

No. 18-9754

ORIGINAL

Supreme Court, U.S.
FILED

MAY 14 2019

OFFICE OF THE CLERK

IN THE SUPREME COURT OF THE UNITED STATES

Daniel Teitelbaum -- PETITIONER
(Your Name)

VS.

Warden Neil Turner -- 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):

US Court of Appeals for the Sixth Circuit
US District Court Southern Dist of Ohio Eastern Div.

☐ 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 appointment is appended.

Daniel Teitelbaum

(Signature)

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JUN 18 2019

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SUPREME COURT, U.S.

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MAY 21 2019

OFFICE OF THE CLERK
SUPREME COURT, U.S.

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

I, Daniel Teitelbaum, 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>21.00</u>	\$ <u>0</u>	\$ <u>21.00</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>25.00</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>
Total monthly income:	\$ <u>21.00</u>	\$ <u>0</u>	\$ <u>21.00</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
N/A			\$
			\$
			\$

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
			\$
			\$
			\$

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
	\$ 0	\$ 0
	\$	\$
	\$	\$

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 0	<input type="checkbox"/> Other real estate Value 0
<input type="checkbox"/> Motor Vehicle #1 Year, make & model Value 0	<input type="checkbox"/> Motor Vehicle #2 Year, make & model Value
<input type="checkbox"/> Other assets Description Value 0	

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>0</u>	\$ <u>0</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>	_____	_____
_____	_____	_____
_____	_____	_____

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>N/A</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)	\$ _____	\$ _____
Home maintenance (repairs and upkeep)	\$ _____	\$ _____
Food	\$ _____	\$ _____
Clothing	\$ _____	\$ _____
Laundry and dry-cleaning	\$ _____	\$ _____
Medical and dental expenses	\$ _____	\$ _____

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

I am incarcerated. I earn \$21.00 /month.

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

Executed on: _____ *June 5* _____, 20 *19*

Dan Titeen

(Signature)

Have the institution fill out the Certificate portion of this affidavit and attach a certified copy of your prison trust fund account statement from the institution(s) of your incarceration showing at least the past six months' transactions.

CERTIFICATE

(To be completed by the institution of incarceration)

I certify that the applicant named herein has the sum of \$ 203⁶⁵ on account to his/her credit at (name of institution) North Central Correctional. I further certify that during the past six months the applicant's average monthly balance was \$ 161²⁶ and the applicant's average monthly deposits were \$ 33³³. I have attached a certified copy of applicant's prison trust fund account statement showing at least the past six months' transactions.

I further certify that the applicant does/does not have a secondary savings account(s), such as a certificate of deposit or savings bond. The secondary account(s) balance is \$ zero.

June 5, 2019
DATE

Rose West
SIGNATURE OF AUTHORIZED OFFICER

06/05/2019

MTC

Inmate Demand Statement

"I CERTIFY THIS DOCUMENT IS A TRUE AND
ACCURATE ACCOUNT OF THE INMATE'S
FINANCIAL RECORD ON FILE IN MY OFFICE."

Rose West 6.5.19
ACCOUNT CLERK Number: A699663
CASHIER'S OFFICE

Inmate Name: TEITELBAUM, DANIEL

Lock Location: NCCC,CR,B,,,0020

Date Range: 12/05/2018 Through

06/06/2019

Beginning Account Balances:

	Saving	Debt	Payable
Death Benefits	\$229.63	\$0.00	\$0.00
Pos Exemption	\$15.00	\$0.00	\$0.00
Inmate's Perso	\$62.26	\$0.00	\$0.00
Begin Totals	\$306.89	\$0.00	\$0.00

Ending Account Balances:

	Saving	Debt	Payable
Death Benefits	\$30.58	\$0.00	\$0.00
Pos Exemption	\$15.00	\$0.00	\$0.00
Inmate's Personal	\$158.07	\$0.00	\$0.00
End Totals	\$203.65	\$0.00	\$0.00

Transaction Date / Inst.	Transaction Amount	Description	Comment	Saving Balance	Debt Balance	Payable Balance
12/05/2018	(\$7.99)	Commissary Sale	Ticket Number 364942	\$298.90	\$0.00	\$0.00
NCCC						
12/07/2018	\$21.00	State Pay	State Pay	\$319.90	\$0.00	\$0.00
NCCC						
12/07/2018	(\$1.00)	Electronics Usage Charge	Electronic Usage Charge	\$318.90	\$0.00	\$1.00
NCCC						
12/13/2018	(\$43.78)	Commissary Sale	Ticket Number 366134	\$275.12	\$0.00	\$1.00
NCCC						
12/27/2018	(\$28.12)	Commissary Sale	Ticket Number 368351	\$247.00	\$0.00	\$1.00
NCCC						
01/01/2019	(\$15.00)	Inmate's Personal Account	POS Exemption Transfer	\$232.00	\$0.00	\$1.00
NCCC						
01/01/2019	\$15.00	Pos Exemption	POS Exemption Transfer	\$247.00	\$0.00	\$1.00
NCCC						
01/02/2019	(\$1.00)	Payment to MTC	December 2018 - electronic fee	\$247.00	\$0.00	\$0.00
NCCC						
01/03/2019	(\$30.00)	Commissary Sale	Ticket Number 369441	\$217.00	\$0.00	\$0.00
NCCC						
01/04/2019	\$21.00	State Pay	State Pay	\$238.00	\$0.00	\$0.00
NCCC						
01/04/2019	(\$1.00)	Electronics Usage Charge	Electronic Usage Charge	\$237.00	\$0.00	\$1.00
NCCC						
01/09/2019	(\$18.48)	Commissary Sale	Ticket Number 370671	\$218.52	\$0.00	\$1.00
NCCC						

01/23/2019	(\$3.52) Postage Charges (USPS)	franklin county court of common pleas	\$215.00	\$0.00	\$1.00
NCCC					
01/23/2019	(\$3.31) Postage Charges (USPS)	steven taylor #0043876	\$211.69	\$0.00	\$1.00
NCCC					
01/24/2019	(\$17.36) Commissary Sale	Ticket Number 372716	\$194.33	\$0.00	\$1.00
NCCC					
02/01/2019	(\$15.00) Death Benefits	POS Exemption Transfer	\$179.33	\$0.00	\$1.00
NCCC					
02/01/2019	\$15.00 Pos Exemption	POS Exemption Transfer	\$194.33	\$0.00	\$1.00
NCCC					
02/01/2019	(\$1.00) Payment to MTC	Jan 2019 - electronic fee	\$194.33	\$0.00	\$0.00
NCCC					
02/06/2019	(\$21.39) Commissary Sale	Ticket Number 374783	\$172.94	\$0.00	\$0.00
NCCC					
02/08/2019	\$21.00 State Pay	State Pay	\$193.94	\$0.00	\$0.00
NCCC					
02/08/2019	(\$1.00) Electronics Usage Charge	Electronic Usage Charge	\$192.94	\$0.00	\$1.00
NCCC					
02/14/2019	(\$31.82) Commissary Sale	Ticket Number 376056	\$161.12	\$0.00	\$1.00
NCCC					
02/28/2019	(\$35.09) Commissary Sale	Ticket Number 378236	\$126.03	\$0.00	\$1.00
NCCC					
03/01/2019	(\$15.00) Death Benefits	POS Exemption Transfer	\$111.03	\$0.00	\$1.00
NCCC					
03/01/2019	\$15.00 Pos Exemption	POS Exemption Transfer	\$126.03	\$0.00	\$1.00
NCCC					
03/01/2019	(\$1.00) Payment to MTC	February 2019 - electronics	\$126.03	\$0.00	\$0.00
NCCC					
03/08/2019	\$21.00 State Pay	State Pay	\$147.03	\$0.00	\$0.00
NCCC					
03/08/2019	(\$1.00) Electronics Usage Charge	Electronic Usage Charge	\$146.03	\$0.00	\$1.00
NCCC					
03/14/2019	(\$14.00) Commissary Sale	Ticket Number 380684	\$132.03	\$0.00	\$1.00
NCCC					
03/28/2019	(\$25.74) Commissary Sale	Ticket Number 382881	\$106.29	\$0.00	\$1.00
NCCC					
04/01/2019	(\$15.00) Death Benefits	POS Exemption Transfer	\$91.29	\$0.00	\$1.00
NCCC					

04/01/2019	\$15.00 Pos Exemption	POS Exemption Transfer	\$106.29	\$0.00	\$1.00
NCCC					
04/01/2019	(\$1.00) Payment to MTC	March, 2019 - electronics	\$106.29	\$0.00	\$0.00
NCCC					
04/05/2019	\$21.00 State Pay	State Pay	\$127.29	\$0.00	\$0.00
NCCC					
04/05/2019	(\$1.00) Electronics Usage Charge	Electronic Usage Charge	\$126.29	\$0.00	\$1.00
NCCC					
04/08/2019	(\$7.35) Postage Charges (USPS)	franklin county clerk of courts, 10th appeal division	\$118.94	\$0.00	\$1.00
NCCC					
04/08/2019	(\$1.60) Postage Charges (USPS)	steven l taylor #0043876	\$117.34	\$0.00	\$1.00
NCCC					
04/11/2019	(\$17.98) Commissary Sale	Ticket Number 384988	\$99.36	\$0.00	\$1.00
NCCC					
04/17/2019	(\$7.35) Postage Charges (USPS)	franklin county clerk of courts	\$92.01	\$0.00	\$1.00
NCCC					
04/18/2019	(\$1.60) Postage Charges (USPS)	steven l taylor #0043876	\$90.41	\$0.00	\$1.00
NCCC					
04/25/2019	(\$35.38) Commissary Sale	Ticket Number 387086	\$55.03	\$0.00	\$1.00
NCCC					
05/01/2019	(\$15.00) Death Benefits	POS Exemption Transfer	\$40.03	\$0.00	\$1.00
NCCC					
05/01/2019	\$15.00 Pos Exemption	POS Exemption Transfer	\$55.03	\$0.00	\$1.00
NCCC					
05/01/2019	(\$1.00) Payment to MTC	April, 2019 - electronics	\$55.03	\$0.00	\$0.00
NCCC					
05/03/2019	\$21.00 State Pay	State Pay	\$76.03	\$0.00	\$0.00
NCCC					
05/03/2019	(\$1.00) Electronics Usage Charge	Electronic Usage Charge	\$75.03	\$0.00	\$1.00
NCCC					
05/06/2019	(\$1.00) Payment to Treasurer, State of Ohio	May, 2019 Electronic Fees	\$75.03	\$0.00	\$0.00
NCCC					
05/09/2019	(\$26.22) Commissary Sale	Ticket Number 389354	\$48.81	\$0.00	\$0.00
NCCC					
05/14/2019	(\$9.45) Postage Charges (USPS)	clerk of court, us dupreme court	\$39.36	\$0.00	\$0.00
NCCC					
05/14/2019	(\$2.20) Postage Charges (USPS)	stephanie watson	\$37.16	\$0.00	\$0.00

NCCC

05/25/2019	\$200.00 OffConnect Kiosk Deposit	7702751968185820449/Tei telbaum, David	\$237.16	\$0.00	\$0.00
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NCCC

05/30/2019	(\$33.51) Commissary Sale	Ticket Number 392735	\$203.65	\$0.00	\$0.00
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NCCC

06/01/2019	(\$15.00) Inmate's Personal Account	POS Exemption Transfer	\$188.65	\$0.00	\$0.00
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NCCC

06/01/2019	\$15.00 Pos Exemption	POS Exemption Transfer	\$203.65	\$0.00	\$0.00
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NCCC

Outstanding Debts:

Start Date	Description	Case	Agency	County	Total Debt	Paid to Date	Balance Owed
07/17/2014	Court Costs	11 CR 6440	FRANKLIN CO. CLERK OF COURTS		(\$13,041.98)	\$87.00	(\$12,954.98)
01/30/2017	Court Costs	16 AP 180	Franklin County Clerk of Courts		(\$50.00)	\$0.00	(\$50.00)
06/26/2017	Court Costs	17APA220	Franklin County Clerk of Courts		(\$37.00)	\$0.00	(\$37.00)
03/15/2018	Cash Slip (Specific Debt)	arts and crafts app. fee 2018	MTC		(\$10.00)	\$10.00	\$0.00
Total Outstanding Case Balances					(\$13,041.98)		

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
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