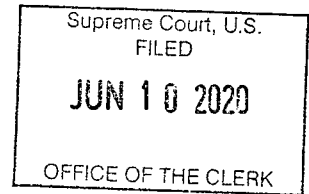


NO. **19-8891**



IN THE SUPREME COURT OF THE UNITED STATES

JEFFERY L. HOWARD- Petitioner

-VS-

MANAGEMENT & TRAINING CORPORATION(MTC) et al., - Respondents

MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

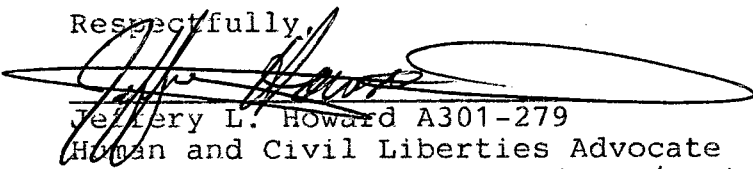
The Petitioner asks leave to file the attached petition for a Writ of Certiorari without prepayment of costs and to proceed in forma pauperis.

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

- 1) Marion(County) Ohio Common Pleas Court;
- 2) Ohio Third Judicial Appellate District Court; and
- 3) The Supreme Court of Ohio.

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

Respectfully,


Jeffery L. Howard A301-279
Human and Civil Liberties Advocate
North Central Corr. Inst.(NCCI/MTC)
P.O. Box 1812
Marion, Ohio 43301

5-28-2020
Date

IN PROPRIA PERSONA

ORIGINAL

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

I, Jeffery L. Howard, 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	\$ 20.00	\$	\$ 20.00	\$
Self-employment	\$ N/A	\$	\$ N/A	\$
Income from real property (such as rental income)	\$ N/A	\$	\$ N/A	\$
Interest and dividends	\$ N/A	\$	\$ N/A	\$
Gifts	\$ N/A	\$	\$ N/A	\$
Alimony	\$ N/A	\$	\$ N/A	\$
Child Support	\$ N/A	\$	\$ N/A	\$
Retirement (such as social security, pensions, annuities, insurance)	\$ N/A	\$	\$ N/A	\$
Disability (such as social security, insurance payments)	\$ N/A	\$	\$ N/A	\$
Unemployment payments	\$ N/A	\$	\$ N/A	\$
Public-assistance (such as welfare)	\$ N/A	\$	\$ N/A	\$
Other (specify):	\$	\$	\$	\$
Total monthly income:	\$ 20.00	\$	\$ 20.00	\$

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
Ohio Dept. of Rehab. & Corr. Columbus, Ohio 43228	4545 Fisher Rd. Suite-D	1994-Present	\$ 20.00
			\$
			\$

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
			\$
			\$

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

Type of account (e.g., checking or savings)	Amount you have	Amount your spouse has
None	\$ -0-	\$ 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 None -0-

☐ Other real estate
Value None -0-

☐ Motor Vehicle #1
Year, make & model None -0-
Value -0-

☐ Motor Vehicle #2
Year, make & model None -0-
Value -0-

☐ Other assets
Description None
Value -0-

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

Person owing you or your spouse money

None

Amount owed to you

\$ -0-

Amount owed to your spouse

\$ _____
\$ _____
\$ _____

7. State the persons who rely on you or your spouse for support. For minor children, list initials instead of names (e.g. "J.S." instead of "John Smith").

Name
None

Relationship
None

Age
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.

Rent or home-mortgage payment
(include lot rented for mobile home)

Are real estate taxes included? ☐ Yes ☐ No

Is property insurance included? ☐ Yes ☐ No

You

Your spouse

\$ N/A \$ N/A

Utilities (electricity, heating fuel,
water, sewer, and telephone)

\$ N/A \$ N/A

Home maintenance (repairs and upkeep)

\$ N/A \$ N/A

Food

\$ N/A \$ N/A

Clothing

\$ N/A \$ N/A

Laundry and dry-cleaning

\$ N/A \$ N/A

Medical and dental expenses

\$ N/A \$ N/A

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>None -0-</u>	\$ _____
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>None -0-</u>	\$ _____
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>None -0-</u>	\$ _____
Life	\$ <u>None -0-</u>	\$ _____
Health	\$ <u>None -0-</u>	\$ _____
Motor Vehicle	\$ <u>None -0-</u>	\$ _____
Other: <u>None</u>	\$ <u>-0-</u>	\$ _____
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>None</u>	\$ <u>-0-</u>	\$ _____
Installment payments		
Motor Vehicle	\$ <u>None -0-</u>	\$ _____
Credit card(s)	\$ <u>None -0-</u>	\$ _____
Department store(s)	\$ <u>None -0-</u>	\$ _____
Other: <u>None</u>	\$ <u>-0-</u>	\$ _____
Alimony, maintenance, and support paid to others	\$ <u>None -0-</u>	\$ _____
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>None -0-</u>	\$ _____
Other (specify): <u>None</u>	\$ <u>-0-</u>	\$ _____
Total monthly expenses:	\$ <u>None -0-</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.

N/A

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? _____

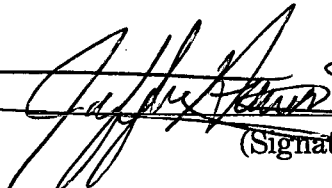
If yes, state the person's name, address, and telephone number:

12. Provide any other information that will help explain why you cannot pay the costs of this case.

I am a prisoner who earn \$20.00 monthly, I do not have financial support from family, or friends, nor any other source.

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

Executed on: MAY 28th, 2020


(Signature) 528-2026