

20-5858
No. _____

ORIGINAL

OCTOBER 2019 TERM

IN THE

SUPREME COURT OF THE UNITED STATES

Elvert S. Briscoe, Jr. PETITIONER
(Your Name)

Supreme Court, U.S.
FILED

SEP 22 2020

OFFICE OF THE CLERK

VS.

Gary Mohr, et al. — 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*.

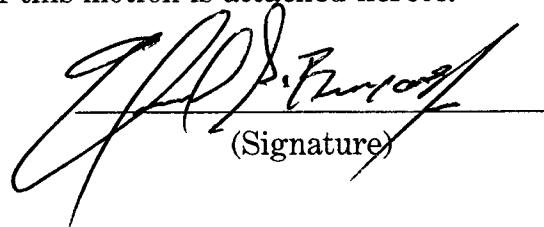
Petitioner has previously been granted leave to proceed *in forma pauperis* in the following court(s):

Briscoe v. Mohr, et al., 1:18CV02417 (DCN-Ohio);

Briscoe v. Mohr, et al., USCA Sixth Circuit 19-3306
bbb

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.


(Signature)

RECEIVED

SEP 30 2020

OFFICE OF THE CLERK
SUPREME COURT, U.S.

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

I, Elvert S. Briscoe, Jr., 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>N/A</u> | \$ <u>18.00</u> | \$ <u>N/a</u> |
| Self-employment | \$ <u>0</u> | \$ <u>N/A</u> | \$ <u>0</u> | \$ <u>N/A</u> |
| Income from real property (such as rental income) | \$ <u>0</u> | \$ <u>N/A</u> | \$ <u>0</u> | \$ <u>N/A</u> |
| Interest and dividends | \$ <u>0</u> | \$ <u>N/A</u> | \$ <u>0</u> | \$ <u>N/A</u> |
| Gifts | \$ <u>75.00</u> | \$ <u>N/A</u> | \$ <u>75.00</u> | \$ <u>N/A</u> |
| Alimony | \$ <u>0</u> | \$ <u>N/A</u> | \$ <u>0</u> | \$ <u>N/A</u> |
| Child Support | \$ <u>0</u> | \$ <u>N/A</u> | \$ <u>0</u> | \$ <u>N/A</u> |
| Retirement (such as social security, pensions, annuities, insurance) | \$ <u>0</u> | \$ <u>N/A</u> | \$ <u>0</u> | \$ <u>N/A</u> |
| Disability (such as social security, insurance payments) | \$ <u>0</u> | \$ <u>N/A</u> | \$ <u>0</u> | \$ <u>N/A</u> |
| Unemployment payments | \$ <u>0</u> | \$ <u>N/A</u> | \$ <u>0</u> | \$ <u>N/A</u> |
| Public-assistance (such as welfare) | \$ <u>0</u> | \$ <u>N/A</u> | \$ <u>0</u> | \$ <u>N/A</u> |
| Other (specify): _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Total monthly income: | \$ <u>93.00</u> | \$ <u>N/A</u> | \$ <u>93.00</u> | \$ <u>N/A</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 |
|-----------------|-----------------|----------------------------|--------------------------|
| ToCI | 2001 E. Central | 11-7-17 | \$ 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 |
|-----------------|----------------|----------------------------|--------------------------|
| N/A | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |

4. How much cash do you and your spouse have? \$ 0

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 |
|------------------------------|------------------------|------------------------|-------------------------------|
| ToCI | Inmate Trust | \$ 201.61 | \$ 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 _____ N/A
Value _____

Motor Vehicle #2
Year, make & model _____ N/A
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/A</u> | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ |

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

| Name | Relationship | Age |
|-------------|---------------------|------------|
| <u>N/A</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>N/A</u> | \$ <u>N/A</u> |
| 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) | \$ <u>25.00</u> | \$ <u>N/A</u> |
| Home maintenance (repairs and upkeep) | \$ <u>N/A</u> | \$ <u>N/A</u> |
| Food | \$ <u>12.00</u> | \$ <u>N/A</u> |
| Clothing | \$ <u>N/A</u> | \$ <u>N/A</u> |
| Laundry and dry-cleaning | \$ <u>1.00</u> | \$ <u>N/A</u> |
| Medical and dental expenses | \$ <u>2.00</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 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? _____

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? _____

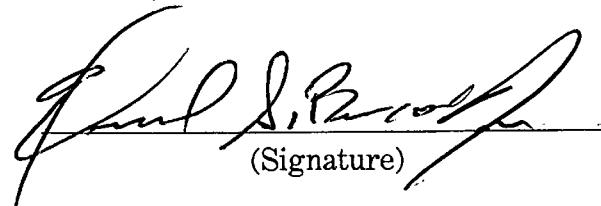
If yes, state the person's name, address, and telephone number:

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

**The money I receive as a gift can end at any time due to
the health of the donor-Mother has dementia and age.**

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

Executed on: September 14, 2020


(Signature)

Ohio Department of Rehabilitation and Correction

SECTION I - To be completed by cashier prior to this form being presented to the inmate for completion of SECTION II - Affidavit of Indigency.

I, C. Ray, cashier at the Toledo Correctional

certify that the following is a true and accurate reflection of the status of the account maintained at this institution for the benefit of:

| | |
|-------------------------------------|-------------------------------|
| Inmate Name: <u>Elvert, Briscoe</u> | Inmate Number: <u>A368171</u> |
|-------------------------------------|-------------------------------|

| | |
|---|------------------|
| Account Balance as of <u>8/25/2020</u> : | \$ <u>159.51</u> |
| Total state pay credited for the preceding six months; | \$ <u>108.00</u> |
| Average monthly state pay for the preceding six months; | \$ <u>18.00</u> |
| Total funds received from all sources, excluding state pay, for the preceding six months; | \$ <u>198.49</u> |

| | |
|---|------------------------|
| Signature of Cashier: <u>C. Ray FA toci</u> | Date: <u>8/25/2020</u> |
|---|------------------------|

AFFIDAVIT OF INDIGENCE

SECTION II - To be completed by inmate after cashier's statement is completed.

I, Elvert S. Briscoe, Jr., being first duly sworn, says that he/she does not have sufficient funds to pay the filing fee and other costs of prosecuting this complaint against the State of Ohio, Department of Rehabilitation and Correction, in the Court of Claims of Ohio and submits the cashier's statement (Section I) in support of said allegation of indigency.

I hereby represent that the information set forth in the cashier's statement concerning my financial condition is true and complete to the best of my knowledge and belief.

| | |
|---------------------------------------|-------------------------------|
| Inmate Name: <u>Elvert S. Briscoe</u> | Inmate Number: <u>A368171</u> |
|---------------------------------------|-------------------------------|

Sworn to and subscribed to me in my presence this 10th day of September, 20 20.

This financial information was given to the
inmate prior to it being filed in the information
may have changed since the application and
before filing.

KENNETH EARL RUPERT
NOTARY PUBLIC - OHIO
MY COMMISSION EXPIRES 5-22-2017

Notary Public