

No. 19-6691

IN THE

SUPREME COURT OF THE UNITED STATES

Term, 2019

ROBERT N. SMITH

ORIGINAL

v.

STATE OF INDIANA

Petitioner
FILED
AUG 02 2019
OFFICE OF THE CLERK
SUPREME COURT, U.S.
Respondent

Motion for Leave To Proceed In Forma Pauperis

the petitioner ask leave to file the attached petitioner for a writ of certiorari without prepayment of costs and to proceed *in forma pauperis*.

The Petitioner, in accordance with the provisions of Title 28, United States Code, § 1915, and Rule 46 of the Rules of the Supreme Court of the United States, hereby moves the Court for an Order granting Petitioner leave to proceed in forma pauperis in filing and otherwise prosecuting the Petition for Writ of Certiorari filed simultaneously herewith.

Petitioner has previously been granted leave to proceed *in forma pauperis* in any other court.

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.

Robert Smith

Petitioner, pro se
Indiana State Prison
One Park Row St.
Michigan City, IN 46360

Cover

IN THE
SUPREME COURT OF THE UNITED STATES
Term, 20/19

ROBERT H. SMITH,

Petitioner

v.

STATE OF INDIANA

Respondent

Affidavit in Support of Motion Seeking Authorization To Proceed In Forma Pauperis

I, ROBERT H. SMITH, 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 therefore; and I believe I am entitled to redress.

16. 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 sho3 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 (Ex.)	\$ <u>18.00</u>	\$ <u>0</u>	\$ <u>18.00</u>	\$ <u>0</u>
Income from Real Property (Such as Rental Income)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Interest and Dividends	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Gifts	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Alimony	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Child Support	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Retirement (Such as Social				

Security, Pensions, Annuities \$ Ø \$ Ø \$ Ø \$ Ø
Insurance)

Disability (Such as Social \$ Ø \$ Ø \$ Ø \$ Ø
Security, Insurance
Payments)

Unemployment Payments \$ Ø \$ Ø \$ Ø \$ Ø

Public-assistance (Such as \$ Ø \$ Ø \$ Ø \$ Ø
Welfare)

Other (Specify): \$ Ø \$ Ø \$ Ø \$ Ø

Total Monthly Income: \$ 18.00 \$ Ø \$ 18.00 \$ Ø

17. 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
<u>Ø/A</u>			

18. 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
<u>Ø/A</u>			

19. How much cash do you and your spouse have? Ø

Financial Institution(s)	Type of Account	Amount You Have	Amount Your Spouse Has
W/A	∅	\$ ∅	\$ ∅
	∅	\$ ∅	\$ ∅
	∅	\$ ∅	\$ ∅
	∅	\$ ∅	\$ ∅

20. 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: W/A make: model : and value: \$ 	<input type="checkbox"/> Motor Vehicle #2 year: W/A make: model : value: \$
<input checked="" type="checkbox"/> other assets Description: ∅	
Value: 	

21. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person Owing You or Your Spouse Money	Amount Owned to You	Amount Owed to Your Spouse
<u>~1A</u>	\$ <u>~1A</u>	\$ <u>~1A</u>
 	 	
 	 	
 	 	

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

Name	Relationship	Age
<u>~1A</u>	<u>~1A</u>	<u>~1A</u>
 	 	
 	 	
 	 	

8. Estimate the average monthly expenses of your and your family. show separately the amounts paid by your spouse. adjust any payments that are made weekly, biweekly, quarterly, or annually to show that monthly rate.

	You	Your Spouse
Rent or Home-mortgage Payment (Include Lot Rented for Mobile Home)	\$ <u>Ø</u>	\$ <u>Ø</u>
Are Real Estate Taxes Included?	<input type="checkbox"/> yes <u>Ø</u>	<input checked="" type="checkbox"/> No <u>Ø</u>
Is Property Insurance Included?	<input type="checkbox"/> yes <u>~1A</u>	<input checked="" type="checkbox"/> No <u>Ø</u>
Utilities (Electricity, Heating Fuel, Water, Sewer, and Telephone)	\$ <u>Ø</u>	\$ <u>Ø</u>
Home Maintenance (Repairs and Upkeep)	\$ <u>Ø</u>	\$ <u>Ø</u>
Food	\$ <u>Ø</u>	\$ <u>Ø</u>

Clothing	\$ <u>Ø</u>	\$ <u>Ø</u>
Laundry and Dry-cleaning	\$ <u>Ø</u>	\$ <u>Ø</u>
Medical and Dental Expenses <small>when applicable</small>	\$ <u>5.00 co-pay</u>	\$ <u>Ø</u>
Transportation (Not Including Motor Vehicle Payments)	\$ <u>Ø</u>	\$ <u>Ø</u>
Recreation, Entertainment, Newspapers, Magazines, Etc.	\$ <u>Ø</u>	\$ <u>Ø</u>

Insurance (Not Deducted from Wages or Included in Mortgage Payments)

Homeowner's or Renter's	\$ <u>Ø</u>	\$ <u>Ø</u>
Life	\$ <u>Ø</u>	\$ <u>Ø</u>
Health	\$ <u>Ø</u>	\$ <u>Ø</u>
Motor Vehicle	\$ <u>Ø</u>	\$ <u>Ø</u>
Other: <u>N/A</u>	\$ <u>Ø</u>	\$ <u>Ø</u>

Taxes (Not Deducted from Wages or Included in Mortgage Payments)

(Specify): N/A \$ Ø \$ Ø

Installments Payments

Motor Vehicle	\$ <u>Ø</u>	\$ <u>Ø</u>
Credit Card(s)	\$ <u>Ø</u>	\$ <u>Ø</u>
Department Store(s)	\$ <u>Ø</u>	\$ <u>Ø</u>
Other: <u>N/A</u>	\$ <u>Ø</u>	\$ <u>Ø</u>
Alimony, Maintenance, and Support Paid to Others	\$ <u>Ø</u>	\$ <u>Ø</u>
Regular Expenses for Operation of Business, Profession, or Farm (Attach Detailed Statement)	\$ <u>Ø</u>	\$ <u>Ø</u>

Other (Specify): D/A \$ 0 \$ 0

Total Monthly Expenses: \$ 5.00 ~~co-pag~~ \$ 0
(D/A ~~Applicable?~~)

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:

9. 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? D/A

if yes, state the person's name, address, and telephone number: D/A

Name: _____ Telephone No. _____

Address: _____

10. 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? D/A

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

Name: _____ Telephone No. _____
Address: _____

11. Finally, the undersigned also represents and certifies to the Court that the Petitioner has remained incarcerated in at the Indiana State Prison since the Order of Judge R. McCLELLAN was entered ~~allowing Petitioner to proceed in forma pauperis in his appeal to the United States Court of Appeals for the _____ Circuit and since the undersigned was appointed by the United States Court of Appeals for the _____ Circuit as set out above.~~ Consequently, the financial condition of the Petitioner, on the undersigned's information and belief, has not substantially improved and the Petitioner is entitled to proceed herein in forma pauperis to obtain the relief he is entitled to and to file, serve and prosecute his Petition for Writ of Certiorari without printing the same. (INDIANA SUPREME COURT)

Respectfully submitted this 17th day of October,
2091.

Robert Smith

Petitioner, pro se
Indiana State Prison
1 Park Row St.
Michigan City, IN 46360

Judge
Dabash Circuit Court #1
85CO1-1608-FX-925
STATE OF INDIANA