

NO. -

20-7530

In The Supreme Court OF The United States

ORIGINAL

MAURICE MOORE

Petitioner

- v -

Supreme Court, U.S.
FILED

MAR 11 2021

OFFICE OF THE CLERK

Head Mail Room Screener: DAWN BARTRAM, Mail Room Screener: R. NAUESA
Mail Room Screener: D. LUKOWSKI, Mail Room Screener, Supervisor Richard
JUHLE, (Lieutenant): Kelly Rose, Inst. Inspector, In Their individual
and official capacities. Richland Corr. INST. pursuant to "1983"

Respondents

ON PETITION FOR WRIT OF CERTIORARI TO
THE SIXTH CIRCUIT COURT OF APPEALS

PETITIONER'S MOTION TO PROCEED
IN FORMA PAUPERIS

Petitioner Maurice Moore respectfully requests leave to proceed
in forma pauperis. Mr. Moore was declared indigent by Tenth Appellant
District also The Court OF Claims OF Ohio, and By United States
District Court Northern District OF Ohio, and Has Been doing
all His civil complaints pro se. Petitioner Moore Mother And Father our
Deceased Moore Has exhausted or Loss All His Funds do to The Act
OF RICT Mail Room Staff.

Petitioner Moore is presently incarcerated at the Mansfield
Correctional Institution in Ohio, and HAS ~~BEEN~~ BEEN For many years.
Petitioner Moore Has no assets and no income and lacks the
financial resources to afford counsel.

RECEIVED

MAR 22 2021

OFFICE OF THE CLERK
SUPREME COURT, U.S.

Or Court ~~and~~ Filing Fees, And printing cost. An Affidavit of Indigency is Attached to This Motion, Petitioner Moore Therefore moves to proceed with The Filing of His Petition For Writ of Certiorari in Forma pauperis.

RESPECTFULLY SUBMITTED



MAURICE MOORE

Petitioner Moore Pro se of Record

Mansfield Corr, INST

1150 North Main Street

Mansfield, Ohio, 44901

Affidavit Accompanying Motion for Permission to Appeal In forma Pauperis

Mayrice Moore
~~Plaintiff~~ ~~Respondent's~~
Petitioner

v.
Richard Mark Don Staff Don Brian
~~Defendant~~ ~~Respondent's~~ et al
(Defendants)

Case No. _____

Affidavit in Support of Motion

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)

Signed: Mr. Moore Date: 3-3-2021

My issues on appeal are:

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	You
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)	\$ 0	\$ 0
Other (specify): _____	\$ 0	\$ 0
Total monthly income:	\$ 0	\$ 0

2. List your employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
NA	NA	NA	NA

3. List your spouse's employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
NA	NA	NA	NA

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	NA	\$ NA	\$ NA

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

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

Home	(Value)	Other real estate	(Value)	Motor vehicle #1	(Value)
0		0		Make & year: 0 Model: Registration #: 0	
Motor vehicle #2	(Value)	Other assets	(Value)	Other assets	(Value)

Make & year: NA NA NA
Model: NA NA NA
Registration #: NA NA NA

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	NA	NA

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

Name [or, if under 18, initials only]	Relationship	Age
NA	NA	NA

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, semiannually, or annually to show the monthly rate.

	You	Your Spouse
Rent or home-mortgage payment (include lot rented for mobile home)	\$ 0	\$ N/A
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	\$
Home maintenance (repairs and upkeep)	\$ 0	\$
Food	\$ 0	\$
Clothing	\$ 0	\$
Laundry and dry-cleaning	\$ 0	\$
Medical and dental expenses	\$ 0	\$
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 (name): _____	\$ 0	\$
Department store (name): _____	\$ 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 docket fees for your appeal.

In prison and have been since 2013 I have no family support of money to ~~pay~~ pay any legal act in this matter

13. State the city and state of your legal residence.

Ohio, ~~Richmond~~, Mansfield. # inmate no. 671-106
1150 North Main St Mansfield OH, 44901

Your daytime phone number: () none

Your age: Your years of schooling: none

Last four digits of your social-security number: 6745

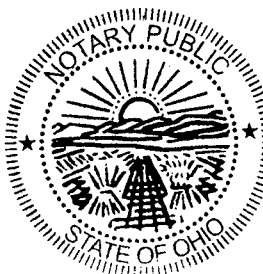
(As amended Apr. 24, 1998, eff. Dec. 1, 1998; Apr. 28, 2010, eff. Dec. 1, 2010.)

I Maurice Moore Hereby solemnly swear That I Have presently
This 3rd day of MARCH 2021, no means of Financial support and no
Assets of any value and cannot afford to pay legal service fees and
costs in this ~~ab~~ case.

Maurice Moore
MAURICE MOORE # 671-106
MANSF
1150 North Main Street
Mansfield, Ohio, 44901

Pro-se

Sworn to before me and subscribed in my presence this 3rd day of
MARCH 2021.



JAMES
KENNARD II
NOTARY PUBLIC,
STATE OF OHIO
My Commission
Expires
May 9, 2023

[Signature]
Notary Public