

19-8297

No. _____

IN THE
SUPREME COURT OF THE UNITED STATES

Leif O'Connell - Petitioner;

v.

State of Indiana - Respondent;

MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

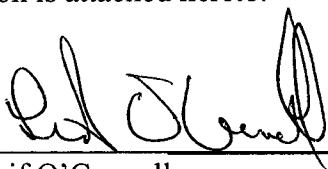
The Petitioner asks leave to file the attached Petition for Writ of Certiorari without prepayment of costs and to proceed *in forma pauperis*.

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

St. Joseph County, Indiana Superior Court, Indiana Court of Appeals & Indiana Supreme 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.


X _____
Leif O'Connell
Petitioner / pro se

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

I, Leif O'Connell, 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 twelve (12) months. Adjust any amount that was received weekly, biweekly, quarterly, semi-annually, or annually to show the rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average amount during the past 12 months.		Amount Expected next month.	
	You:	Spouse:	You:	Spouse:
Employment-	\$35.00	\$ N/A	\$ N/A	\$ N/A
Self-Employment-	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Income from real property (such as rental income)-	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Interest and dividends-	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Gifts-	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Alimony-	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Child Support-	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Retirement (social security, pensions, annuities, insurance)-	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Disability (such as social security, insurance payments)-	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Unemployment				
Payments-	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Public-assistance (such as welfare)-	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Other-	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Total monthly income:	\$35.00	\$ N/A	\$ N/A	\$ N/A

2. List your employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer:	Address:	Dates of Employment:	Gross Monthly Pay:
<u>Incarcerated</u>			\$ _____ \$ _____ \$ _____

3. List your spouse's employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.) Not Applicable

4. How much cash do you and your spouse have? N/A
Below, state any money you or your spouse has in bank accounts or in any other financial institution.

Financial Institution:	Type of Account:	Amount you have:	Your spouse has:
<u>Dept. of Correction</u>	<u>Trust Fund</u>	\$ _____	<u>N/A</u>

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

Home (value):	Other real estate (value):	Motor Vehicle (value):
<u>Not Applicable</u>	<u>Not Applicable</u>	Make & Year: <u>N/A</u>

Other assets – Description: Normal household items such as television, hot pot, fan, et cetera; all items are valued as less than \$200.00

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

Person owing you or your spouse money: Not Applicable

7. State the persons who rely upon you or your spouse for support. 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, semiannually, or annually to show the monthly rate.

	You:	Your spouse:
Rent or home-mortgage payment (include mobile home lot rent)	\$ <u>N/A</u>	\$ <u>N/A</u>
Utilities	\$ <u>N/A</u>	\$ <u>N/A</u>
Home maintenance (repairs/upkeep)	\$ <u>N/A</u>	\$ <u>N/A</u>
Food	\$ <u>10.00</u>	\$ <u>N/A</u>

Clothing	\$ <u>N/A</u>	\$ <u>N/A</u>
Laundry and dry-cleaning	\$ <u>N/A</u>	\$ <u>N/A</u>
Medical and dental expenses (includes medications from commissary)	\$ <u>10.00</u>	\$ <u>N/A</u>
Transportation (does not include motor vehicle payments)	\$ <u>N/A</u>	\$ <u>N/A</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>0.00</u>	\$ <u>N/A</u>
Insurance	\$ <u>N/A</u>	\$ <u>N/A</u>
Taxes	\$ <u>N/A</u>	\$ <u>N/A</u>
Life	\$ <u>N/A</u>	\$ <u>N/A</u>
Health	\$ <u>N/A</u>	\$ <u>N/A</u>
Motor Vehicle	\$ <u>N/A</u>	\$ <u>N/A</u>
Alimony, maintenance, and support paid to others (includes child support)	\$ <u>0.00</u>	\$ <u>N/A</u>
Regular expenses for operation of business, profession or farm (attach detail)	\$ <u>N/A</u>	\$ <u>N/A</u>
Other (specify): Commissary personal hygiene, etc.,	\$ <u>15.00</u>	\$ <u>N/A</u>
Total monthly expenses:	\$ <u>35.00</u>	\$ <u>N/A</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

10. Have you paid – or will you be paying an attorney any money for service 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 docket fees for your appeal.

I am incarcerated and do not have any property, automobiles, or savings and cannot afford to pay an filing fees. All Indiana Courts granted in forma pauperis status.

I declare under penalty for perjury that the above and foregoing is true and correct to the best of my personal knowledge and belief.

Executed on: April 8, 2021


X _____
Leif O'Connell
Petitioner, *pro se*