

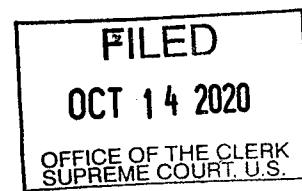
20-6332

ORIGINAL  
IN THE

SUPREME COURT OF THE UNITED STATES

CECIL WALTER SALYERS, *pro se*

COMMONWEALTH OF KENTUCKY



PETITIONER

RESPONDENT

MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

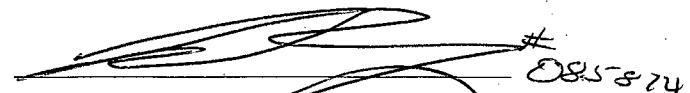
Petitioner asks leave to file the attached petition for a writ of certiorari without prepayment of costs and to proceed *in forma pauperis*.

Petitioner has previously been granted leave to proceed *in forma pauperis* in the following courts:

- Kentucky Court of Appeals Granted Petitioner leave to proceed *in forma pauperis*.
- The Kentucky Supreme Court Granted Petitioner leave to proceed *in forma pauperis* and Ordered him to pay \$5.00 in filing fees.

Petitioner's affidavit or declaration in support of this motion is attached hereto as well as a certified account statement showing all of the funds he has received in the past six (6) months.

Respectfully submitted,



Cecil Walter Salyers, *Pro se*  
Roederer Correctional Complex  
P.O. Box 69  
LaGrange, KY 40031  
(502) 222-0173

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

I, Cecil Walter Salyers, 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 therefore; and I believe I am entitled to redress.

1. As Petitioner has no spouse, the following is a list of the average amount of money he has received from each of the following sources during the past 12 months

Income source	Average monthly amount during the past 12 months	Amount expected next month
Employment	<u>\$0.00</u>	<u>\$0.00</u>
Self-employment	<u>\$0.00</u>	<u>\$0.00</u>
Income from real property	<u>\$0.00</u>	<u>\$0.00</u>
Interest and dividends	<u>\$0.00</u>	<u>\$0.00</u>
Gifts	<u>\$1.66</u>	<u>\$0.00</u>
Alimony	<u>\$0.00</u>	<u>\$0.00</u>
Child Support	<u>\$0.00</u>	<u>\$0.00</u>
Retirement	<u>\$0.00</u>	<u>\$0.00</u>
Disability	<u>\$0.00</u>	<u>\$0.00</u>
Unemployment payments	<u>\$0.00</u>	<u>\$0.00</u>
Public assistance	<u>\$0.00</u>	<u>\$0.00</u>
Other (State Pay)	<u>\$43.91</u>	<u>\$0.00</u>
Total Monthly Income	<u><b>\$45.57</b></u>	<u><b>\$0.00</b></u>

2. Petitioner has not been employed during the past two years.
3. Petitioner has no bank accounts.
4. Petitioner has no assets.
5. Petitioner is not owed money by any person, business, or organization.
6. Petitioner is not relied upon by anyone for support.
7. The following is a list of Petitioner's average monthly expenses.

Rent or home mortgage payment	<u>\$0.00</u>
Utilities	<u>\$0.00</u>
Home maintenance	<u>\$0.00</u>
Food	<u>\$0.00</u>
Clothing	<u>\$0.00</u>
Laundry and dry-cleaning	<u>\$0.00</u>
medical and dental expenses	<u>\$0.50</u>
Transportation	<u>\$0.00</u>
Recreation, entertainment, newspapers, magazines, etc.	<u>\$0.00</u>
Insurance	<u>\$0.00</u>
Taxes	<u>\$0.00</u>
Installment payments	<u>\$0.00</u>
Alimony, maintenance, and support paid to others	<u>\$0.00</u>
Regular expenses for operation of business, profession, or farm	<u>\$0.00</u>

Other (Legal Copies, Postage, and Filing Fees) \$5.73

Total monthly expenses \$6.23

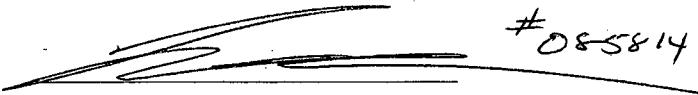
8. Petitioner does not expect to receive any gifts in the next twelve (12) months.

9. Petitioner does not expect to pay an attorney or any other person for services in connection with this case.

10. Petitioner is an inmate who relies solely on State Pay to survive in prison.

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief at this time.

Executed on this 14<sup>th</sup> day of October, 2020.

  
#085814  
Cecil Salyers, *Pro Se*

#### NOTARY STATEMENT

Subscribed and sworn to before me by Cecil Walter Salyers on this 14<sup>th</sup> day of October, 2020.



NOTARY PUBLIC, State at Large: Kentucky

ID Number 632023

My commission expires: 9-20-23

COMMONWEALTH OF KENTUCKY  
DEPARTMENT OF CORRECTIONS  
ROEDERER CORRECTIONAL COMPLEX

CERTIFICATION OF FUNDS DEPOSITED IN  
PRISONER'S INSTITUTIONAL ACCOUNT

Inmate Name: Cecil Salyers  
(First) (Middle) (Last)

Institutional I.D. Number: 085814

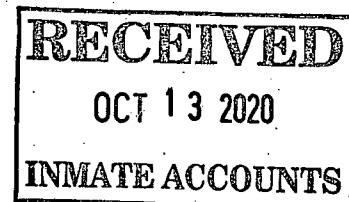
I, Allie Long, of the Roederer Correctional Complex  
Inmate Accounts Office, do hereby certify that the sum of \$ 176.38

been deposited to this inmate's account during the preceding six months.

Allie Long, Inmate Accts  
Signature of Authorized Officer

10/13/2020  
Date

CERTIFIED COPY



KY DOC  
REPORT NO. IBSR180 - 35

6 MONTH AVERAGE INCOME STATEMENT

FROM: 04/2020 TO: 09/2020

PAGE: 1 of 1

PROCESSED: 10/13/2020 12:06

REQUESTOR: Allie Long

DOC #: 085814

INMATE NAME: Salyers, Cecil

SSN: 404-94-9878

		Deposit Detail	Total Deposit
<b>FOR MONTH:</b> April, 2020	<b>Deposit Type:</b> State Pay Earned	\$75.02	\$75.02
<b>FOR MONTH:</b> May, 2020	<b>Deposit Type:</b> State Pay Earned	\$53.24	\$53.24
<b>FOR MONTH:</b> June, 2020	<b>Deposit Type:</b> Christmas/Summer/Other Bonus Money	\$5.00	
	State Pay Earned	\$26.62	
	State Pay Earned	\$1.50	
			\$33.12
<b>FOR MONTH:</b> July, 2020	<b>Deposit Type:</b> Christmas/Summer/Other Bonus Money	\$10.00	\$10.00
<b>FOR MONTH:</b> August, 2020	<b>Deposit Type:</b> Deposit Money into Inmate Acct.	\$5.00	\$5.00
<b>FOR MONTH:</b> September, 2020			\$0.00
		<b>TOTAL AMOUNT :</b>	\$176.38
		<b>6 MONTH AVERAGE:</b>	\$29.40

CERTIFIED COPY