

No. 19-

19-6118

ORIGINAL

IN THE
Supreme Court of the United States

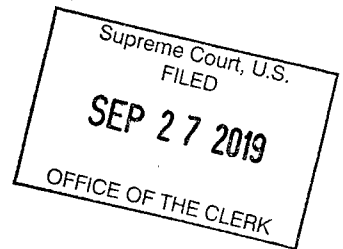
Aaron Brent

Petitioner,

v.

Ashley Workman

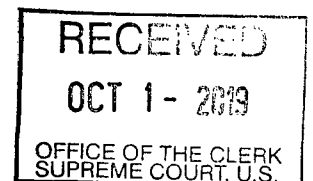
Respondent.



**On Writ of Certiorari to
the Michigan Court of
Appeals**

MOTION TO PROCEED IN FORMA PAUPERIS

Aaron Brent
Petitioner *pro per*
120 Circle St.
London, Ky. 40744
(606) 770-5110



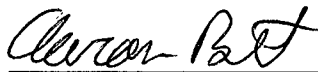
Petitioner Aaron Brent requests this Court to allow him to proceed *in forma pauperis* pursuant to U.S. Supreme Court Rule 39 and in support states the following:

1. As shown by the attached affidavit (exh 1) and Kentucky Department of Community Services documentation (exh 2) Mr. Brent is indigent without any real assets to pay for these proceedings.
2. Although no Court has ordered that fees be waived, all fees in the Michigan Courts have been automatically waived by the function of various Michigan Court rules for all personal protection cases (see MCR 3.703(A), MCR 3.704, MCR 3.707(D), MCR 3.708(B)(1)).
3. Mr. Brent presents a serious question regarding the constitutionality of Michigan's Personal Protection law and what minimum requirements of Due Process must be met before the State labels a person as a violent offender, infringes on their Second Amendment rights, takes their property to assign to another, and forever impedes the accused from obtaining gainful employment and other collateral consequences of the Court's orders.

Wherefore and for the above stated reasons Mr. Brent prays this Court will grant the instant motion.

Respectfully submitted,

Dated September 27, 2019



Aaron Brent
Petitioner *pro per*
120 Circle St.
London, Ky. 40744
(606) 770-5110

EXHIBIT 1

SUPREME COURT OF THE UNITED STATES

Aaron Brent,

Petitioner

v.

Ashley Workman,

Respondent

Case No.

AFFIDAVIT ACCOMPANYING MOTION TO PROCEED IN FORMA PAUPERIS

Affidavit in Support of Motion

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)

Signed:

Aaron Brent

Instructions

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write in that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Date:

September 27, 2019

My issues on appeal are:

Michigan law unconstitutionally deprives persons accused of domestic violence meaningful due process

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	\$0	\$0	\$0	\$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)	\$505.00	\$0	\$505.00	\$0
Other (specify):	\$0	\$0	\$0	\$0
Total monthly income:	\$	\$	\$	\$

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	Dates of employment	Gross monthly pay
None			\$
			\$
			\$

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
None			\$
			\$
			\$

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
None		\$	\$
		\$	\$
		\$	\$

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	Other real estate	Motor vehicle #1
(Value) \$None	(Value) \$None	(Value) \$None
		Make and year:
		Model:
		Registration #:

Motor vehicle #2	Other assets	Other assets
(Value) \$	(Value) \$	(Value) \$
Make and 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 spouse
None	\$	\$
	\$	\$
	\$	\$
	\$	\$

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

Name [or, if under 18, initials only]	Relationship	Age
Blake Brent	son	7
Clark Brent	son	5

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
--	------------	--------------------

Rent or home-mortgage payment (include lot rented for mobile home)	\$0	\$
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	\$505.00	\$
Clothing	\$0	\$
Laundry and dry-cleaning	\$0	\$
Medical and dental expenses	\$0	\$
Transportation (not including motor vehicle payments)	\$0	\$
Recreation, entertainment, newspapers, magazines, etc.	\$0	\$
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's:	\$0	\$
Life:	\$0	\$
Health:	\$0	\$
Motor vehicle:	\$0	\$
Other:	\$0	\$
Taxes (not deducted from wages or included in mortgage payments) (specify):	\$0	\$
Installment payments		
Motor Vehicle:	\$0	\$
Credit card (name):	\$0	\$
Department store (name):	\$0	\$
Other:	\$0	\$
Alimony, maintenance, and support paid to others	\$0	\$
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$0	\$
Other (specify):	\$0	\$
Total monthly expenses:	\$505.00	\$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 spent — or will you be spending — any money for expenses or attorney fees in connection with this lawsuit?* ☐ Yes ☒ No

If yes, how much? \$ _____

11. *Provide any other information that will help explain why you cannot pay the docket fees for your appeal.*

The entry of the order under appeal striped me of all of my worldly possessions. Further my attempts to find gainful employment has been hindered by this same order as I am know listed as a violent offender.

12. *State the city and state of your legal residence.*
London, Kentucky

Your daytime phone number: (606) 770-5110

Your age: 26

Your years of schooling: _12 (High School Graduate)

Last four digits of your social-security number: 3838

EXHIBIT 2



AARON L BRENT
120 CIRCLE ST
LONDON, KY 40744-8555

Information About Your SNAP Benefits

We have reviewed your Supplemental Nutrition Assistance Program (SNAP) case. You will get \$505.00 a month from August 01, 2019 until the end of January 31, 2020, based on the following information:

Gross Income (before taxes or deductions)

Earned	\$0.00
Unearned	\$0.00

Expenses and Deductions

SNAP rules do not always allow us to count all the expenses you report. Here are your expenses and the amounts we were allowed to deduct:

	<u>Actual</u>	<u>Allowable</u>
Earned Income (20% of gross earnings)	\$0.00	\$0.00
Dependent Care	\$0.00	\$0.00
Legal Child Support Paid	\$0.00	\$0.00
Shelter	\$0.00	\$0.00
Medical	\$0.00	\$0.00

Monthly Benefits

SNAP benefits you will get	\$505.00
<u>Household Size</u>	3
<u>Income Limit</u>	\$2,252.00

The following changes must be reported no later than 10 days after the end of the month the change occurs:

When the gross income for your household size exceeds the income limit listed above; or

When a member of your household age 18 through 49 years old, and subject to ABAWD requirements, has their work hours reduced to fewer than 20 hours a week.

Gross income means the amount of all earned and unearned income before any deductions, such as taxes, are taken out.

You will get SNAP benefits for:

CLARK J BRENT

AARON L BRENT

BLAKE A BRENT

Need help? Have questions? Call 1-855-306-8959

If you want legal help, you may be able to get free legal help from your local legal aid office at 606-546-5115.

Household Size	1	2	3	4	5	6	7	8	Each Additional Member
Income Limit	\$1,316	\$1,784	\$2,252	\$2,720	\$3,188	\$3,656	\$4,124	\$4,592	\$468

REPORT CHANGES:

The following changes must be reported no later than 10 days after the end of the month the change occurs:

- When the income for your household exceeds the gross income limit for your appropriate household size (refer to chart on prior page); or
- When a member of your household age 18-49 years old, and subject to ABAWD requirements, begins to work less than 20 hours per week.

Call 1-855-306-8959 to report changes.

DCBS accepts calls between 8:00 a.m. and 3:00 p.m., Monday through Friday.

FOLLOW THESE RULES:

- Do NOT give false information or hide information to get SNAP benefits.
- Do NOT trade or sell SNAP benefits.
- Do NOT use SNAP benefits to buy ineligible items, like alcoholic drinks, soap, tobacco products, firearms, ammunition, explosives, or a controlled substance as defined by 21 U.S.C. 802.
- Do NOT use someone else's SNAP benefits for your household.
- Do NOT use your SNAP benefits for someone outside of your household.
- DO NOT use your SNAP benefits to pay on a credit account, even if it is for SNAP eligible food.
- Do NOT sell food purchased with SNAP benefits

PENALTIES:

If you break these rules you may be stopped from getting benefits and you can be prosecuted. You could be:

- Stopped from getting SNAP benefits for 1 year, 2 years, or permanently;
- Fined up to \$250,000 or jailed up to 20 years, or both; and
- Stopped from getting SNAP benefits for 10 years if you are found guilty of giving wrong information about who you are or where you live.

Giving wrong information on purpose may result in us taking legal action against you, either criminal or civil. It might also mean we reduce your benefits or take money back from you.

YOU HAVE THE RIGHT:

- To quick action whenever you report a change.
- To get notice of any action.
- To give us information to show the proposed action should not be taken.
- To discuss your benefits with a worker.
- To receive fair treatment.

Complaints about your case? Call the Ombudsman at 1-800-372-2973 or (TTY) 1-800-627-4702.

You may have rights under Section 504 of the Rehabilitation Act and the Americans with Disabilities Act. If you have a physical or mental problem that limits you, such as mental illness, trouble learning, drug or alcohol addiction, depression, moving around, hearing or seeing, call 1-855-306-8959.

Call 1-855-306-8959, for other kinds of help. Here are some of the ways we can help:

- We can call you if you are not able to come to our office.
- We can tell you what this letter means.
- If you cannot do something we ask, we can help you or change what you have to do.
- We can help you resolve problems without a hearing.
- We can help you request a hearing.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, marital status, or political beliefs.

Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call 1-866-632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW,
Washington DC, 20250-9410
- (2) fax: 202-690-7442; or
- (3) email: program.intake@usda.gov

This institution is an equal opportunity provider.

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at 1-800-221-0003, which is also in Spanish or call the State Information/Hotline Numbers (click the link for a listing of hotline numbers by State); found online at http://www.fns.usda.gov/snap/contact_info/hotlines.htm.

You may also file your complaint with the Cabinet for Health and Family Services by writing or calling:

Office of Human Resource Management
EEO Compliance Branch
275 E Main St 5C-D
Frankfort KY, 40621
502-564-7770 ext. 4107

HOW TO GET A HEARING:

Do you disagree with something we have done to your benefits? If so, you may ask for a hearing within 90 days from the date of this notice.

Want to continue your benefits?

Ask for a hearing within 10 days from the date of this notice. This may allow you to get the same benefits until the hearing officer makes a decision. You may have to pay back these benefits if the decision is not in your favor.

I want my same benefits continued until the hearing officer makes a decision.

Check: YES ☐ NO ☐

How do I ask for a hearing?

Call DCBS at 1-855-306-8959; OR

Attach a separate sheet of paper to explain your reason for requesting a hearing, sign and date then:
Return to any DCBS office; OR
Return to:

Cabinet for Health and Family Services
Division of Administrative Hearings
Family and Children Administrative Hearings Branch
105 S. Hero Rd, Suite 2
Frankfort, KY, 40601

What will happen at the hearing?

- You may tell your side of the story or bring a friend, relative, or lawyer to speak for you.
- You can bring witnesses and papers to help tell your story.
- The hearing officer will decide what the State will do after hearing both sides of the story.
- You will be told what to do if you disagree with the hearing officer's decision.