

20-6019
No.

Supreme Court, U.S.
FILED

JUL 13 2020

OFFICE OF THE CLERK

IN THE
Supreme Court of the United States

GREG P. GIVENS,

Petitioner,

v.

CLYDE YATES, JR., *et al.*,

Respondent(s).

On Petition for Writ Of Certiorari To The Supreme Court of Ohio

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*.

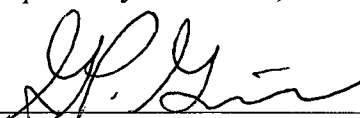
Petitioner has previously been granted leave to proceed *in forma pauperis* in the following court(s): United States District Court; Southern District of Ohio; United States Court of Appeals, Fourth Circuit; United States Supreme Court; and Belmont County, Ohio, Court of Common Pleas; Seventh District Court of Appeals of Ohio; The Supreme Court of Ohio;

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

Dated: July 12, 2020.

Respectfully Submitted,

ORIGINAL


Greg P. Givens

**CERTIFICATE
PROOF OF SERVICE**

True copies of all documents filed in this Court, addressed to the Clerk, Supreme Court of the United States, Washington, DC 20543, or by electronic means, and served on opposing parties, or their known appearance of counsel, in accordance with Rule.

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SAINT CLAIRSVILLE, OH 43950
for Clyde Yates, Jr., Kimberly Yates (a.k.a. Kimberly Craig)

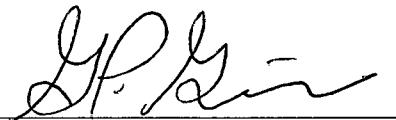
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KIMBERLY HARRIS
3301 CENTRAL AVENUE
SHADYSIDE, OH 43947
Pro se

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



GREG P. GIVENS, *Pro Se Petitioner*

Dated: July 12, 2020

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

I, GREG P. GIVENS, 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	\$ 0	\$	\$ 0	\$
Self-employment	\$ 0	\$	\$ 0	\$
Income from real property (such as rental income)	\$ 0	\$	\$ 0	\$
Interest and dividends	\$ 0	\$	\$ 0	\$
Gifts	\$ 0	\$	\$ 0	\$
Alimony	\$ 0	\$	\$ 0	\$
Child Support	\$ 0	\$	\$ 0	\$
Retirement (such as social security, pensions, annuities, insurance)	\$ 0	\$	\$ 0	\$
Disability (such as social security, insurance payments)	\$ 0	\$	\$ 0	\$
Unemployment payments	\$ 0	\$	\$ 0	\$
Public-assistance (such as welfare)	\$ 12.	\$	\$ 0	\$
Other (specify): <u>SAVINGS</u>	\$ 13	\$	\$ 0	\$
Total monthly income:	\$ 25.	\$	\$ 0	\$

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
N/A			\$
			\$
			\$

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? \$ 25.01

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
WCBANC/Union	SAVINGS	\$ 8.01	\$
		\$	\$
		\$	\$

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

☐ Home N/A
Value 0

☐ Other real estate N/A
Value 0

☐ Motor Vehicle #1 N/A
Year, make & model _____
Value 0

☐ Motor Vehicle #2
Year, make & model _____
Value _____

☐ Other assets N/A
Description _____
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> </u>	\$ <u> </u>
<u> </u>	\$ <u> </u>	\$ <u> </u>
<u> </u>	\$ <u> </u>	\$ <u> </u>

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

Name	Relationship	Age
<u>N/A</u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </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>0</u>	\$ <u> </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>10.00</u>	\$ <u> </u>
Home maintenance (repairs and upkeep)	\$ <u>0</u>	\$ <u> </u>
Food	\$ <u>12</u>	\$ <u> </u>
Clothing	\$ <u>5</u>	\$ <u> </u>
Laundry and dry-cleaning	\$ <u>0</u>	\$ <u> </u>
Medical and dental expenses	\$ <u>0</u>	\$ <u> </u>

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 0	\$
Recreation, entertainment, newspapers, magazines, etc.	\$ 0	\$
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ 0	\$
Life	\$ 0	\$
Health	\$ 0	\$
Motor Vehicle	\$ 0	\$
Other: _____	\$ 0	\$
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ 0	\$
Installment payments		
Motor Vehicle	\$ 0	\$
Credit card(s)	\$ 0	\$
Department store(s)	\$ 0	\$
Other: _____	\$ 0	\$
Alimony, maintenance, and support paid to others	\$ 0	\$
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0	\$
Other (specify): _____	\$ 0	\$
Total monthly expenses:	\$ 0	\$

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:

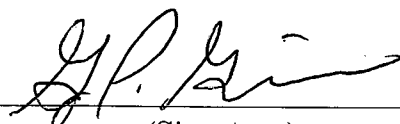
12. Provide any other information that will help explain why you cannot pay the costs of this case.

I AM ON PUBLIC WELFARE ALLOTTED \$12.00 IN FOOD STAMP NECESSITIES I GET FROM CATHOLIC CHARITIES SUCH AS FOOD AND CLOTHING, ETC. FROM THE SALVATION ARMY. I QUALIFY FOR GOVERNMENT ASSISTANCE WITH MY UTILITY = \$10.00 BUDGET/MO.

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

Executed on: July 13, 2020

9/9/2020 


(Signature)