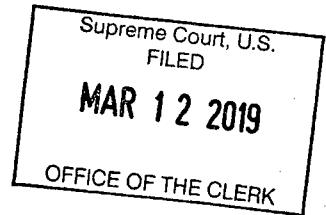


18-9112

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><i>0</i></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
None	None	None	\$ None
			\$
			\$

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
None	None	None	\$ None
			\$
			\$

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
None	\$ None	\$ None
	\$	\$
	\$	\$

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

Home
Value ∅

Other real estate
Value ∅

Motor Vehicle #1
Year, make & model ∅
Value _____

Motor Vehicle #2
Year, make & model ∅
Value _____

Other assets
Description ∅
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	\$ 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)	\$ <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 19, 2019

Daniel Bronsom
(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:

	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	NCI13008687	Offender Financial Responsibility Fund - Treasurer of State		(\$3.96)	\$3.96	\$0.00
08/04/2014	RIB - No Cash Slip Signature	NCI14006916	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
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Outstanding Investments / EPC:

Investment Type	Investment Type Description	Invest Company	Company Description	Balance