

No. 18-9257

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IN THE

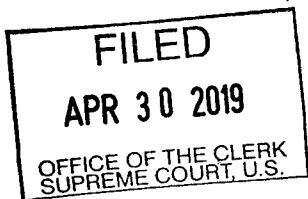
SUPREME COURT OF THE UNITED STATES

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Lonnie Rarden - PETITIONER

vs,

STATE OF OHIO - RESPONDENT(S)

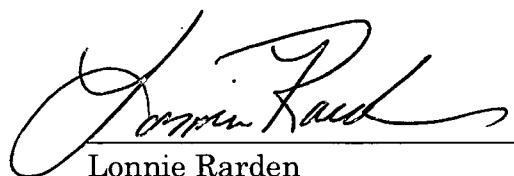


**MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS***

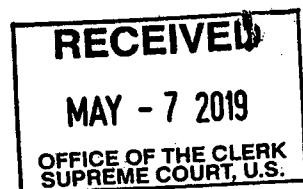
The petitioner asks leave to file the attached petition for a writ of certiorari without pre-payment of cost and to proceed in forma pauperis.

Petitioner has previously been granted leave to proceed in forma pauperis in the following courts: Petitioner has never been granted leave to proceed in forma pauperis in any court.

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



\_\_\_\_\_  
Lonnie Rarden



No. \_\_\_\_\_

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IN THE  
**SUPREME COURT OF THE UNITED STATES**

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LONNIE RARDEN  
PETITIONER

VS.

STATE OF OHIO  
RESPONDENT(S)

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**MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPER***

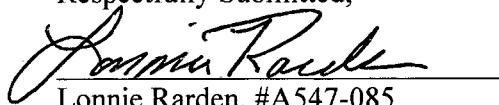
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The petitioner asks leave to file the attached petition for a writ of certiorari without pre-payment of the costs and to proceed *in forma pauperis*.

The Petitioner has previously been granted leave to proceed in forma pauperis in the following court(s): Butler County (Ohio) Court of Common Pleas, Twelfth Appellate District Court of Appeals for Butler County (Ohio) and The Supreme Court of Ohio.

The Partitioner's affidavit or declaration in support of this motion is attached hereto.

Respectfully Submitted,



Lonnie Rarden, #A547-085

Ohio Department of Rehabilitation and Correction  
c/o: London Correctional Institution  
P.O. Box 69  
London, Ohio 43140

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

I, Lonnie Rarden, 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 cost 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 amount, that is, amounts before any deduction for taxes or otherwise.

<b>Income Source</b>	<b>Average monthly amount during the past 12 months</b>		<b>Amount expected next month</b>	
	<b>You</b>	<b>Spouse</b>	<b>You</b>	<b>Spouse</b>
<b>Employment</b>	\$20.00	N/A	\$20.00	N/A
<b>Self-Employment</b>	\$0.00	N/A	\$0.00	N/A
<b>Income from Real Property</b>	\$0.00	N/A	\$0.00	N/A
<b>Interest and dividends</b>	\$0.00	N/A	\$0.00	N/A
<b>Gifts</b>	\$0.00	N/A	\$0.00	N/A
<b>Alimony</b>	\$0.00	N/A	\$0.00	N/A
<b>Child Support</b>	\$0.00	N/A	\$0.00	N/A
<b>Retirement</b>	\$0.00	N/A	\$0.00	N/A
<b>Disability</b>	\$0.00	N/A	\$0.00	N/A
<b>Unemployment</b>	\$0.00	N/A	\$0.00	N/A
<b>Public Assistance</b>	\$0.00	N/A	\$0.00	N/A
<b>Other</b>	\$0.00	N/A	\$0.00	N/A
<b>Total Monthly Income:</b>	\$20.00	N/A	\$20.00	N/A

2. List your employment history for the past two years, most recent first: (Gross monthly pay is before taxes or other deductions.)

**NA – Petitioner is incarcerated and has been since 2006.**

3. List your spouse's employment history for the past two years, most recent first: (Gross monthly pay is before taxes or other deductions.)

**NA – Petitioner is NOT married.**

<b>Other</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Taxes:</b>		
<b>(Specify):</b> _____	<b>\$0.00</b>	<b>\$0.00</b>
<b>Installment Payments</b>		
<b>Motor Vehicle</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Credit Card(s)</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Department Store(s)</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Other:</b> _____	<b>\$0.00</b>	<b>\$0.00</b>
<b>Alimony, Maintenance and Support Paid to Others</b>	<b>\$4.50</b>	<b>\$0.00</b>
<b>Regular Expenses for Operation of Business, Profession or Farm</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Other (specify):</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Total Monthly Expenses:</b>	<b>\$4.50</b>	<b>\$0.00</b>

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

**NO**

10. Have you paid – or will you be paying – an attorney money for services in connection with this case, including the completing of this form?

**NO**

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 completing of this form?

**NO**

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

**The Petitioner is incarcerated.**

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

Executed on: April 29<sup>th</sup>, 2019

  
Signature

4. How much cash do you and your spouse have? **\$0.00**.

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

<b>Financial Institution</b>	<b>Type of Account</b>	<b>Amount you Have</b>	<b>Amount Your Spouse Have</b>
N/A	N/A	N/A	N/A

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

**N/A – Petitioner has NO assets, such as a home, other real estate or motor vehicles.**

6. State every person, business, or organizations own you or your spouse money, and the amount owed.

**N/A – Petitioner has NO person, business, or organizations owing any monies**

7. State the person(s) who rely on you or your spouse for support.

**None**

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

<b>Item</b>	<b>You</b>	<b>Your Spouse</b>
<b>Rent or Home-Mortgage Payments</b>	\$0.00	\$0.00
<b>Utilities</b>	\$0.00	\$0.00
<b>Home Maintenance</b>	\$0.00	\$0.00
<b>Food</b>	\$0.00	\$0.00
<b>Clothing</b>	\$0.00	\$0.00
<b>Laundry &amp; Dry Cleaning</b>	\$0.00	\$0.00
<b>Medical &amp; Dental Expenses</b>	\$0.00	\$0.00
<b>Transportation</b>	\$0.00	\$0.00
<b>Recreation</b>	\$0.00	\$0.00
<b>Insurance:</b>		
<b>Life</b>	\$0.00	\$0.00
<b>Health</b>	\$0.00	\$0.00
<b>Motor Vehicle</b>	\$0.00	\$0.00