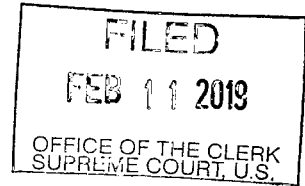


19-5065  
No.

ORIGINAL

IN THE  
SUPREME COURT OF THE UNITED STATES



CHESTER RAY CRANK — PETITIONER, *pro se*

vs.

STATE OF OHIO — RESPONDENT

MOTION 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*, and hereby requests waiver of said costs..

[ X ] Petitioner has been previously granted leave to proceed *in forma pauperis* in the following court(s):

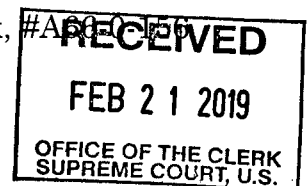
1. Petitioner was deemed indigent at trial in the Stark County Court of Common Pleas and had appointed counsel.
2. Petitioner's motion to proceed *in forma pauperis* was denied as moot by the Sixth Circuit Court of Appeals, who did not grant Petitioner a COA. *Crank v. Bracy*, 2018 U.S. App. LEXIS 32423.

[ ] 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.

Executed on FEBRUARY 4, 2019.

*Chester Ray Crank 660-1676*  
Chester Ray Crank, #A66076



19-5065 ORIGINAL

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

I, Chester Ray Crank, 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>	\$ <u>N/A</u>	\$ <u>N/A</u>
Self-employment	\$ <u>  </u>	\$ <u>  </u>	\$ <u>  </u>	\$ <u>  </u>
Income from real property (such as rental income)	\$ <u>  </u>	\$ <u>  </u>	\$ <u>  </u>	\$ <u>  </u>
Interest and dividends	\$ <u>  </u>	\$ <u>  </u>	\$ <u>  </u>	\$ <u>  </u>
Gifts	\$ <u>  </u>	\$ <u>  </u>	\$ <u>  </u>	\$ <u>  </u>
Alimony	\$ <u>  </u>	\$ <u>  </u>	\$ <u>  </u>	\$ <u>  </u>
Child Support	\$ <u>  </u>	\$ <u>  </u>	\$ <u>  </u>	\$ <u>  </u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>  </u>	\$ <u>  </u>	\$ <u>  </u>	\$ <u>  </u>
Disability (such as social security, insurance payments)	\$ <u>  </u>	\$ <u>  </u>	\$ <u>  </u>	\$ <u>  </u>
Unemployment payments	\$ <u>  </u>	\$ <u>  </u>	\$ <u>  </u>	\$ <u>  </u>
Public-assistance (such as welfare)	\$ <u>  </u>	\$ <u>  </u>	\$ <u>  </u>	\$ <u>  </u>
Other (specify): <u>  </u>	\$ <u>  </u>	\$ <u>  </u>	\$ <u>  </u>	\$ <u>  </u>
<b>Total monthly income:</b>	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>0</u>

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SUPREME COURT, U.S.

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			\$ 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
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.

<input type="checkbox"/> Home Value _____	<input type="checkbox"/> Other real estate Value _____
<input type="checkbox"/> Motor Vehicle #1 Year, make & model _____ Value _____	<input type="checkbox"/> Motor Vehicle #2 Year, make & model _____ Value _____
<input type="checkbox"/> Other assets Description <u>I have no assets or real property.</u> 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>                    </u>	\$ <u>                    </u>
<u>                    </u>	\$ <u>                    </u>	\$ <u>                    </u>
<u>                    </u>	\$ <u>                    </u>	\$ <u>                    </u>

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

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

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>N/A</u>	\$ <u>N/A</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>1</u>	\$ <u>1</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>1</u>	\$ <u>1</u>
Life	\$ <u>1</u>	\$ <u>1</u>
Health	\$ <u>1</u>	\$ <u>1</u>
Motor Vehicle	\$ <u>1</u>	\$ <u>1</u>
Other: _____	\$ <u>1</u>	\$ <u>1</u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ <u>1</u>	\$ <u>1</u>
Installment payments		
Motor Vehicle	\$ <u>1</u>	\$ <u>1</u>
Credit card(s)	\$ <u>1</u>	\$ <u>1</u>
Department store(s)	\$ <u>1</u>	\$ <u>1</u>
Other: _____	\$ <u>1</u>	\$ <u>1</u>
Alimony, maintenance, and support paid to others	\$ <u>1</u>	\$ <u>1</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>1</u>	\$ <u>1</u>
Other (specify): _____	\$ <u>1</u>	\$ <u>1</u>
<b>Total monthly expenses:</b>	\$ <u>0</u>	\$ <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 have no income. I am indigent. I only receive \$12.00 per month in state pay. I am required to purchase my own hygiene items, to include, but not limited to the following: Body soap, shampoo, doedorant, laundry detergent, toothpaste, toothbrush, dental floss, razors, basic medical needs, etc.

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

Executed on: FEBRUARY 4, 2019

Christ R. CL

(Signature)