

No. 20-5483

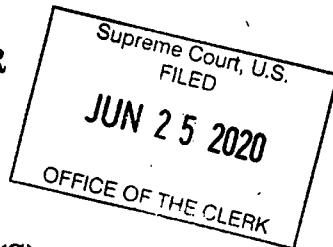
ORIGINAL

IN THE
SUPREME COURT OF THE UNITED STATES

Dion Black — PETITIONER
(Your Name)

VS.

Norman Robinson — RESPONDENT(S)
WARDER



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):

U.S. District Court - Dayton, Ohio

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: _____

_____, or

a copy of the order of appointment is appended.

Dion Black
(Signature)

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

I, Dion Black, 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>18.00</u>	\$ <u>—</u>	\$ <u>18.00</u>	\$ <u>—</u>
Self-employment	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>
Income from real property (such as rental income)	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>
Interest and dividends	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>
Gifts	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>
Alimony	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>
Child Support	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>
Disability (such as social security, insurance payments)	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>
Unemployment payments	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>
Public-assistance (such as welfare)	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>
Other (specify): <u>—</u>	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>
Total monthly income:	\$ <u>18.00</u>	\$ <u>—</u>	\$ <u>18.00</u>	\$ <u>—</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
State of Ohio	Loc I P.O. Box 44 London, Ohio		\$ 18-00
			\$
			\$

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
			\$
			\$
			\$

4. How much cash do you and your spouse have? \$ 00-00

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
		\$	\$
		\$	\$
		\$	\$

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/D

Other real estate

Value N/D

Motor Vehicle #1

Year, make & model N/D

Value _____

Motor Vehicle #2

Year, make & model N/S

Value _____

Other assets

Description N/A

Value _____

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
<u>N/D</u>	\$ <u>N/D</u>	\$ <u>N/D</u>
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

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

Name	Relationship	Age
<u>N/D</u>	<u>N/D</u>	<u>N/D</u>
_____	_____	_____
_____	_____	_____

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)	\$ <u>1412</u>	\$ <u>N/D</u>
Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <u>N/D</u>	\$ <u>N/D</u>
Home maintenance (repairs and upkeep)	\$ <u>N/D</u>	\$ <u>N/D</u>
Food	\$ <u>N/D</u>	\$ <u>N/D</u>
Clothing	\$ <u>N/D</u>	\$ <u>N/D</u>
Laundry and dry-cleaning	\$ <u>N/D</u>	\$ <u>N/D</u>
Medical and dental expenses	\$ <u>N/D</u>	\$ <u>N/D</u>

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>N/A</u>	\$ <u>N/A</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>N/A</u>	\$ <u>N/A</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <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>
Other: _____	\$ <u>N/A</u>	\$ <u>N/A</u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>IN MATE - STATE OF OHIO</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Installment payments		
Motor Vehicle	\$ <u>N/A</u>	\$ <u>N/A</u>
Credit card(s)	\$ <u>N/A</u>	\$ <u>N/A</u>
Department store(s)	\$ <u>N/A</u>	\$ <u>N/A</u>
Other: _____	\$ <u>N/A</u>	\$ <u>N/A</u>
Alimony, maintenance, and support paid to others	\$ <u>N/A</u>	\$ <u>N/A</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>N/A</u>	\$ <u>N/A</u>
Other (specify): _____	\$ <u>N/A</u>	\$ <u>N/A</u>
Total monthly expenses:	\$ <u>18-20</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 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? 15/2

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

15/2

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? 25.00

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

GREGORY WHITE #486-507
LONDON CORR. INST.
P.O. BOX 69
LONDON, OHIO 413140

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

STATE INMATE - EARNING 18.00 monthly maintenance
PAY FROM STATE OF OHIO

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

Executed on: July 20th, 2020


(Signature)

IN THE UNITED STATES SUPREME COURT

DION BLACK,

U.S. Supreme Court No.

3 Petitioner,

(By Clerk)

-vs-

District Court No. 3:19-cv-00303
Sixth Circuit No. 19-4147

NORMAN ROBINSON, Warden,

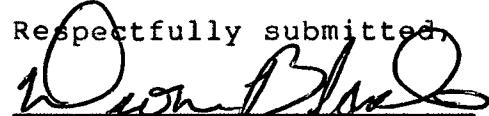
MOTION FOR LEAVE TO PROCEED
IN FORMA PAUPERIS

Respondent.

Pursuant to 28 U.S.C. Section 1915(b)(4) the petitioner moves the Court to grant him forma pauperis for the reason that an incarcerated inmate at London Correctional Institution he is indigent within the meaning of both State and federal law. That because of his poverty he cannot pre-pay filing fees, court costs, give security therefor or retain counsel of his choice.

It Is So Prayed For

Respectfully submitted,



Dion Black-Petitioner
Reg. # A741-043
London Corr. Institution
P.O. Box 69
London, Ohio 43140

Certificate of Service

This is to certify that a copy of the foregoing motion was served by regular mail upon Dave Yost-Ohio Attorney General at 150 East Gay Street, Columbus, Ohio 43215 this 21st day of June, 2020.



Dion Black
Petitioner-Pro Se

AFFIDAVIT IN SUPPORT OF FORMA PAUPERIS APPLICATION

I, Dion Black, after first being duly sworn according to law, do hereby depose as follows:

1. That I am the Petitioner-Affiant herein and as such stand qualified to attest to the contents herein because of personal knowledge.
2. That I am currently an incarcerated inmate at London Correctional Institution, London, Ohio.
3. That as such I earn a total of \$18.00 monthly derived as State Pay from the State of Ohio.
4. That I need such grnuity pay for my personal maintenance.
5. That I own no other significant assets or property, real or otherwise.
6. That I am therefore indigent under Ohio and federal law.
7. That because of my poverty I cannot pre-pay filing fees, court costs, re-produce the required number of copies of pleadings, retain counsel of my choice or to give security therefor.
8. That I therefore believe that I should be granted forma pauperis status and allowed to proceed further at public expense.
9. That all of the foregoing averments are true as I verily believe.

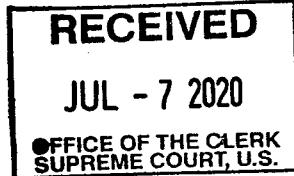
Further Affiant Sayeth Naught

Dion Black
Affiant

STATE OF OHIO)
)SS:
COUNTY OF MADISON)

Sworn and subscribed to in my presence a notary public this 12 day
of July, 2020.

Anita Bradley
Notary Public



ANITA BRADLEY
NOTARY PUBLIC, STATE OF OHIO
MONTGOMERY COUNTY
My Commission Expires 9/30/2020