

NO. -

20-7530

In The Supreme Court of The United States

MAURICE MOORE

Petitioner

- v -

Supreme Court, U.S.  
FILED

MAR 11 2021

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Head Mail Room Screener: Dawn BARTRAM, Mail Room Screener: R. NAVESA  
Mail Room Screener: D. LUKOWSKI, Mail Room Screener, Supervisor Richard  
JUHLKE, (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  
Decease Moore has exhausted or loss all his Funds do to the act  
of RICCI Mail Room Staff.

Petitioner Moore is presently incarcerated at the Mansfield  
Correctional Institution in Ohio, and has BEEN for many years.

Petitioner Moore has no assets and no income and lacks the  
Financial resources to afford counsel.

RECEIVED  
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SUPREME COURT, U.S.

Or Court ~~500~~ Filing Fees, And printing cost. An AFFidavit oF  
Indigency is ATTACHED to This Motion. Petitioner Moore Therefore  
MOVES to proceed with The Filing oR His Petition For Writ oF  
Certiorari in Forma pauperis.

RESPECTFully SUBMITTED

Maurice Moore

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**

Maurice Moore  
~~Plaintiff Respondent~~  
~~Petitioner~~

V. Case No. \_\_\_\_\_

Richard Marion Staff-Dawn Barton  
~~Defendant Respondent's et al~~  
~~Defendants~~

**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: Maurice 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
Employment	\$ <u>0</u>	\$ <u>0</u>
Self-employment	\$ <u>0</u>	\$ <u>0</u>
Income from real property (such as rental income)	\$ <u>0</u>	\$ <u>0</u>
Interest and dividends	\$ <u>0</u>	\$ <u>0</u>
Gifts	\$ <u>0</u>	\$ <u>0</u>
Alimony	\$ <u>0</u>	\$ <u>0</u>
Child support	\$ <u>0</u>	\$ <u>0</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0</u>	\$ <u>0</u>
Disability (such as social security, insurance payments)	\$ <u>0</u>	\$ <u>0</u>
Unemployment payments	\$ <u>0</u>	\$ <u>0</u>
Public-assistance (such as welfare)	\$ <u>0</u>	\$ <u>0</u>
Other (specify): _____	\$ <u>0</u>	\$ <u>0</u>
Total monthly income:	\$ <u>0</u>	\$ <u>0</u>

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	0	0	0	0

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

Make & year:

Model:

Registration #:

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)	\$ <u>0</u>	\$ <u>100</u>
Are real-estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and Telephone)	\$ <u>0</u>	\$ <u>0</u>
Home maintenance (repairs and upkeep)	\$ <u>0</u>	\$ <u>0</u>
Food	\$ <u>0</u>	\$ <u>0</u>
Clothing	\$ <u>0</u>	\$ <u>0</u>
Laundry and dry-cleaning	\$ <u>0</u>	\$ <u>0</u>
Medical and dental expenses	\$ <u>0</u>	\$ <u>0</u>
Transportation (not including motor vehicle payments)	\$ <u>0</u>	\$ <u>0</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>0</u>	\$ <u>0</u>
Insurance (not deducted from wages or included in Mortgage payments)	\$ <u>0</u>	\$ <u>0</u>
Homeowner's or renter's	\$ <u>0</u>	\$ <u>0</u>
Life	\$ <u>0</u>	\$ <u>0</u>
Health	\$ <u>0</u>	\$ <u>0</u>
Motor Vehicle	\$ <u>0</u>	\$ <u>0</u>
Other: _____	\$ <u>0</u>	\$ <u>0</u>
Taxes (not deducted from wages or included in Mortgage payments) (specify): —	\$ <u>0</u>	\$ <u>0</u>
Installment payments	\$ <u>0</u>	\$ <u>0</u>
Motor Vehicle	\$ <u>0</u>	\$ <u>0</u>
Credit card (name): _____	\$ <u>0</u>	\$ <u>0</u>
Department store (name): _____	\$ <u>0</u>	\$ <u>0</u>
Other: _____	\$ <u>0</u>	\$ <u>0</u>
Alimony, maintenance, and support paid to others	\$ <u>0</u>	\$ <u>0</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>0</u>	\$ <u>0</u>
Other (specify): _____	\$ <u>0</u>	\$ <u>0</u>
<b>Total monthly expenses:</b>	\$ <u>0</u>	\$ <u>0</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? \$ \_\_\_\_\_

If yes, state the attorney's name, address, and telephone number:

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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:

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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 or money to pay ANY legal act in this matter*

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

Ohio Mansfield, Mansfield

*# in state 671-106*

11501 North Main St Mansfield OH, 44901

Your daytime phone number: ( ) 701-106

Your age: 70 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 Herby solenly swear That I Have presently This 3<sup>rd</sup> day of MARCH 2021, No means oF Financial Support and no Assets oF any value And can not AFFord to pay legal service Fee's and costs in this ~~case~~ case.

*Maurice Moore*  
Maurice Moore # 671-106  
MARCH  
1150 North Main Street  
Mansfield, Ohio, 44901

*Pro se*

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



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

*J. Kennard II*  
Notary Public