

19-8152

ORIGINAL

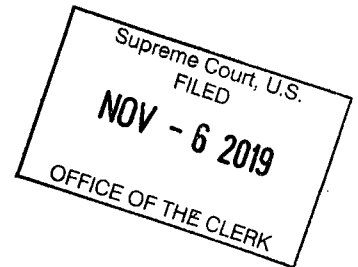
No. _____

IN THE
SUPREME COURT OF THE UNITED STATES

MERES AUGH RI — PETITIONER
(Your Name)

VS.

CARTER, ET AL — 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*.

Please check the appropriate boxes:

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

DISTRICT 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.

☐ Petitioner's 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.

MERES AUGH RI
(Signature)

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

I, MARIE AUSTIN, 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	\$ 2.40	\$ N/A	\$ 0	\$ N/A
Self-employment	\$ 0	\$	\$	\$
Income from real property (such as rental income)	\$	\$	\$	\$
Interest and dividends	\$	\$	\$	\$
Gifts	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Child Support	\$	\$	\$	\$
Retirement (such as social security, pensions, annuities, insurance)	\$	\$	\$	\$
Disability (such as social security, insurance payments)	\$	\$	\$	\$
Unemployment payments	\$	\$	\$	\$
Public-assistance (such as welfare)	\$	\$	\$	\$
Other (specify):	\$	\$	\$	\$
Total monthly income:	\$ 2.40	\$	\$	\$

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
1002	402 1/2	MAY 2007 -	\$ 11.40
	WASHINGTON ST	FEB 2008	\$
	14015 1/2		\$

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
NA			\$
			\$
			\$

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
NA		\$	\$
		\$	\$
		\$	\$

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 NA	<input type="checkbox"/> Other real estate Value NA
<input type="checkbox"/> Motor Vehicle #1 Year, make & model Value NA	<input type="checkbox"/> Motor Vehicle #2 Year, make & model Value NA
<input type="checkbox"/> Other assets Description NA 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>	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

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

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

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>0</u>	\$ <u>NA</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>LEGAL COPIES + POSTAGE</u>	\$ <u>14.47</u> +	\$ <u>1</u>
Total monthly expenses:	\$ <u>14.47</u> +	\$ <u>1</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 AM INCARCERATED AND HAVE BEEN SINCE 2012

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

Executed on: MARCH 16, 2020

MARCO ANTONIO
(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: W. Brown D.O.C. Number: 233632
Housing Location: B1-218

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: \$ 0

The average monthly DEPOSITS to the Inmate's Trust Fund Account for the six (6) months that immediately precede this certification were: \$ 2.40

The average monthly BALANCE to the Inmate's Trust Fund Account for the six (6) months that immediately precede this certification were: \$ 0

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

OFFENDER TRUST DEPARTMENT

Job Title of Employee

Date: 2/18/2020

Blake
Employee's Signature

T. Blake
Employee's Printed Name

TFMITRAN
LOC: NCF

OFFENDER TRUST SYSTEM
TRANSACTION HISTORY INQUIRY

02/18/20 7:38:32
USER: NCF698

OFFENDER NO 233632 NAME: BROWN WENDELL

FROM DATE: 08 / 18 / 2019 TO DATE: 02 / 18 / 2020 STATUS: AC HSE UNIT: K

ENDING BALANCE (END OF MONTH)=			\$0.00				
DOCMT NUMBER	TRAN CODE	DESCRIPTION	TRAN TYPE	POST DATE	BATCH NO.	TRAN AMOUNT	ACCOUNT NUMBER
NCF011119	CABR	COPIES.LEGAL	D	02/17/2020	036	\$4.56	233632
JANSTPAY	PCRT	COURT.ORDER	D	02/17/2020	017	\$2.28	233632
JANSTPAY	PCRT	COURT.ORDER	D	02/17/2020	017	\$2.28	233632
JANSTPAY	PCRT	COURT.ORDER	D	02/17/2020	017	\$2.28	233632
JANSTPAY	SP01		C	02/17/2020	009	\$11.40	233632
NCF011119	CABR	COPIES.LEGAL	D	12/13/2019	026	\$3.00	233632
NCF0121319	ADJC	HOLIDAY.FUND	C	12/13/2019	008	\$3.00	233632

PAGE : 0001

TRANSACTION INQUIRY COMPLETE

PF2=DISPLAY TRANSACTIONS PF7=PG/UP PF8=PG/DN *PF9=CLEAR SCREEN* PF10=EXIT

Ag
Deposits
[Signature]

11.40 +
3.00 +
14.40 ÷
6. =
2.40 *

0.0