

No. _____

In the Supreme Court of the United States

JEFFREY WOGENSTAHL,

Petitioner,

v.

STATE OF OHIO,

Respondent.

On Petition for Writ of Certiorari to
the Supreme Court of Ohio

APPLICATION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

Petitioner Jeffrey Wogenstahl respectfully requests leave to file the attached petition for writ of certiorari without payment of costs and to proceed *in forma pauperis*.

Wogenstahl is indigent, and he has been found indigent and permitted to file *in forma pauperis* in the Ohio Supreme Court and the Ohio Court of Appeals, as well as the United States District Court for the Southern District of Ohio, and the United States Court of Appeals for the Sixth Circuit in all of his previous filed cases. See Appointment Order, attached hereto as Exhibit A. Every court since Wogenstahl was indicted in 1993 on charges that carried the potential for the death penalty has permitted him to proceed *in forma pauperis*.

Petitioner Jeffrey Wogenstahl respectfully requests leave to file the attached petition for writ of certiorari without payment of costs and to proceed *in forma pauperis*.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'K. S. Rigby', with a stylized flourish at the end.

Kimberly S. Rigby (0078245)
Supervising Attorney, Death Penalty Dept.
Counsel of Record
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and

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Counsel for Petitioner Wogenstahl

EAC (by ANT)

by H. Fred Hoefle, Esq.

ORIGINAL

COURT OF APPEALS
FIRST APPELLATE DISTRICT
HAMILTON COUNTY, OHIO

95-42

STATE OF OHIO

Plaintiff/Appellee

v.

JEFFREY WOGENSTAHL

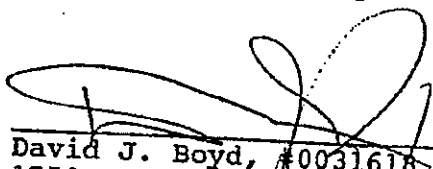
Defendant/Appellant

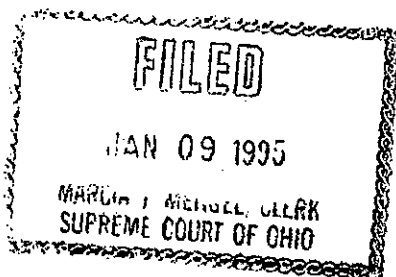
: Case No. C-930222

: **ON COUNSEL**

: ENTRY AUTHORIZING COUNSEL
: FOR THE APPELLANT TO
: WITHDRAW AND APPOINTING
: SUCCESSOR COUNSEL


This matter came before the Court upon the Motion of David J. Boyd, Attorney at Law, lead counsel for the Appellant herein. Upon examination of said Motion together with the record herein, the Court finds said Motion to be well taken and the same is hereby granted. It is therefore ordered that David J. Boyd is hereby permitted to withdraw as counsel of record. The Court further appoints H. Fred Hoefle, Attorney at Law to represent the Appellant herein as Lead Counsel.


David J. Boyd, #0031618
1770 Federated Building
7 West 7th Street
Cincinnati, Ohio 45202
(513) 241-2382



TO THE CLERK:

ENTER UPON THE JOURNAL OF
THE COURT 12/23/94
PER ORDER OF THE COURT.

BY: 
PRESIDING JUDGE

EXHIBIT

A

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

I, ^{Jeffrey Wogenshtal}~~Jeffrey Wogenshtal~~ 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 ^{STATE} PAY	Spouse
Employment	\$ <u>216.00</u>	\$ <u>0</u>	\$ <u>18.60</u>	\$ <u>0</u>
Self-employment	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Income from real property (such as rental income)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Interest and dividends	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Gifts	\$ <u>700.00</u>	\$ <u>0</u>	\$ <u>VARIES</u>	\$ <u>0</u>
Alimony	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Child Support	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Disability (such as social security, insurance payments)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Unemployment payments	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Public-assistance (such as welfare)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>

Income source	Average monthly amount during the past 12 months		Amount expected next month	
Other (specify): <u>STATE PAY</u>	\$ <u>18.00</u>	\$ <u>0</u>	\$ <u>18.00</u>	\$ <u>0</u>
Total monthly income:	\$ <u>18.00</u>	\$ <u>0</u>	\$ <u>18.00</u>	\$ <u>0</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
<u>STATE OF OHIO</u>	<u>Chillicothe PRISON</u>		\$ <u>18.00</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>			\$ _____
			\$ _____
			\$ _____

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
<u>0</u>	<u>0</u>	\$ <u>0</u>	\$ <u>0</u>
		\$ _____	\$ _____
		\$ _____	\$ _____

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

<input type="checkbox"/> Home	<input type="checkbox"/> Other real estate
Value <u>0</u>	Value <u>0</u>
<input type="checkbox"/> Motor Vehicle #1	<input type="checkbox"/> Motor Vehicle #2
Year, make & model	Year, make & model
<u>0</u>	<u>0</u>
Value <u>0</u>	Value <u>0</u>
<input type="checkbox"/> Other assets	
Description <u>0</u>	
Value <u>0</u>	

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>NONE</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>NONE</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 amount 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)	\$ 0	\$ 0
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)	\$ 0	\$ 0
Home maintenance (repairs and upkeep)	\$	\$
Food	\$	\$
Clothing	\$	\$
Laundry and dry-cleaning	\$	\$
Medical and dental expenses	\$	\$
Transportation (not including motor vehicle payments)	\$	\$
Recreation, entertainment, newspapers, magazines, etc.	\$	\$
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ 0	\$ 0
Life	\$	\$
Health	\$	\$
Motor Vehicle	\$	\$
Other: _____	\$	\$
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ 0	\$ 0
Installment payments		
Motor Vehicle	\$ 0	\$ 0

	You	Your spouse
Credit card(s)	\$ <u> </u>	\$ <u> </u>
Department store(s)	\$ <u> </u>	\$ <u> </u>
Other: <u> </u>	\$ <u> </u>	\$ <u> </u>
Alimony, maintenance, and support paid to others	\$ <u> </u>	\$ <u> </u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u> </u>	\$ <u> </u>
Other (specify): <u> </u>	\$ <u> </u>	\$ <u> </u>
Total monthly expenses:	\$ <u> </u>	\$ <u> </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? COURT APPOINTED

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? COURT APPOINTED

12. Provide any other information that will help explain why you cannot pay the costs of this case. I HAVE NO MONEY

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

Executed on: October 21, 2020.

Jeffrey Allen Wogenstiel
(Signature)