>Ø</u> | \$ <u>Ø</u> |
| Home maintenance (repairs and upkeep) | \$ <u>Ø</u> | \$ <u>Ø</u> |
| Food | \$ <u>Ø</u> | \$ <u>Ø</u> |
| Clothing | \$ <u>Ø</u> | \$ <u>Ø</u> |
| Laundry and dry-cleaning | \$ <u>Ø</u> | \$ <u>Ø</u> |
| Medical and dental expenses | \$ <u>Ø</u> | \$ <u>Ø</u> |

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

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? _____

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? _____

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.

Petitioner is currently indigent

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

Executed on: April 17, 2019

Daniel Bronson

(Signature)

04/03/2019

London Correctional Institution

Inmate Demand Statement

Inmate Name: BRONSON, DANIEL

Number: A688443

Lock Location: LoCI,C,2,,,158T

Date Range: 10/01/2018 Through

04/04/2019

Beginning Account Balances:

Ending Account Balances:

| | Saving | Debt | Payable | | Saving | Debt | Payable |
|---------------------|---------------|-------------------|---------------|-------------------|---------------|-------------------|---------------|
| Court Costs | \$0.00 | (\$419.30) | \$0.00 | Court Costs | \$0.00 | (\$416.22) | \$0.00 |
| AR5120 - Exe | \$0.66 | \$0.00 | \$0.00 | AR5120 - Exemptio | \$0.38 | \$0.00 | \$0.00 |
| Begin Totals | \$0.66 | (\$419.30) | \$0.00 | End Totals | \$0.38 | (\$416.22) | \$0.00 |

| Transaction Date / Inst. | Transaction Amount | Description | Comment | Saving Balance | Debt Balance | Payable Balance |
|--------------------------|--------------------|--|-----------------------------|----------------|--------------|-----------------|
| 10/01/2018 | | \$15.00 Reservation to Pos Exemption | OdrC Pos Exemption | \$0.66 | (\$419.30) | \$0.00 |
| LoCI | | | | | | |
| 10/01/2018 | | \$9.34 Reservation to AR5120 - Exemption | AR5120 Additional Exemption | \$0.66 | (\$419.30) | \$0.00 |
| LoCI | | | | | | |
| 10/05/2018 | (\$0.42) | Postage Charges (USPS) | COURT OF APPEALS | \$0.24 | (\$419.30) | \$0.00 |
| LoCI | | | | | | |
| 10/05/2018 | \$18.00 | State Pay Advanced | WCI Advance State Pay | \$18.24 | (\$419.30) | \$0.00 |
| LoCI | | | | | | |
| 10/09/2018 | (\$2.00) | Commissary Sale | Ticket Number 734006 | \$16.24 | (\$419.30) | \$0.00 |
| LoCI | | | | | | |
| 10/19/2018 | (\$15.74) | Commissary Sale | Ticket Number 735997 | \$0.50 | (\$419.30) | \$0.00 |
| LoCI | | | | | | |
| 11/01/2018 | | \$15.00 Reservation to Pos Exemption | OdrC Pos Exemption | \$0.50 | (\$419.30) | \$0.00 |
| LoCI | | | | | | |
| 11/01/2018 | | \$9.50 Reservation to AR5120 - Exemption | AR5120 Additional Exemption | \$0.50 | (\$419.30) | \$0.00 |
| LoCI | | | | | | |
| 11/01/2018 | (\$0.46) | Commissary Sale | Ticket Number 737081 | \$0.04 | (\$419.30) | \$0.00 |
| LoCI | | | | | | |
| 11/09/2018 | \$18.00 | State Pay | State Pay | \$18.04 | (\$419.30) | \$0.00 |
| LoCI | | | | | | |
| 11/23/2018 | (\$17.96) | Commissary Sale | Ticket Number 740970 | \$0.08 | (\$419.30) | \$0.00 |
| LoCI | | | | | | |
| 12/01/2018 | | \$15.00 Reservation to Pos Exemption | OdrC Pos Exemption | \$0.08 | (\$419.30) | \$0.00 |
| LoCI | | | | | | |

| | | | | | |
|------------|---|-----------------------------|---------|------------|--------|
| 12/01/2018 | \$9.92 Reservation to AR5120 - Exemption | AR5120 Additional Exemption | \$0.08 | (\$419.30) | \$0.00 |
| LoCI | | | | | |
| 12/07/2018 | \$10.00 Incentive Pay | FOOD SERVICE INCENTIVE PAY | \$10.08 | (\$419.30) | \$0.00 |
| LoCI | | | | | |
| 12/07/2018 | \$18.00 State Pay | State Pay | \$25.00 | (\$416.22) | \$3.08 |
| LoCI | | | | | |
| 12/11/2018 | (\$3.08) Payment to HAMILTON COUNTY CLERK OF COURTS | PMTS 11/2018 | \$25.00 | (\$416.22) | \$0.00 |
| LoCI | | | | | |
| 12/20/2018 | (\$24.95) Commissary Sale | Ticket Number 745884 | \$0.05 | (\$416.22) | \$0.00 |
| LoCI | | | | | |
| 01/01/2019 | \$15.00 Reservation to Pos Exemption | OdrC Pos Exemption | \$0.05 | (\$416.22) | \$0.00 |
| LoCI | | | | | |
| 01/01/2019 | \$9.95 Reservation to AR5120 - Exemption | AR5120 Additional Exemption | \$0.05 | (\$416.22) | \$0.00 |
| LoCI | | | | | |
| 01/04/2019 | \$18.00 State Pay | State Pay | \$18.05 | (\$416.22) | \$0.00 |
| LoCI | | | | | |
| 01/17/2019 | (\$17.91) Commissary Sale | Ticket Number 751087 | \$0.14 | (\$416.22) | \$0.00 |
| LoCI | | | | | |
| 02/01/2019 | \$15.00 Reservation to Pos Exemption | OdrC Pos Exemption | \$0.14 | (\$416.22) | \$0.00 |
| LoCI | | | | | |
| 02/01/2019 | \$9.86 Reservation to AR5120 - Exemption | AR5120 Additional Exemption | \$0.14 | (\$416.22) | \$0.00 |
| LoCI | | | | | |
| 02/08/2019 | \$18.00 State Pay | State Pay | \$18.14 | (\$416.22) | \$0.00 |
| LoCI | | | | | |
| 02/20/2019 | (\$15.08) Commissary Sale | Ticket Number 756689 | \$3.06 | (\$416.22) | \$0.00 |
| LoCI | | | | | |
| 02/21/2019 | (\$2.50) RIB - With Cash Slip Signature | REPLACEMENT COST | \$3.06 | (\$418.72) | \$0.00 |
| LoCI | | | | | |
| 02/27/2019 | (\$2.76) Commissary Sale | Ticket Number 757477 | \$0.30 | (\$418.72) | \$0.00 |
| LoCI | | | | | |
| 03/01/2019 | \$15.00 Reservation to Pos Exemption | OdrC Pos Exemption | \$0.30 | (\$418.72) | \$0.00 |
| LoCI | | | | | |
| 03/01/2019 | \$9.70 Reservation to AR5120 - Exemption | AR5120 Additional Exemption | \$0.30 | (\$418.72) | \$0.00 |
| LoCI | | | | | |

| | | | | | |
|------------|---|--------------------------------|---------|------------|--------|
| 03/08/2019 | \$18.00 State Pay | State Pay | \$15.80 | (\$416.22) | \$2.50 |
| LoCI | | | | | |
| 03/08/2019 | (\$2.50) Payment to Offender Financial Responsibility Fund | RIB YES FEB 2019 | \$15.80 | (\$416.22) | \$0.00 |
| LoCI | | | | | |
| 03/12/2019 | (\$0.48) Postage Charges (USPS) | | \$15.32 | (\$416.22) | \$0.00 |
| LoCI | | | | | |
| 03/12/2019 | \$0.48 Reversed Postage Charges (USPS) | Reversed Task No. 66993906 | \$15.80 | (\$416.22) | \$0.00 |
| LoCI | | | | | |
| 03/12/2019 | (\$0.45) Postage Charges (USPS) | | \$15.35 | (\$416.22) | \$0.00 |
| LoCI | | | | | |
| 03/19/2019 | (\$14.97) Commissary Sale | Ticket Number 760881 | \$0.38 | (\$416.22) | \$0.00 |
| LoCI | | | | | |
| 04/01/2019 | \$15.00 Reservation to Pos Exemption | OdrC Pos Exemption | \$0.38 | (\$416.22) | \$0.00 |
| LoCI | | | | | |
| 04/01/2019 | \$9.62 Reservation to AR5120 - Exemption | AR5120 Additional Exemption | \$0.38 | (\$416.22) | \$0.00 |
| LoCI | | | | | |

Outstanding Debts:

| Start Date | Description | Case | Agency | County | Total Debt | Paid to Date | Balance Owed |
|--|---------------------------------------|--------------------------------|---|--------|-------------------|--------------|--------------|
| 01/16/2014 | Court Costs | B1302369 | HAMILTON COUNTY CLERK OF COURTS | | (\$421.00) | \$4.78 | (\$416.22) |
| 02/21/2019 | RIB - With Cash Slip Signature | LOCI 19- 000579 | Aramark / Offender Financial Responsibility Fund | | (\$2.50) | \$0.00 | (\$2.50) |
| 10/28/2013 | State Clothing/Property | | Treasurer of State of Ohio | | (\$13.85) | \$13.85 | \$0.00 |
| 01/18/2017 | Federal Filing Fee Initial Partial | 1:16-cv-1111 | CLERK, U.S. DISTRICT COURT | | (\$2.40) | \$2.40 | \$0.00 |
| 11/04/2013 | RIB - No Cash Slip Signature | NCI1300868 7 | Offender Financial Responsibility Fund - Treasurer of State | | (\$3.96) | \$3.96 | \$0.00 |
| 08/04/2014 | RIB - No Cash Slip Signature | NCI1400691 6 | Offender Financial Responsibility Fund - Treasurer of State | | (\$1.80) | \$1.80 | \$0.00 |
| 02/29/2016 | RIB - No Cash Slip Signature | WCI - CAUDILL - 2/3/2016 | Offender Financial Responsibility Fund - Treasurer of State | | (\$3.50) | \$3.50 | \$0.00 |
| 10/16/2015 | RIB - No Cash Slip Signature | WCI-15- 007064 | Offender Financial Responsibility Fund - Treasurer of State | | (\$132.50) | \$132.50 | \$0.00 |
| Total Outstanding Case Balances | | | | | (\$418.72) | | |

Outstanding Holds:

| Start Date | Description | Case | Agency | County | Total Debt | Paid to Date | Balance Owed |
|------------|-------------|------|--------|--------|------------|--------------|--------------|
|------------|-------------|------|--------|--------|------------|--------------|--------------|

| | |
|-------------------------------------|---------------|
| Total Outstanding Case Holds | \$0.00 |
|-------------------------------------|---------------|

Outstanding Investments / EPC:

| Investment Type | Investment Type Description | Invest Company | Company Description | Balance |
|-----------------|-----------------------------|----------------|---------------------|---------|
|-----------------|-----------------------------|----------------|---------------------|---------|