

No. 20-5174

ORIGINAL

IN THE
SUPREME COURT OF THE UNITED STATES

Supreme Court, U.S.
FILED

JUL 17 2020

OFFICE OF THE CLERK

RONALD DEMETRIUS THOMAS, — PETITIONER
(Your Name)

VS.

WILLIAM MUNIZ, Warden. — 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):

UNITED STATES DISTRICT COURT, NORTHERN DISTRICT OF CALIFORNIA

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: _____

a copy of the order of appointment is appended.(F)


(Signature)

RECEIVED

JUL 23 2020

OFFICE OF THE CLERK
SUPREME COURT, U.S.

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

I, Ronald Demetrius Thomas, 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	\$ <u>0000.00</u>	\$ <u>0000.00</u>	\$ <u>0000.00</u>	\$ <u>0000.00</u>
Self-employment	\$ <u>0000.00</u>	\$ <u>0000.00</u>	\$ <u>0000.00</u>	\$ <u>0000.00</u>
Income from real property (such as rental income)	\$ <u>0000.00</u>	\$ <u>0000.00</u>	\$ <u>0000.00</u>	\$ <u>0000.00</u>
Interest and dividends	\$ <u>0000.00</u>	\$ <u>0000.00</u>	\$ <u>0000.00</u>	\$ <u>0000.00</u>
Gifts	\$ <u>0000.00</u>	\$ <u>0000.00</u>	\$ <u>0000.00</u>	\$ <u>0000.00</u>
Alimony	\$ <u>0000.00</u>	\$ <u>0000.00</u>	\$ <u>0000.00</u>	\$ <u>0000.00</u>
Child Support	\$ <u>0000.00</u>	\$ <u>0000.00</u>	\$ <u>0000.00</u>	\$ <u>0000.00</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0000.00</u>	\$ <u>0000.00</u>	\$ <u>0000.00</u>	\$ <u>0000.00</u>
Disability (such as social security, insurance payments)	\$ <u>0000.00</u>	\$ <u>0000.00</u>	\$ <u>0000.00</u>	\$ <u>0000.00</u>
Unemployment payments	\$ <u>0000.00</u>	\$ <u>0000.00</u>	\$ <u>0000.00</u>	\$ <u>0000.00</u>
Public-assistance (such as welfare)	\$ <u>0000.00</u>	\$ <u>0000.00</u>	\$ <u>0000.00</u>	\$ <u>0000.00</u>
Other (specify): <u>None</u>	\$ <u>0000.00</u>	\$ <u>0000.00</u>	\$ <u>0000.00</u>	\$ <u>0000.00</u>
Total monthly income:	\$ <u>0000.00</u>	\$ <u>0000.00</u>	\$ <u>0000.00</u>	\$ <u>0000.00</u>

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
CDCR	44750 60th St. West Lancaster Ca, 93539	None	\$ 0000.00
None	None	None	\$ 0000.00
None	None	None	\$ 0000.00

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
None	None	None	\$ 0000.00
None	None	None	\$ 0000.00
None	None	None	\$ 0000.00

4. How much cash do you and your spouse have? \$ 0.18¢

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
Inmate Trust Statement Account	\$ 0.18¢	\$ 0000.00
None	\$ 0000.00	\$ 0000.00
None	\$ 0000.00	\$ 0000.00

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

Home
Value _____

Other real estate
Value 0000.00

Motor Vehicle #1
Year, make & model None
Value 0000.00

Motor Vehicle #2
Year, make & model None
Value 0000.00

Other assets
Description None
Value 0000.00

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

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
None	\$ 0000.00	\$ 0000.00
None	\$ 0000.00	\$ 0000.00
None	\$ 0000.00	\$ 0000.00

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	Relationship	Age
None	None	None
None	None	None
None	None	None

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)	\$ 0000.00	\$ 0000.00
Are real estate taxes included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is property insurance included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 0000.00	\$ 0000.00
Home maintenance (repairs and upkeep)	\$ 0000.00	\$ 0000.00
Food	\$ 0000.00	\$ 0000.00
Clothing	\$ 0000.00	\$ 0000.00
Laundry and dry-cleaning	\$ 0000.00	\$ 0000.00
Medical and dental expenses	\$ 0000.00	\$ 0000.00

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 0000.00	\$ 0000.00
Recreation, entertainment, newspapers, magazines, etc.	\$ 0000.00	\$ 0000.00
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ 0000.00	\$ 0000.00
Life	\$ 0000.00	\$ 0000.00
Health	\$ 0000.00	\$ 0000.00
Motor Vehicle	\$ 0000.00	\$ 0000.00
Other: <u>None</u>	\$ 0000.00	\$ 0000.00
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>None</u>	\$ 0000.00	\$ 0000.00
Installment payments		
Motor Vehicle	\$ 0000.00	\$ 0000.00
Credit card(s)	\$ 0000.00	\$ 0000.00
Department store(s)	\$ 0000.00	\$ 0000.00
Other: <u>None</u>	\$ 0000.00	\$ 0000.00
Alimony, maintenance, and support paid to others	\$ 0000.00	\$ 0000.00
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0000.00	\$ 0000.00
Other (specify): <u>None</u>	\$ 0000.00	\$ 0000.00
Total monthly expenses:	\$ 0000.00	\$ 0000.00

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? None

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

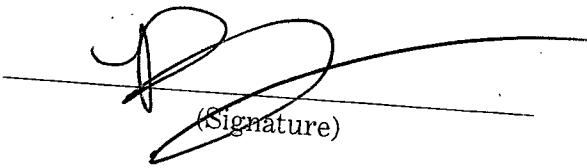
If yes, how much? None

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 not being paid by the Department of Corrections and
Rehabilitation, and my family had been affected by COVID-19.

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

Executed on: July 16, 2020


(Signature)

Date\Time: 7/3/2020 12:57:49 PM

CDCR

Verified: _____

Institution: LAC

Inmate Statement Report

CDCR#	Inmate/Group Name	Institution	Unit	Cell/Bed
AN0774	THOMAS, RONALD	LAC	B 004 2	237001

Current Available Balance: \$0.18

Transaction List

Transaction Date	Institution	Transaction Type	Source Doc#	Receipt#/Check#	Amount	Account Balance
04/03/2020	LAC	BEGINNING BALANCE				\$0.13
05/30/2020	LAC	JPAY	0000000116938355		\$250.00	\$250.13
05/30/2020	LAC	RESTITUTION FINE PAYMENT	0000000116938355		(\$125.00)	\$125.13
05/30/2020	LAC	ADMINISTRATIVE FEE	0000000116938355		(\$12.50)	\$112.63
06/13/2020	LAC	JPAY	0000000117632614		\$150.00	\$262.63
06/13/2020	LAC	RESTITUTION FINE PAYMENT	0000000117632614		(\$75.00)	\$187.63
06/13/2020	LAC	ADMINISTRATIVE FEE	0000000117632614		(\$7.50)	\$180.13
06/25/2020	LAC	SALES	11		(\$179.95)	\$0.18

Encumbrance List

Encumbrance Type	Transaction Date	Amount
No information was found for the given criteria.		

Obligation List

Obligation Type	Court Case#	Original Owed Balance	Sum of Tx for Date Range for Oblig	Current Balance
No information was found for the given criteria.				

Restitution List

Restitution	Court Case#	Status	Original Owed Balance	Interest Accrued	Sum of Tx for Date Range for Oblig	Current Balance
RESTITUTION FINE	164261	Active	\$10,000.00	\$0.00	(\$200.00)	\$7,862.51