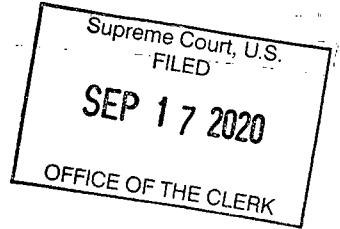


20-6183

No. \_\_\_\_\_

ORIGINAL

IN THE  
SUPREME COURT OF THE UNITED STATES



Timothy Neal Hatton - PETITIONER;  
(Your Name)

VS.

Mark Sevier,  
Superintendent - 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*.

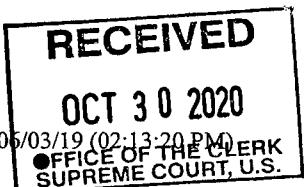
Petitioner has previously been granted leave to proceed *in forma pauperis* in the following court(s):

Marshall County Superior, Indiana Appeals and Tax Court, Indiana Supreme,  
Southern District

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.

Tim Hatton  
(Signature)



  
**AFFIDAVIT OR DECLARATION**

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

I, Timothy Deal Hutton, 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 thereof; 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.

<b>Income source</b>	<b>Average monthly amount during the past 12 months</b>		<b>Amount expected next month:</b>	
	<b>You</b>	<b>Spouse</b>	<b>You</b>	<b>Spouse</b>
Employment	\$ 0	\$ N/A	\$ 0	\$ N/A
Self-Employment	\$ 0	\$ N/A	\$ 0	\$ N/A
Income from real property (such as rental income)	\$ 0	\$ N/A	\$ 0	\$ N/A
Interest and dividends	\$ 0	\$ N/A	\$ 0	\$ N/A
Gifts	\$ 0	\$ N/A	\$ 0	\$ N/A
Alimony	\$ 0	\$ N/A	\$ 0	\$ N/A
Child Support	\$ 0	\$ N/A	\$ 0	\$ N/A
Retirement (such as social security, pensions, annuities, insurance)	\$ 0	\$ N/A	\$ 0	\$ N/A
Disability (such as social security, insurance payments)	\$ 0	\$ N/A	\$ 0	\$ N/A
Unemployment payments	\$ 0	\$ N/A	\$ 0	\$ N/A
Public-assistance (such as welfare)	\$ 0	\$ N/A	\$ 0	\$ N/A
Other (specify):	\$ 0	\$ N/A	\$ 0	\$ N/A
<b>Total monthly income:</b>	<b>\$ 0</b>	<b>\$ N/A</b>	<b>\$ 0</b>	<b>\$ N/A</b>

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/A</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 spouse has
<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 \_\_\_\_\_  
 Value N/A

Motor Vehicle #2  
 Year, make & model \_\_\_\_\_  
 Value N/A

Other assets  
 Description \_\_\_\_\_  
 Value N/A

*TNT*  
 10-22-20  
 corrected

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>0</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>	_____	_____
_____	_____	_____
_____	_____	_____

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

Transportation (not including motor vehicle expenses) \$ 0 \$ N/A

Recreation, entertainment, newspapers, magazines, etc. \$ 0 \$ N/A

Insurance (not deducted from wages or included in mortgage payments)

Homeowner's or renter's \$ 0 \$ N/A

Life \$ 0 \$ N/A

Health \$ 0 \$ N/A

Motor Vehicle \$ 0 \$ N/A

Other \_\_\_\_\_ \$ 0 \$ N/A

Taxes (not deducted from wages or included in mortgage payments)

(specify): \_\_\_\_\_ \$ 0 \$ N/A

Installment payments

Motor Vehicle \$ 0 \$ N/A

Credit card(s) \$ 0 \$ N/A

Department store(s) \$ 0 \$ N/A

Other \_\_\_\_\_ \$ 0 \$ N/A

Alimony, maintenance, and support paid to others \$ 0 \$ N/A

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

Other (specify): \_\_\_\_\_ \$ 0 \$ N/A

**Total monthly expenses** \$ 0 \$ N/A

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:

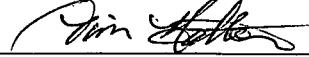
12. Provide any other information that will help explain why you cannot pay the costs of this case.

I have been continuously incarcerated since July 19<sup>th</sup>, 2011, and have no income.

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

Executed on: 2<sup>nd</sup> day September, 2020.

Corrected: 22<sup>nd</sup> day of October, 2020

  
(Signature)