

ORIGINAL

No. 19-5858

ORIGINAL

Supreme Court, U.S.
FILED

AUG 28 2019

OFFICE OF THE CLERK

IN THE

SUPREME COURT OF THE UNITED STATES

LAMARR CRITTENDEN PETITIONER
(Your Name)

VS.

KEITH BUTTS — 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*.

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

The Indiana Court of Appeals, The United States District Court, The Seventh Circuit Court of Appeals

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.

Lamarr Crittenden

(Signature)

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

I, Lamarr T. Crittenden, 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	\$ 45.80	\$ 0	\$ 13.00	\$ 0
Self-employment	\$ 0	\$ 0	\$ 0	\$ 0
Income from real property (such as rental income)	\$ 0	\$ 0	\$ 0	\$ 0
Interest and dividends	\$ 0	\$ 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:	\$ 45.80	\$ 0	\$ 0	\$ 0

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
New Castle Corr.	P.O. Box 4 New Castle, IN 47362	06-2016 to 09-2019	\$ 15.00 to 45.00
			\$
			\$
			\$

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	Dates of Employment	Gross monthly pay
0	0	0	\$ 0
			\$
			\$
			\$

4. How much cash do you and your spouse have? \$ 4.87

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

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

Home

Value 0-None

Other real estate

Value _____

Motor Vehicle #1

Year, make & model 0-None

Value _____

Motor Vehicle #2

Year, make & model _____

Value _____

Other assets

Description 0-None

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

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

Name	Relationship	Age
<u>0</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>0</u>	\$ <u>0</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>0</u>	\$ <u>0</u>
Home maintenance (repairs and upkeep)	\$ <u>0</u>	\$ <u>0</u>
Food	\$ <u>0</u>	\$ <u>0</u>
Clothing	\$ <u>0</u>	\$ <u>0</u>
Laundry and dry-cleaning	\$ <u>0</u>	\$ <u>0</u>
Medical and dental expenses	\$ <u>0</u>	\$ <u>0</u>

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>0</u>	\$ <u>0</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>0</u>	\$ <u>0</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>0</u>	\$ <u>0</u>
Life	\$ <u>0</u>	\$ <u>0</u>
Health	\$ <u>0</u>	\$ <u>0</u>
Motor Vehicle	\$ <u>0</u>	\$ <u>0</u>
Other: _____	\$ <u>0</u>	\$ <u>0</u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ <u>0</u>	\$ <u>0</u>
Installment payments		
Motor Vehicle	\$ <u>0</u>	\$ <u>0</u>
Credit card(s)	\$ <u>0</u>	\$ <u>0</u>
Department store(s)	\$ <u>0</u>	\$ <u>0</u>
Other: _____	\$ <u>0</u>	\$ <u>0</u>
Alimony, maintenance, and support paid to others	\$ <u>0</u>	\$ <u>0</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>0</u>	\$ <u>0</u>
Other (specify): _____	\$ <u>0</u>	\$ <u>0</u>
Total monthly expenses:	\$ <u>0</u>	\$ <u>0</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 only live on the money I make working in the Indiana Department of Corrections. I am broke, I don't own any property, or any thing of value

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

Executed on: _____, 20____

Janet Cutts

(Signature)

Inmate: Fill out only the portion above the dotted line of this form. Attach a remittance slip, with required staff signatures, to cover a charge of ten cents (\$0.10) per page for an account print out. Mail the form and remittance to the Business office. You should receive this completed form and a print out through the mail in a few days.

New Castle Correctional Facility

CERTIFICATION OF INMATE TRUST FUND ACCOUNT

Inmate Name: Lamar Crittenden D.O.C. Number: 148648

Housing Location: B3-223

I hereby certify that this statement accurately reflects the Trust Fund Account activity of the above Inmate while he was confined at the New Castle Correctional Facility during the six (6) months that immediately precede this certification of his account.

I also certify that the attached page(s) are a true and accurate statement of the above Inmate's Trust Fund Account during the six (6) months that immediately precede this certification of his account.

The Inmate's Trust Fund Balance is currently: \$ 4.87

The average monthly DEPOSITS to the Inmate's Trust Fund Account for the six (6) months that immediately precede this certification were: \$ 45.80

The average monthly BALANCE to the Inmate's Trust Fund Account for the six (6) months that immediately precede this certification were: \$ 13.23

I further certify that I am an authorized employee of the New Castle Correctional Facility.

OFFENDER TRUST DEPARTMENT

Job Title of Employee


Employee's Signature

Date: 8/19/2019


Employee's Printed Name

OFFENDER NO:	148648	NAME:	Crittenden, Lamarr T	DATE POSTED	ID	DOCUMENT NUMBER	TRAN DT	TYP	CODE	AMOUNT	ADDITIONAL DESCRIPTION
08/08/2019	025	COMM CR	08/08/2019	C	ADJC	\$2.72	NCF-000000341787/REFU				
08/06/2019	037	NCF 08/06	08/06/2019	D	COMM	\$25.00	NCF-00000341787Y /				
08/06/2019	037	NCF 08/06	08/06/2019	D	COMM	\$26.76	NCF-00000341787A /				
08/06/2019	037	NCF 08/06	08/06/2019	D	COMM	\$10.79	NCF-00000341787B /				
08/06/2019	019	NCF080619	08/06/2019	D	ISRV	\$6.65	POSTAGE. LEGAL				
08/01/2019	004	NCF080119	08/01/2019	D	ISRV	\$1.65	POSTAGE. LEGAL				
08/01/2019	001	NCF080119N	08/01/2019	D	ISRV	\$1.20	COPIES. LEGAL				
07/30/2019	022	53142	07/30/2019	D	EPUR	\$12.00	CHRISTMAS. BEHIND. BARS				
07/25/2019	035	5761172769	07/25/2019	D	ISRV	\$15.00	Crittenden, Donald				
07/25/2019	030	NCF072519	07/25/2019	D	ISRV	\$2.25	COPIES				
07/25/2019	030	NCF072519	07/25/2019	D	ISRV	\$2.25	COPIES				
07/25/2019	030	NCF072519	07/25/2019	D	ISRV	\$0.60	COPIES				
07/24/2019	029	8429140326	07/24/2019	D	ELEC	\$40.00	randolph, idris				
07/24/2019	007	NCF072419	07/24/2019	D	ISRV	\$3.90	COPIES. LEGAL				
07/24/2019	002	JUNE STPAY	07/24/2019	D	SAVD	\$11.80	RE-ENTRY ACCOUNT DEDU				
07/24/2019	001	JUNE STPAY	07/24/2019	D	SP06	\$12.00					
07/08/2019	016	NCF7/8/19	07/08/2019	D	ISRV	\$3.44	LEGAL. POSTAGE				
07/08/2019	016	NCF7/8/19	07/08/2019	D	ISRV	\$2.55	LEGAL. POSTAGE				
07/08/2019	016	NCF7/8/19	07/08/2019	D	ISRV	\$1.65	LEGAL. POSTAGE X3				
06/27/2019	029	3998144801	06/27/2019	D	ELEC	\$10.00	randolph, idris				
06/19/2019	029	NCF6/10/19	05/29/2019	D	MEDC	\$5.00	HCR# 434111				
06/19/2019	029	NCF060719	06/07/2019	D	CABR	\$0.75	COPIES. LEGAL				
06/19/2019	029	NCF060719	06/07/2019	D	CABR	\$1.65	COPIES. LEGAL				
06/19/2019	029	NCF060719	06/07/2019	D	CABR	\$3.00	POSTAGE. LEGAL				
06/19/2019	029	NCF060719	06/07/2019	D	CABR	\$1.44	POSTAGE. LEGAL				
06/19/2019	011	NCF061919	06/19/2019	D	SAVD	\$0.02	RE-ENTRY ACCOUNT DEDU				
06/19/2019	010	NCF061919	06/19/2019	D	SP05	\$12.00					
06/07/2019	008	NCF060719	06/07/2019	D	CABR	\$1.36	POSTAGE. LEGAL				
05/31/2019	006	NCF053119	05/31/2019	D	CABR	\$1.60	COPIES. LEGAL				
05/28/2019	026	NCF 05/28	05/28/2019	D	COMM	\$11.95	POSTAGE. LEGAL				
05/28/2019	026	NCF052819	05/28/2019	D	COMM	\$10.72	NCF-00000239443A /				
05/28/2019	014	NCF052819	05/28/2019	D	CABR	\$8.38	NCF-00000239443B /				
05/22/2019	005	NCF052219	05/22/2019	D	SAVD	\$0.20	COPIES. TRUST				
05/22/2019	004	NCF052219	05/22/2019	D	SP04	\$23.27	RE-ENTRY ACCOUNT DEDU				
05/21/2019	024	NCF051419	05/14/2019	D	CABR	\$21.80					
05/21/2019	024	NCF051419	05/14/2019	D	CABR	\$4.25	COPIES. LEGAL				
05/21/2019	024	NCF051019	05/10/2019	D	CABR	\$6.30	POSTAGE. LEGAL				
05/21/2019	024	NCF050819	05/08/2019	D	CABR	\$0.65	POSTAGE. LEGAL				
05/21/2019	024	NCF050219	05/02/2019	D	CABR	\$1.20	COPIES. LEGAL				
05/21/2019	024	NCF050219	05/02/2019	D	CABR	\$1.15	COPIES. LEGAL				
				D		0.77	POSTAGE. LEGAL				

REPORT ID: TFDRRHRPT-30
LOC: NCF
INDIANA DEPARTMENT OF CORRECTION
ALL TRANSACTION HISTORY REPORT
AS OF 02/19/2019 THRU 08/19/2019

DATE 08/19/2019
TIME 07:25:21
PAGE 2

OFFENDER NO: 148648 NAME: CRITTENDEN, LAMARR T

DATE POSTED	ID	DOCUMENT NUMBER	TRAN DT	TYP	CODE	AMOUNT	ADDITIONAL DESCRIPTION	7 • 30 +
05/21/2019	023	7486268774	05/21/2019	C	BLEC	\$20.00	Crittenden, Donald	1 • 53 +
05/02/2019	007	NCF050219	05/02/2019	D	CABR	\$1.53	POSTAGE, LEGAL	1 • 36 +
04/30/2019	016	NCF043019	04/30/2019	D	CABR	\$0.20	COPIES, LEGAL	4 • 80 +
04/25/2019	005	NCF 04/25	04/25/2019	D	COMM	\$5.00	NCF-00000187376Y	4 • 60 +
04/25/2019	005	NCF 04/25	04/25/2019	D	COMM	\$16.62	NCF-00000187376A	4 • 60 +
04/19/2019	005	NCF041919	04/15/2019	D	COMM	\$13.11	NCF-00000187376B	4 • 60 +
04/17/2019	035	NCF041619	04/16/2019	D	EDDC	\$5.00	HCR423337	4 • 60 +
04/17/2019	006	NCF041719	04/17/2019	D	CABR	\$0.60	COPIES/ TRUST	4 • 60 +
04/17/2019	005	NCF041719	04/17/2019	D	SAVD	\$0.22	COPIES, LEGAL	4 • 60 +
04/16/2019	008	NCF041619	04/16/2019	C	SP03	\$49.60	RE- ENTRY ACCOUNT	4 • 60 +
04/11/2019	022	NCF 04/11	04/11/2019	D	COMM	\$50.18	COPIES, LEGAL	4 • 60 +
04/11/2019	022	NCF 04/11	04/11/2019	D	COMM	\$50.19	NCF-00000167336A	4 • 60 +
03/28/2019	033	NCF 03/28	03/28/2019	D	PHON	\$51.93	NCF-00000167336B	4 • 60 +
03/28/2019	032	NCF 03/28	03/28/2019	D	COMM	\$55.00	NCF-00000141574P	4 • 60 +
03/28/2019	032	NCF 03/28	03/28/2019	D	COMM	\$517.81	NCF-00000141574A	4 • 60 +
03/27/2019	009	51978	03/27/2019	D	EPUR	\$513.77	NCF-00000141574B	4 • 60 +
03/20/2019	007	NCF32019	03/20/2019	D	SAVD	\$519.50	AMVETS/LEGION, FOOD, SA	4 • 60 +
03/20/2019	006	NCF32019	03/20/2019	C	SP02	\$56.72	RE- ENTRY ACCOUNT	4 • 60 +
03/14/2019	027	NCF 03/14	03/14/2019	D	PHON	\$44.80	DEDU	54 • 20 +
03/14/2019	026	NCF 03/14	03/14/2019	D	COMM	\$55.00	NCF-00000115252P	54 • 20 +
03/14/2019	026	NCF 03/14	03/14/2019	D	COMM	\$21.04	NCF-00000115252A	54 • 20 +
02/28/2019	005	NCF 02/28	02/28/2019	D	PHON	\$53.79	NCF-00000115252B	54 • 20 +
02/28/2019	004	NCF 02/28	02/28/2019	D	COMM	\$55.00	NCF-00000096390P	54 • 20 +
02/28/2019	004	NCF 02/28	02/28/2019	D	COMM	\$15.02	NCF-00000096390A	54 • 20 +
02/21/2019	005	51723	02/21/2019	D	EPUR	\$27.00	NCF-0000096390B	54 • 20 +
02/20/2019	005	NCF022019	02/20/2019	D	SAVD	\$7.44	LINDA CRITTENDEN	54 • 20 +
02/20/2019	004	NCF022019	02/20/2019	C	SP01	\$49.60	RE- ENTRY ACCOUNT	54 • 20 +
NO PENDING DISBURSEMENT FOUND.								54 • 20 +
*** AVAILABLE BALANCE.....								15 • 00
*** AMOUNT ON HOLD.....								40 • 00
*** CURRENT BALANCE.....								12 • 00
*** PENDING BALANCE.....								10 • 00
								21 • 80
								20 • 00
								49 • 60
								44 • 80
								49 • 60
								274 • 80
								6 •
								45 • 80

END OF REPORT TFDRRHRPT-30

Balance
Due

0 • C