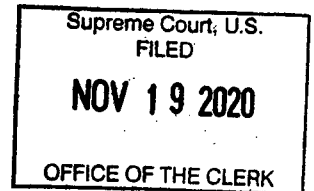


20-6523

ORIGINAL

IN THE
SUPREME COURT OF THE UNITED STATES



JASON LAMONT BROOKS
— PETITIONER
(Your Name)

VS.

SCOTT JORDAN, WARDEN, LLC
— RESPONDENT(S)

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*.

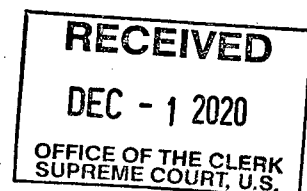
[x] Petitioner has previously been granted leave to proceed *in forma pauperis* in the following court(s):

MCCRACKEN CIRCUIT COURT, KENTUCKY COURT OF APPEALS, U.S.
DISTRICT COURT, WESTERN DISTRICT AT PADUCAH, AND U.S. COURT
OF APPEALS FOR THE SIXTH CIRCUIT

[] 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.

Jason Brooks
(Signature)



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

I, JASON L. BROOKS, 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	\$ 0	\$ 0
Self-employment	\$ 0	\$ 0	\$ 0	\$ 0
Income from real property (such as rental income)	\$ 0	\$ 0	\$ 0	\$ 0
Interest and dividends	\$ 0	\$ 0	\$ 0	\$ 0
Gifts	\$ 0	\$ 0	\$ 0	\$ 0
Alimony	\$ 0	\$ 0	\$ 0	\$ 0
Child Support	\$ 0	\$ 0	\$ 0	\$ 0
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): 0	\$ 0	\$ 0	\$ 0	\$ 0
Total monthly income:	\$ 0	\$ 0	\$ 0	\$ 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
NA	--	--	\$ 0
NA	--	--	\$ 0
NA	--	--	\$ 0

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
NA	--	--	\$ 0
NA	--	--	\$ 0
NA	--	--	\$ 0

4. How much cash do you and your spouse have? \$ NA
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
NA	--	\$ 0	\$ 0
NA	--	\$ 0	\$ 0
NA	--	\$ 0	\$ 0

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

☐ Home
Value 0

☐ Other real estate
Value 0

☐ Motor Vehicle #1
Year, make & model NA
Value 0

☐ Motor Vehicle #2
Year, make & model NA
Value 0

☐ Other assets
Description NA
Value 0

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
NA	\$ 0	\$ 0
NA	\$ 0	\$ 0
NA	\$ 0	\$ 0

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

Name	Relationship	Age
NA	0	0
NA	0	0
NA	0	0

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)	\$ 0	\$ 0
Are real estate taxes included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is property insurance included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 0	\$ 0
Home maintenance (repairs and upkeep)	\$ 0	\$ 0
Food	\$ 0	\$ 0
Clothing	\$ 0	\$ 0
Laundry and dry-cleaning	\$ 0	\$ 0
Medical and dental expenses	\$ 0	\$ 0

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 0	\$ 0
Recreation, entertainment, newspapers, magazines, etc.	\$ 0	\$ 0
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ 0	\$ 0
Life	\$ 0	\$ 0
Health	\$ 0	\$ 0
Motor Vehicle	\$ 0	\$ 0
Other: NA	\$ 0	\$ 0
<hr/>		
Taxes (not deducted from wages or included in mortgage payments)		
(specify): NA	\$ 0	\$ 0
Installment payments		
Motor Vehicle	\$ 0	\$ 0
Credit card(s)	\$ 0	\$ 0
Department store(s)	\$ 0	\$ 0
Other: NA	\$ 0	\$ 0
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): NA	\$ 0	\$ 0
Total monthly expenses:	\$ 0	\$ 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? NA

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? NA

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

Executed on: November 18th, 2020

Jason Birds
(Signature)

KY DOC
REPORT NO. IBSR180 - 35

6 MONTH AVERAGE INCOME STATEMENT

FROM: 05/2020 TO: 10/2020

PAGE: 1 of 1
PROCESSED: 11/06/2020 13:07
REQUESTOR: Jacqueline C Blair

DOC #: 138036

INMATE NAME: Brooks, Jason Lamont

SSN: 400-17-8286

	Deposit Detail	Total Deposit
FOR MONTH: May, 2020		
Deposit Type: Deposit Money into Inmate Acct.	\$25.00	
Deposit Money into Inmate Acct.	\$50.00	
State Pay Earned	\$72.60	
		\$147.60
FOR MONTH: June, 2020		
Deposit Type: Deposit Money into Inmate Acct.	\$50.00	
State Pay Earned	\$75.02	
Deposit Money into Inmate Acct.	\$70.00	
		\$195.02
FOR MONTH: July, 2020		
Deposit Money into Inmate Acct.	\$40.00	
Christmas/Summer/Other Bonus Money	\$10.00	
State Pay Earned	\$53.24	
State Pay Earned	\$21.78	
Deposit Money into Inmate Acct.	\$30.00	
		\$155.02
FOR MONTH: August, 2020		
State Pay Earned	\$75.02	
Deposit Money into Inmate Acct.	\$20.00	
		\$95.02
FOR MONTH: September, 2020		
Deposit Type: Deposit Money into Inmate Acct.	\$50.00	
Deposit Money into Inmate Acct.	\$20.00	
State Pay Earned	\$75.02	
		\$145.02
FOR MONTH: October, 2020		
State Pay Earned	\$72.60	
Deposit Money into Inmate Acct.	\$40.00	
		\$112.60
TOTAL AMOUNT :		\$850.28
6 MONTH AVERAGE:		\$141.71

**Commonwealth of Kentucky
Executive Department for Finance and Administration
Request for Inspection of Records**

No. 261068

Agency	Department	Street	City
<u>B.20</u> Agency Check One - Records		<input type="checkbox"/> Mailed	<input type="checkbox"/> Picked up
<input type="checkbox"/> Reviewed on Site		Date of Mailing or Review	Time <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
Amount Received <input type="checkbox"/> Cash		<input type="checkbox"/> Check <input type="checkbox"/> Money Order	

Comments:

Sub charged B.20

Signed, *Heather* 11/9/2020
Custodian

Signed, _____
Official Custodian

Applicant's Copy

No. _____

Name		Home Address		City	Phone
Business Address				City	Phone
Month	Day	Year	Time	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Copies @ 10¢ per copy Amount Enclosed <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Money Order

Description of Records Requested

COPY OF 6 MONTH STATEMENT

138036

Signed, *Jason Burke* 10-30-20
Applicant

Signed, _____
Custodian

COMMONWEALTH OF KENTUCKY

DEPARTMENT OF CORRECTIONS

CERTIFICATE OF FUNDS DEPOSITED IN

PRISONER'S INSTITUTIONAL ACCOUNT

Institution:

Luther Luckett Correctional Complex

Inmate Name: Jason Brooks Inmate Number: 188036

I, Jacqueline Blair, of the Inmate Accounts Office of the Luther Luckett Correctional Complex, do certify that the inmate account records maintained in the ordinary course of business for the Kentucky Department of Corrections reflect a current account balance of \$ 238.30. The records further reflect that the sum of \$ 850.28 was deposited to this inmate's account during the preceding six months or the shorter amount of time indicated in the attached statement, if the inmate does not have inmate account records for all of the preceding six months.

Jacqueline Blair
Signature of Authorized Employee

11/6/20
Date

Subscribed and sworn to before me by Jacqueline Blair on this 6th
Day of November, 20 20

Kerr Fambke
Notary Public, State at Large

My commission expires Oct 26, 2021

