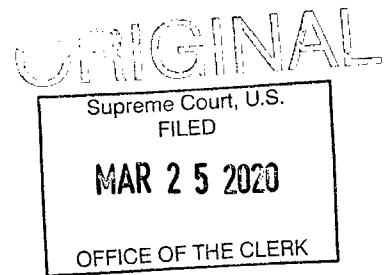


No. 19-8168

IN THE
SUPREME COURT OF THE UNITED STATES

Charles E. Justise Sr., Petitioner



v.

State of Indiana, Respondents.

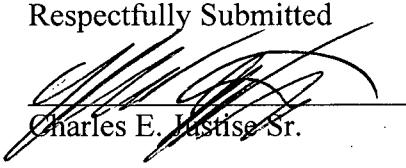
MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

The Petitioner, Charles E. Justise Sr., proceeding pro se, respectfully request leave to file the attached petition for writ of certiorari without the prepayment of cost and to proceed in forma pauperis.

Petitioner proceeded in the lower courts without the prepayment of any fees and cost, and that has not be changed or altered for appeal.

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

Respectfully Submitted


Charles E. Justise Sr.

Charles E. Justise Sr.
DOC # 921730
3038 West 850 South
Bunker Hill, IN 46914

No. _____

IN THE
SUPREME COURT OF THE UNITED STATES
____ Term, 20____

Charles Justice,

Petitioner

v.

State of Indiana,

Respondent

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

I, _____, 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	\$ _____	\$ _____	\$ _____	\$ _____
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: \$ \$ \$ \$

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> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </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> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

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

Financial Institution(s)	Type of Account	Amount You Have	Amount Your Spouse Has
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

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: _____ make: _____ and model : _____ value: \$ _____	<input type="checkbox"/> Motor Vehicle #2 year: _____ make: _____ and model : _____ value: \$ _____
<input 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 Owed to You	Amount Owed to Your Spouse
	\$	\$
	\$	\$
	\$	\$

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

Name	Relationship	Age

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)	\$ _____	\$ _____
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)	\$ _____	\$ _____
Home Maintenance (Repairs and Upkeep)	\$ _____	\$ _____
Food	\$ _____	\$ _____

Clothing	\$ _____	\$ _____
Laundry and Dry-cleaning	\$ _____	\$ _____
Medical and Dental Expenses	\$ _____	\$ _____
Transportation (Not Including Motor Vehicle Payments)	\$ _____	\$ _____
Recreation, Entertainment, Newspapers, Magazines, Etc.	\$ _____	\$ _____

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

Homeowner's or Renter's	\$ _____	\$ _____
Life	\$ _____	\$ _____
Health	\$ _____	\$ _____
Motor Vehicle	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____

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

(Specify): _____ \$ _____ \$ _____

Installments Payments \$ _____ \$ _____

Motor Vehicle \$ _____ \$ _____

Credit Card(s) \$ _____ \$ _____

Department Store(s) \$ _____ \$ _____

Other: _____ \$ _____ \$ _____

Alimony, Maintenance, and Support Paid to Others \$ _____ \$ _____

Regular Expenses for Operation of Business, Profession, or Farm (Attach Detailed Statement) \$ _____ \$ _____

Other (Specify): \$ _____ \$ _____

Total Monthly Expenses: \$ _____ \$ _____

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 person's name, address, and telephone number:

Name: _____ Telephone No. _____

Address: _____

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:

Name: _____ Telephone No. _____

Address: _____

