

IN THE
SUPREME COURT OF THE UNITED STATES

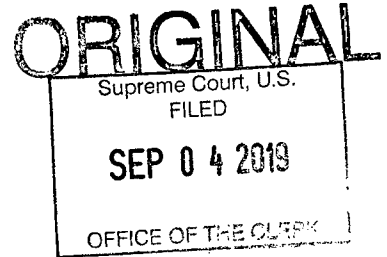
August 15, 2019

19-5847
No. _____

DENNIS WHITE, - PETITIONER,

Vs.

PEOPLE OF THE
STATE OF OHIO et al., - RESPONDENTS.



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*.

Pleas check the appropriate boxes:

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

- . The U.S District Court Southern District of Ohio, Eastern Division
- . The U.S. Court of Appeals for the Sixth Circuit

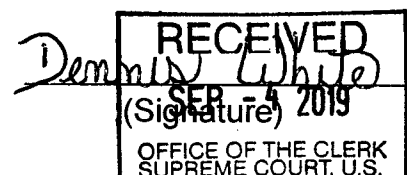
☐ Petitioner has not previously been granted leave to proceed *in forma pauperis* in any other court.

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

☐ Petitioner 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.



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

I, Dennis White, 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 source 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, amount before any deductions for taxes or otherwise.

Income source	Average monthly amount during the past 12 months		Amount expected month	
	You	Spouse	You	Spouse
Employment	\$19.00	\$0	\$19.00	\$0/a
Self-employment	\$ 0	\$0	\$0	\$0
Income from real property (such as rental income)	\$0	\$0	\$0	\$0
Interest and dividends	\$0	\$0	\$0	\$
Gifts	\$0	\$0	\$0	\$0
Alimony	\$0	\$0	\$0	\$0
Child support	\$0	\$0	\$0	\$0
Retirement (such as social security, pensions, annuities, insurance)	\$0	\$0	\$0	\$0
Disability (such as social security, insurance payments)	\$0	\$0	\$0	\$0
Unemployment payments	\$0	\$0	\$0	\$0
Public-assistance (such as welfare)	\$0	\$0	\$0	\$0
Other (specify):	\$0	\$0	\$0	\$0
Total monthly income:	\$19.00	\$0	\$19.00	\$0

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

Employer	Address	Date of employment	Gross month
Chillicothe correctional Inst.	PO. Box 5500	August 2015	\$19.00

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	Date of employment	Gross monthly pay
N/A	N/A	N/A	N/A

4. How much cash do you and your spouse have? \$19.00

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
Prison account	Trust account	\$ 19.00	\$19.00
		\$	\$
		\$	\$

If you are a prisoner seeking to appeal a judgment in a civil action or proceeding, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

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 \$ 0.00 ☐ Other real estate(Value) N/A \$ 0.00 ☐ Motor vehicle #1(Value)N/A

Make & year:

Model:

Registration #:

Motor vehicle #2(Value) N/A \$ 0.00 Other assets(Value)N/A Other assets(Value) N/A \$ 0.00

Make & Year:

Model:

Registration #:

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 s
NOON	\$0.00	\$0.00

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

Name [or, if under 18, initials only]	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, semiannually, or annually to show the monthly rate.

You Your spouse

	You	Your spouse
Other:	\$0	\$0
Alimony, maintenance, and support paid to others	\$0	\$0
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$0	\$0
Other (specify):	\$0	\$0
Total monthly expenses:	\$0	\$0

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 service in connection with this case, including the completion of this form? ☐ Yes ☒ 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 service in connection with this case, including the completion of this form?

☐ Yes

☒ No.

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

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

Executed on: Aug. 22, 2019, 2019.

Dennis White

(Signature)

NO. _____

IN THE
SUPREME COURT OF THE UNITED STATES

DENNIS WHITE - PETITIONER

VS.

PEOPLE OF THE
STATE OF OHIO et al - RESPONDENTS

DECLARATION IN SUPPORT OF MOTION TO PROCEED IN FORMA PAUPERIS PURSUANT TO
28 U.S.C. 1915(a)(2)

I, Dennis White, do hereby state that I am unable to pay the costs of this action for the following reasons:

1. I am the State of Ohio Prisoner at Chillicothe Correctional Institution, County of Ross, City of Chillicothe, State of Ohio, and I am without the necessary funds with which to pay the costs of this action;
2. I have no received money from business profession or form of self-employment, rent payment, interest, or dividends, pensions, annuities or life insurance payment, gifts or inheritance, any form of public assistance, or any other source within the past six months which can be proven through petitioner's trust inmate account statement attached by the Institution cashier office hereby;
3. I have no cash or money in checking or saving account except my prison account and I do not own any real estate, stock, bond notes automobiles or other valuable property; and I am truly indigent earning only 19.00 per month which covers my hygiene and overcounter medication;

Pursuant to 28 U.S.C. 1915(a)(2), I respectfully is requesting that the filing fee and security deposit if applicable to be waived.

SWORN TO OR AFFIRMED AND SUBSCRIBED IN MY PRESENCE THIS 15th DAY
OF August, 2019.

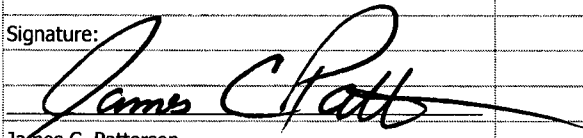
Dennis White
Petitioner- Dennis White

NOTARY PUBLIC

Sandra K. Furniss-Lindsey
MY COMMISSION EXPIRES: 04-04-2022



Sandra K. Furniss-Lindsey
Notary Public, State of Ohio
My Commission Expires 4-4-22

Description	Beginning	Ending	Amount
Resident Id: A718016			
Last Name: WHITE			
First Name: DENNIS			
Middle Name:			
Total Deposits	2/24/2019 12:00:00 AM	8/24/2019 12:00:00 AM	\$114.00
Average Monthly Deposits	2/24/2019 12:00:00 AM	8/24/2019 12:00:00 AM	\$19.00
Total 1st Day Balances	2/24/2019 12:00:00 AM	8/24/2019 12:00:00 AM	\$4.75
Average 1st Day Balances	2/24/2019 12:00:00 AM	8/24/2019 12:00:00 AM	\$0.79
Balance as of		8/24/2019 12:00:00 AM	\$6.46
Current Balance		8/24/2019 12:00:00 AM	\$6.46
FFF Initial Payment as of		8/24/2019 12:00:00 AM	\$3.80
Total Pay (State, OPI, Commission) Deposits	2/24/2019 12:00:00 AM	8/24/2019 12:00:00 AM	\$114.00
Average Total Pay Monthly Deposits	2/24/2019 12:00:00 AM	8/24/2019 12:00:00 AM	\$19.00
Total Commissary Expenditures	2/24/2019 12:00:00 AM	8/24/2019 12:00:00 AM	\$100.62
I certify this document is a true and accurate account of the inmate's financial record on file in my office.			
Signature:			
			
James C. Patterson			
Chillicothe Correctional Institution			
15802 St. Rt. 104 North			
Chillicothe OH 45601			

08/23/2019

Chillicothe Correctional Institution

Inmate Demand Statement

Inmate Name: WHITE, DENNIS

Number: A718016

Lock Location: CCI,C,C2,B,,171

Date Range: 02/23/2019 Through

08/24/2019

Beginning Account Balances:

	Saving	Debt	Payable
Pos Exemption	\$0.00	\$0.00	\$0.00
Inmate's Perso	\$1.38	\$0.00	\$0.00
Begin Totals	\$1.38	\$0.00	\$0.00

Ending Account Balances:

	Saving	Debt	Payable
Pos Exemption	\$5.76	\$0.00	\$0.00
Inmate's Personal	\$0.70	\$0.00	\$0.00
End Totals	\$6.46	\$0.00	\$0.00

Transaction Date / Inst.	Transaction Amount	Description	Comment	Saving Balance	Debt Balance	Payable Balance
03/01/2019	\$0.00	\$15.00 Reservation to Pos Exemption	OdrC Pos Exemption	\$1.38	\$0.00	\$0.00
CCI						
03/08/2019	\$19.00	State Pay	State Pay	\$20.38	\$0.00	\$0.00
CCI						
03/11/2019	(\$17.20)	Commissary Sale	Ticket Number 687249	\$3.18	\$0.00	\$0.00
CCI						
03/26/2019	(\$3.16)	Commissary Sale	Ticket Number 690142	\$0.02	\$0.00	\$0.00
CCI						
04/01/2019	\$0.00	\$15.00 Reservation to Pos Exemption	OdrC Pos Exemption	\$0.02	\$0.00	\$0.00
CCI						
04/05/2019	\$19.00	State Pay	State Pay	\$19.02	\$0.00	\$0.00
CCI						
04/09/2019	(\$18.16)	Commissary Sale	Ticket Number 691841	\$0.86	\$0.00	\$0.00
CCI						
04/10/2019	(\$0.25)	Postage Charges (USPS)	COURT OF APPEALS	\$0.61	\$0.00	\$0.00
CCI						
05/01/2019	\$0.00	\$15.00 Reservation to Pos Exemption	OdrC Pos Exemption	\$0.61	\$0.00	\$0.00
CCI						
05/03/2019	\$19.00	State Pay	State Pay	\$19.61	\$0.00	\$0.00
CCI						
05/08/2019	(\$18.66)	Commissary Sale	Ticket Number 695930	\$0.95	\$0.00	\$0.00
CCI						
06/01/2019	\$0.00	\$15.00 Reservation to Pos Exemption	OdrC Pos Exemption	\$0.95	\$0.00	\$0.00
CCI						

06/07/2019	\$19.00 State Pay	State Pay	\$19.95	\$0.00	\$0.00
CCI					
06/24/2019	(\$19.46) Commissary Sale	Ticket Number 702585	\$0.49	\$0.00	\$0.00
CCI					
07/01/2019	\$0.00 \$15.00 Reservation to Pos Exemption	OdrC Pos Exemption	\$0.49	\$0.00	\$0.00
CCI					
07/05/2019	\$19.00 State Pay	State Pay	\$19.49	\$0.00	\$0.00
CCI					
07/10/2019	(\$18.19) Commissary Sale	Ticket Number 705090	\$1.30	\$0.00	\$0.00
CCI					
08/01/2019	\$0.00 \$15.00 Reservation to Pos Exemption	OdrC Pos Exemption	\$1.30	\$0.00	\$0.00
CCI					
08/09/2019	\$19.00 State Pay	State Pay	\$20.30	\$0.00	\$0.00
CCI					
08/22/2019	(\$5.79) Commissary Sale	Ticket Number 711772	\$14.51	\$0.00	\$0.00
CCI					
08/23/2019	(\$0.10) Copy Charges	COPIES	\$14.41	\$0.00	\$0.00
CCI					
08/23/2019	(\$4.50) Copy Charges	COPIES	\$9.91	\$0.00	\$0.00
CCI					
08/23/2019	(\$3.45) Postage Charges (USPS)	US SUPREME COURT	\$6.46	\$0.00	\$0.00
CCI					

Outstanding Debts:

Start Date	Description	Case	Agency	County	Total Debt	Paid to Date	Balance Owed
05/17/2017	Court Costs	15APA815	Franklin County Clerk of Courts		(\$28.50)	\$28.50	\$0.00
Total Outstanding Case Balances					\$0.00		

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