

No. 20-5950

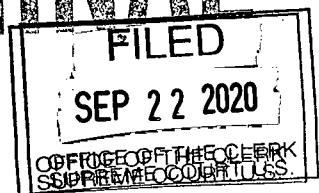
IN THE

SUPREME COURT OF THE UNITED STATES

ORIGINAL

CLINTON RILEY - PETITIONER;

(Your Name)



VS.

INDIANA DEPARTMENT OF CORRECTION
et al. - 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):

as memory Serves correct: Indiana Court of Appeals
and 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.

C. Tr. Riley
(Signature)

p211

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

I, Clinton Riley, 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 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	\$ 46.00	\$ N/A	\$ 46.49	\$ N/A
Self-Employment	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Income from real property (such as rental income)	\$ None	\$ None	\$ None	\$ None
Interest and dividends	\$ None	\$ None	\$ None	\$ None
Gifts	\$ 85.24	\$ N/A	\$ 30-40	\$ N/A
Alimony	\$ 0	\$ N/A	\$ N/A	\$ N/A
Child Support	\$ 0	\$ N/A	\$ N/A	\$ N/A
Retirement (such as social security, pensions, annuities, insurance)	\$ 0	\$ 0	\$ 0	\$ 0
Disability (such as social security, insurance payments)	\$ 0	\$ 0	\$ 0	\$ 0
Unemployment payments	\$ 0	\$ 0	\$ 0	\$ 0
Public-assistance (such as welfare)	\$ 0	\$ 0	\$ 0	\$ 0
Other (specify):	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Total monthly income:	\$ 46.49	\$ N/A	\$ 46.49	\$ N/A

MMR

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
<u>N.C.C.F.</u>	<u>1000 Van Nuys St</u>	<u>2018/2020</u>	<u>\$ 46 - 49</u>
			<u>\$</u>
			<u>\$</u>

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
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>\$ N/A</u>

4. How much cash do you and your spouse have? \$ 0 N/A
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 spouse has
<u>N/A</u>	<u>N/A</u>	<u>\$ N/A</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 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 None
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>	\$ <u>N/A</u>	\$ <u>N/A</u>
	\$ <u>N/A</u>	\$ <u>N/A</u>
	\$ <u>N/A</u>	\$ <u>N/A</u>

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

Name:

Relationship:

Age:

<u>N/A</u>	<u>N/A</u>	<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 (including 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, telephone)	\$ <u>0</u>	\$ <u>0</u>
Home maintenance (repairs and upkeep)	\$ <u>0</u>	\$ <u>0</u>
Food	\$ <u>30</u>	\$ <u>N/A</u>
Clothing	\$ <u>N/A</u>	\$ <u>N/A</u>
Laundry and dry-cleaning	\$ <u>10</u>	\$ <u>N/A</u>
Medical and dental expenses	\$ <u>0</u>	\$ <u>N/A</u>

PJM

Transportation (not including motor vehicle expenses) \$ N/A \$ N/A
Recreation, entertainment, newspapers, magazines, etc. \$ ~~N/A~~ \$ ~~Legal postage/ copying~~

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): _____ \$ 0 \$ 0

Installment payments

Motor Vehicle	\$ <u>0</u>	\$ <u>0</u>
Credit card(s)	\$ <u>0</u>	\$ <u>0</u>
Department store(s)	\$ <u>0</u>	\$ <u>0</u>
Other _____	\$ <u>0</u>	\$ <u>0</u>

Alimony, maintenance, and support paid to others \$ 0 \$ 0

Regular expenses for operation of business, profession, or farm (attach detailed statement) \$ 0 \$ 0

Other (specify): _____ \$ 0 \$ 0

Total monthly expenses \$ Varies \$ N/A

*For postage,
copy & mailing*

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 attorney'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 willing to pay what I can, monthly,
or completely upon my release.*

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

Executed on: 22 day September, 2020.

C. T. Raby
(Signature)