

20-7692
No. _____

ORIGINAL

Supreme Court, U.S.
FILED

MAR 23 2021

OFFICE OF THE CLERK

IN THE

SUPREME COURT OF THE UNITED STATES

DONALD RAY VIOLETT - PETITIONER

VS.

JOHN R. GRISE - Warren Circuit Court - RESPONDENTS

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*.

Please check the appropriate boxes:

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

Warren Circuit Court = Kentucky; United States District Court - Kentucky; Kentucky Court of Appeals - Kentucky; and, United States Supreme Court.

petitioner's notarized affidavit or declaration in support of this motion is attached hereto, includes six month statement of petitioner's prison account

Donald Violett
DONALD RAY VIOLETT
3001 West Highway 146
LaGrange, Kentucky

RECEIVED
MAR 31 2021
OFFICE OF THE CLERK
SUPREME COURT, U.S.

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

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

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
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

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
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

4. How much cash do you and your spouse have? \$ _____
Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Type of account (e.g., checking or savings)	Amount you have	Amount your spouse has
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

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
Year, make & model _____
Value _____

Motor Vehicle #2
Year, make & model _____
Value _____

Other assets
Description _____
Value _____

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
_____	\$_____	\$_____
_____	\$_____	\$_____
_____	\$_____	\$_____

7. State the persons who rely on you or your spouse for support. For minor children, list initials instead of names (e.g. "J.S." instead of "John Smith").

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

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)	\$_____	\$_____
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)	\$_____	\$_____
Home maintenance (repairs and upkeep)	\$_____	\$_____
Food	\$_____	\$_____
Clothing	\$_____	\$_____
Laundry and dry-cleaning	\$_____	\$_____
Medical and dental expenses	\$_____	\$_____

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>20</u>	\$ _____
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>0</u>	\$ _____
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>0</u>	\$ _____
Life	\$ <u>0</u>	\$ _____
Health	\$ <u>0</u>	\$ _____
Motor Vehicle	\$ <u>0</u>	\$ _____
Other: _____	\$ <u>0</u>	\$ _____
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ <u>0</u>	\$ _____
Installment payments		
Motor Vehicle	\$ <u>0</u>	\$ _____
Credit card(s)	\$ <u>0</u>	\$ _____
Department store(s)	\$ <u>0</u>	\$ _____
Other: _____	\$ <u>0</u>	\$ _____
Alimony, maintenance, and support paid to others	\$ <u>0</u>	\$ _____
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>0</u>	\$ _____
Other (specify): _____	\$ <u>0</u>	\$ _____
Total monthly expenses:	\$ <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:

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 costs of this case.

I owe the prison for legal copies and postage to mail out legal mail (about 300.00)

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

Executed on: MARCH 23, 2021

Donald Voldtt
(Signature)

COMMONWEALTH OF KENTUCKY DEPARTMENT OF CORRECTIONS

KENTUCKY STATE REFORMATORY
(Institution)

CERTIFICATION OF FUNDS DEPOSITED IN PRISONER'S INSTITUTIONAL ACCOUNT

Inmate Name: Donald Violette, #114842

I, Andrea Tibbitts, of the Kentucky State Reformatory
(Institution)

Inmate Accounts Office, do hereby certify that there is a
current account balance of \$0.14 the sum of \$126.18 has been
deposited to this inmate's account, from September 1, 2020 until
February 28, 2021. Six Months Average \$21.03.

Andrea Tibbitts
Signature of Authorized Officer

3/10/2021
Date

LISA CRAIGMYLE
NOTARY PUBLIC
STATE OF KENTUCKY
MY COMMISSION EXPIRES
SEPTEMBER 13, 2023
NOTARY ID #631480

Lisa Craigmyle
3/10/2021

KY DOC
REPORT NO. IBSR180 - 35

6 MONTH AVERAGE INCOME STATEMENT

FROM: 09/2020 TO: 02/2021

PAGE: 1 of 1

PROCESSED: 03/10/2021 07:34

REQUESTOR: Andrea Tibbitts

DOC #: 114842

INMATE NAME: Violett, Donald

SSN: 401-62-0577

		Deposit Detail	Total Deposit
FOR MONTH:	September, 2020		\$0.00
FOR MONTH:	October, 2020		\$0.00
FOR MONTH:	November, 2020		
Deposit Type:	State Pay Earned	\$15.70	\$15.70
FOR MONTH:	December, 2020		
Deposit Type:	Christmas/Summer/Other Bonus Money	\$10.00	
	State Pay Earned	\$34.54	
			\$44.54
FOR MONTH:	January, 2021		
Deposit Type:	State Pay Earned	\$36.11	\$36.11
FOR MONTH:	February, 2021		
Deposit Type:	State Pay Earned	\$29.83	\$29.83
		TOTAL AMOUNT:	\$126.18
		6 MONTH AVERAGE:	\$21.03

I am handicapped, confined to a wheel chair
and was released from my prison job because
I could not stand or walk to sweep and wet mop
floors I have receive no funds from outside the
prison