

No. 19-8206

IN THE UNITED SUPREME COURT OF THE UNITED STATES

October Term, 2019

ZARYL G. BUSH,

Petitioner,

vs.

THE STATE OF OHIO,

Supreme Court, U.S.
FILED

MAR 26 2020

OFFICE OF THE CLERK

Respondent.

On Petition for Writ of Certiorari To
The Ohio Court of Appeals Seventh Appellate District

MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

ZARYL G. BUSH, #A643-199
Lake Erie Correctional Institution
501 Thompson Road
P.O. Box 8000
Conneaut, Ohio 44030-8000

Petitioner, *pro se*

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SUPREME COURT, U.S.

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Petitioner, Zaryl G. Bush, now confined at the Lake Erie Correctional Institution, in Conneaut, Ohio, asks for leave to file the attached Petition for Writ of Certiorari, without prepayment of costs and to proceed *in forma pauperis*. Petitioner has been granted leave so to proceed in the courts of the State of Ohio and the Federal District Court for the Sixth Circuit. Petitioner's affidavit in Support of Motion to Proceed *in forma pauperis* is attached to this motion.



Zaryl G. Bush, #A643-199
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**AFFIDAVIT OR DECLARATION
IN SUPPORT OF MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS***

I, Zaryl G. Bush, 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	\$ 22.00	\$ N/A	\$ 22.00	\$ N/A
Self-employment	\$ 0.00	\$ N/A	\$ 0.00	\$ N/A
Income from real property (such as rental income)	\$ 0.00	\$ N/A	\$ 0.00	\$ N/A
Interest and dividends	\$ 0.00	\$ N/A	\$ 0.00	\$ N/A
Gifts	\$ 6.63	\$ N/A	\$ 0.00	\$ N/A
Alimony	\$ 0.00	\$ N/A	\$ 0.00	\$ N/A
Child Support	\$ 0.00	\$ N/A	\$ 0.00	\$ N/A
Retirement (such as social security, pensions, annuities, insurance)	\$ 0.00	\$ N/A	\$ 0.00	\$ N/A
Disability (such as social security, insurance payments)	\$ 0.00	\$ N/A	\$ 0.00	\$ N/A
Unemployment payments	\$ 0.00	\$ N/A	\$ 0.00	\$ N/A
Public-assistance (such as welfare)	\$ 0.00	\$ N/A	\$ 0.00	\$ N/A
Other (specify): <u>N/A</u>	\$ 0.00	\$ N/A	\$ 0.00	\$ N/A
Total monthly income:	\$ 28.63	\$ N/A	\$ 22.00	\$ N/A

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
INCARCERATED	OHIO - LaECI	N/A	\$ 22.00
N/A	N/A	N/A	\$ N/A
N/A	N/A	N/A	\$ N/A

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
N/A	N/A	N/A	\$ N/A
N/A	N/A	N/A	\$ N/A
N/A	N/A	N/A	\$ N/A

4. How much cash do you and your spouse have? \$ 0.00

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
N/A	N/A	\$ N/A	\$ N/A
N/A	N/A	\$ N/A	\$ N/A
N/A	N/A	\$ N/A	\$ N/A

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

Home

Value _____ N/A

Other real estate

Value _____ N/A

Motor Vehicle #1

Year, make & model _____

Motor Vehicle #2

Year, make & model _____

Value _____ N/A

Value _____ N/A

Other assets

Description _____ N/A

Value _____ N/A

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
N/A	\$ N/A	\$ N/A
N/A	\$ N/A	\$ N/A
N/A	\$ N/A	\$ N/A

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

Name	Relationship	Age
N/A	N/A	N/A
N/A	N/A	N/A
N/A	N/A	N/A

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)	\$ N/A	\$ N/A
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)	\$ N/A	\$ N/A
Home maintenance (repairs and upkeep)	\$ N/A	\$ N/A
Food	\$ 0.00	\$ N/A
Clothing	\$ 0.00	\$ N/A
Laundry and dry-cleaning	\$ 0/00	\$ N/A
Medical and dental expenses	\$ 0.00	\$ N/A

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 0.00	\$ N/A
Recreation, entertainment, newspapers, magazines, etc.	\$ 0.00	\$ N/A
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ 0.00	\$ N/A
Life	\$ 0.00	\$ N/A
Health	\$ 0.00	\$ N/A
Motor Vehicle	\$ 0.00	\$ N/A
Other: _____	\$ 0.00	\$ N/A
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ 0.00	\$ N/A
Installment payments		
Motor Vehicle	\$ 0.00	\$ N/A
Credit card(s)	\$ 0.00	\$ N/A
Department store(s)	\$ 0.00	\$ N/A
Other: _____	\$ 0.00	\$ N/A
Alimony, maintenance, and support paid to others	\$ 0.00	\$ N/A
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0.00	\$ N/A
Other (specify): _____	\$ 0.00	\$ N/A
Total monthly expenses:	\$ 0.00	\$ 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 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? N/A

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? N/A

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 presently incarcerated in State Prison at Lake Erie Correctional Institution in Conneaut, Ohio where I only receive a monthly state pay of \$22.00 which I use for personal hygiene items. Certified copy of inmate account attached hereto. I declare under penalty of perjury that the foregoing is true and correct.

Executed on: March 26, 2020


(Signature)

CASHIER'S STATEMENT

INMATE NAME: Bush

INMATE NUMBER: 643199 OA6

STATEMENT DATE: 3/10/2020

S Taylor, Cashier at Lake Erie Correctional,

Certify that the following information is a true accurate reflection of the status of the account maintained at this Institution for the above named inmate.

THE CURRENT BALANCE FOR THIS INDIVIDUAL \$ 26.92

PAYROLL:

Total amount of payroll credited to the Inmate account by the State of Ohio for his job assignment for the preceding 6 months is.....

\$ 130.00

Monthly Amounts:

\$ 20.00 \$ 22.00 \$ 22.00 \$ 22.00 \$ 22.00 \$ 22.00

RECEIPTS:

Total amount credited to the Inmates account from all other sources during the preceding 6 months.....

\$ 40.10

Monthly Amounts:

\$ 40.10

EXPENDITURES:

Total expenditures for all transactions from Inmates account for the preceding 6 months is.....

\$ 173.43

Monthly Amounts:

\$ 24.86 \$ 53.34 \$ 22.80 \$ 18.60 \$ 25.48 \$ 28.35

THE BEGINNING DATE FOR THIS STATEMENT IS 9/10/2019

AND THE ENDING DATE IS 3/10/2020

S Taylor

(SIGNATURE)

3/10/2020

(DATE)

This financial information was given to the inmate prior to it being filed; the information may have been changed after certification and before filing.