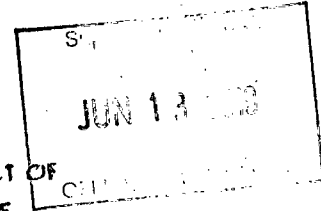


GETTUS L. MINTZ, 040014  
ASPC YUMA - CIBOLA, 7 B 32  
P. O. BOX 8709  
SAN LUIS, AZ 85349  
PETITIONER PRO SE

19-5018

ORIGINAL

IN THE  
SUPREME COURT OF THE UNITED STATES



GETTUS LEROY MINTZ,  
PETITIONER,  
v.  
CHARLES L. RYAN, DIRECTOR,  
ARIZONA DEPARTMENT OF CORRECTIONS,  
AND  
MARK BRNOVICH, ATTORNEY GENERAL,  
OF THE STATE OF ARIZONA.  
RESPONDENTS.

Nº

ON PETITION FOR A WRIT OF  
CERTIORARI TO THE  
UNITED STATES COURT OF APPEALS  
FOR THE NINTH CIRCUIT  
Nº 18-16883

MOTION TO PROCEED  
IN FORMA PAUPERIS

THE PETITIONER IN THE ABOVE ENCAPTIONED PETITION FOR A WRIT OF CERTIORARI HEREBY MOVES THIS COURT FOR LEAVE TO PROCEED IN FORMA PAUPERIS, PURSUANT TO SUPREME COURT RULES 39 AND 12.2, AS AN INMATE CONFINED AT THE INSTITUTION SHOWN ABOVE.

AN AFFIDAVIT IN SUPPORT HEREOF IS ATTACHED, AND IS DONE TO SEEK THE GRANT PROVIDED UNDER SUPREME COURT RULE 39.4 ALLOWING THE DOCKETING OF THE PETITION, AND FOR ITS ACCOMPANYING PAPERS, WITHOUT FEE.

WHEREFORE, THE PETITIONER PRAYS THAT THE COURT GRANT THIS MOTION, FOR LEAVE TO PROCEED IN FORMA PAUPERIS, AND TO FILE THE PETITION AND THIS MOTION.

I DECLARE PURSUANT TO 28 USC § 1746 THAT THE FOREGOING IS TRUE AND CORRECT, AND IS SUPPORTED BY A TRUE AND CORRECT COPY OF THE APPENDED AFFIDAVIT.

RESPECTFULLY SUBMITTED THIS 13<sup>th</sup> DAY OF JUNE, 2019.

*Gettus L. Mintz*  
13/ GETTUS L. MINTZ  
PETITIONER PRO SE

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

I, GETTUS L. MINTZ, 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>N/A</u>	\$ _____	\$ <u>N/A</u>
Self-employment	\$ <u>—</u>	\$ _____	\$ <u>—</u>	\$ _____
Income from real property (such as rental income)	\$ <u>—</u>	\$ _____	\$ <u>—</u>	\$ _____
Interest and dividends	\$ <u>—</u>	\$ _____	\$ <u>—</u>	\$ _____
Gifts	\$ <u>—</u>	\$ _____	\$ <u>—</u>	\$ _____
Alimony	\$ <u>—</u>	\$ _____	\$ <u>—</u>	\$ _____
Child Support	\$ <u>—</u>	\$ _____	\$ <u>—</u>	\$ _____
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>—</u>	\$ _____	\$ <u>—</u>	\$ _____
Disability (such as social security, insurance payments)	\$ <u>—</u>	\$ _____	\$ <u>—</u>	\$ _____
Unemployment payments	\$ <u>—</u>	\$ _____	\$ <u>—</u>	\$ _____
Public-assistance (such as welfare)	\$ <u>—</u>	\$ _____	\$ <u>—</u>	\$ _____
Other (specify): _____	\$ <u>—</u>	\$ _____	\$ <u>—</u>	\$ _____
Total monthly income:	\$ _____	\$ <u>N/A</u>	\$ _____	\$ <u>N/A</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
ASPC YUMA - CIBOLA	ASPC YUMA - CIBOLA P. O. BOX 8909 SAN LUIS, AZ 85349	IN CUSTODY SINCE 2009	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

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	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

4. How much cash do you and your spouse have? \$ 0  
Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial institution	Type of account	Amount you have	Amount your spouse has
N/A	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

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

☐ Home  
Value N/A

☐ Other real estate  
Value N/A

☐ Motor Vehicle #1  
Year, make & model N/A  
Value \_\_\_\_\_

☐ Motor Vehicle #2  
Year, make & model N/A  
Value \_\_\_\_\_

☐ Other assets  
Description N/A  
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	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

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

Name	Relationship	Age
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)	\$ 0	\$ N/A
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)	\$ 0	\$ _____
Home maintenance (repairs and upkeep)	\$ 0	\$ _____
Food	\$ 0	\$ _____
Clothing	\$ 0	\$ _____
Laundry and dry-cleaning	\$ 0	\$ _____
Medical and dental expenses	\$ 0	\$ _____

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

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? \_\_\_\_\_

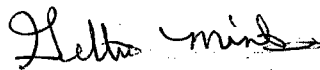
If yes, state the person's name, address, and telephone number:

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

I HAVE BEEN IMPRISONED FOR OVER 10 YEARS.

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

Executed on: \_\_\_\_\_ JUNE 13, 2019

  
/s/ GETTUS L. MINTZ

(Signature)