

No. _____

In the Supreme Court of the United States

DAMANTAE GRAHAM,
Petitioner,

v.

STATE OF OHIO
Respondent.

**PETITION FOR WRIT OF CERTIORARI
TO THE OHIO SUPREME COURT**

APPLICATION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

Petitioner Damantae Graham respectfully requests leave to file the attached petition for writ of certiorari without payment of costs and to proceed *in forma pauperis*.

Graham is indigent, and he has been found indigent and permitted to file *in forma pauperis* in the Ohio Supreme Court and the Ohio Court of Appeals in all of his previous filed cases. *See* Appointment Order, attached hereto as Attachment A. Every court since Graham was indicted in 2016 has permitted him to proceed *in forma pauperis*.

Petitioner Damantae Graham respectfully requests leave to file the attached petition for writ of certiorari without payment of costs and to proceed *in forma pauperis*.

Respectfully submitted,

Office of the Ohio Public Defender

/s/ Michelle Umaña

Michelle Umaña [0093518]

Assistant State Public Defender

Counsel of Record

/s/ Randall Porter

Randall Porter [0005835]

Assistant State Public Defender

250 East Broad Street, Suite 1400
Columbus, Ohio 43215

Ph: (614) 466-5394

Fax: (614) 644-0708

Michelle.Umana@opd.ohio.gov

Randall.Porter@opd.ohio.gov

Counsel for Damantae Graham

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

I, Darnante Graham, 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>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Self-employment	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Income from real property (such as rental income)	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Interest and dividends	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Gifts	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Alimony	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Child Support	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Disability (such as social security, insurance payments)	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Unemployment payments	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Public-assistance (such as welfare)	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>

Income source	Average monthly amount during the past 12 months		Amount expected next month	
Other (specify): <u>STATE PAY</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>3.00</u>	\$ <u>N/A</u>
Total monthly income:	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>3.00</u>	\$ <u>N/A</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
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	\$ <u>0</u>
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	\$ <u>0</u>
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	\$ <u>0</u>

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
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	\$ <u>0</u>
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	\$ <u>0</u>
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	\$ <u>0</u>

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

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
<u>N/A</u>	<u>N/A</u>	\$ <u>0</u>	\$ <u>0</u>
<u>N/A</u>	<u>N/A</u>	\$ <u>0</u>	\$ <u>0</u>
<u>N/A</u>	<u>N/A</u>	\$ <u>0</u>	\$ <u>0</u>

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

Home
Value N/A

Other real estate
Value N/A

Motor Vehicle #1

Motor Vehicle #2

Year, make & model

Year, make & model

N/A
Value N/A

N/A
Value N/A

Other assets

Description N/A

Value N/A

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

N/A

\$ 0

\$ 0

N/A

\$ 0

\$ 0

N/A

\$ 0

\$ 0

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

Name

Relationship

Age

N/A

N/A

\$ N/A

N/A

N/A

\$ N/A

N/A

N/A

\$ N/A

8. Estimate the average monthly expenses of you and your family. Show separately the amount 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)	\$ <u>0</u>	\$ <u>0</u>
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)	\$ <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)		
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>N/A</u>	\$ <u>0</u>	\$ <u>0</u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>N/A</u>	\$ <u>0</u>	\$ <u>0</u>
Installment payments		
Motor Vehicle	\$ <u>0</u>	\$ <u>0</u>

	You	Your spouse
Credit card(s)	\$ <u>0</u>	\$ <u>0</u>
Department store(s)	\$ <u>0</u>	\$ <u>0</u>
Other: <u>N/A</u>	\$ <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>N/A</u>	\$ <u>0</u>	\$ <u>0</u>
Total monthly expenses:	\$ <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? N/A

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? _____

12. Provide any other information that will help explain why you cannot pay the costs of this case.

I AM IN PRISON WITH NO JOB AND NO SUPPORT WHATSOEVER.

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

Executed on: MAY 3rd, 2021.

D. H. L
(Signature)

05/03/2021

Ross Correctional Institution

Inmate Demand Statement

Inmate Name: GRAHAM, DAMANTAE D

Number: A691689

Lock Location: RCI,H3,B,,,125T

Date Range: 11/01/2020 Through 05/04/2021

Beginning Account Balances:

Ending Account Balances:

	Saving	Debt	Payable		Saving	Debt	Payable
Pos Exemption	\$0.00	\$0.00	\$0.00	Pos Exemption	\$15.00	\$0.00	\$0.00
Inmate's Perso	\$0.99	\$0.00	\$0.00	Inmate's Personal	\$126.97	\$0.00	\$0.00
Begin Totals	\$0.99	\$0.00	\$0.00	End Totals	\$141.97	\$0.00	\$0.00

Transaction Date / Inst.	Transaction Amount	Description	Comment	Saving Balance	Debt Balance	Payable Balance
11/01/2020	\$0.00	\$15.00 Reservation to Pos Exemption	Odrc Pos Exemption	\$0.99	\$0.00	\$0.00
CCI						
11/06/2020	\$16.00	State Pay	DR STATE PAY	\$16.99	\$0.00	\$0.00
CCI						
11/08/2020	(\$7.50)	JPay Media Credits	Automated JPay Media Credits	\$9.49	\$0.00	\$0.00
CCI						
11/23/2020	(\$8.26)	Commissary Sale	Ticket Number 773265	\$1.23	\$0.00	\$0.00
CCI						
12/01/2020	\$0.00	\$15.00 Reservation to Pos Exemption	Odrc Pos Exemption	\$1.23	\$0.00	\$0.00
CCI						
12/04/2020	\$16.00	State Pay	DR STATE PAY	\$17.23	\$0.00	\$0.00
CCI						
12/10/2020	(\$10.35)	Commissary Sale	Ticket Number 775062	\$6.88	\$0.00	\$0.00
CCI						
12/21/2020	(\$1.40)	Postage Charges (USPS)	ROB WALKER	\$5.48	\$0.00	\$0.00
CCI						
12/27/2020	\$100.00	OffConnect Kiosk Deposit	8540764300399617381/Gr ah, Lakisha	\$105.48	\$0.00	\$0.00
RCI						
01/01/2021	(\$10.35)	Inmate's Personal Account	POS Exemption Transfer	\$95.13	\$0.00	\$0.00
RCI						
01/01/2021	\$10.35	Pos Exemption	POS Exemption Transfer	\$105.48	\$0.00	\$0.00
RCI						
01/07/2021	\$100.00	OffConnect Kiosk Deposit	8562335645147079967/Mil ls, Demetriya	\$205.48	\$0.00	\$0.00
RCI						

01/08/2021	\$1.50 State Pay	State Pay	\$206.98	\$0.00	\$0.00
RCI					
01/08/2021	\$16.00 State Pay	DR STATE PAY	\$222.98	\$0.00	\$0.00
CCI					
01/14/2021	(\$2.00) JPay Media Credits	Automated JPay Media Credits	\$220.98	\$0.00	\$0.00
RCI					
01/19/2021	(\$130.82) Commissary Sale	Ticket Number 537710	\$90.16	\$0.00	\$0.00
RCI					
01/20/2021	(\$1.60) Postage Charges (USPS)	R.WALKER	\$88.56	\$0.00	\$0.00
RCI					
01/23/2021	\$100.00 OffConnect Kiosk Deposit	8584508962326979871/Graham, Lakisha	\$188.56	\$0.00	\$0.00
RCI					
02/01/2021	(\$15.00) Inmate's Personal Account	POS Exemption Transfer	\$173.56	\$0.00	\$0.00
RCI					
02/01/2021	\$15.00 Pos Exemption	POS Exemption Transfer	\$188.56	\$0.00	\$0.00
RCI					
02/02/2021	(\$147.16) Commissary Sale	Ticket Number 538898	\$41.40	\$0.00	\$0.00
RCI					
02/05/2021	\$12.00 State Pay	State Pay	\$53.40	\$0.00	\$0.00
RCI					
02/13/2021	\$50.00 OffConnect Kiosk Deposit	8615918536783045990/Milis, Demetriya	\$103.40	\$0.00	\$0.00
RCI					
02/15/2021	\$50.00 OffConnect Kiosk Deposit	8615937610816693535/Carmona, Tiana	\$153.40	\$0.00	\$0.00
RCI					
02/16/2021	(\$141.86) Commissary Sale	Ticket Number 540367	\$11.54	\$0.00	\$0.00
RCI					
02/24/2021	(\$0.10) Postage Charges (USPS)	GRAHAM	\$11.44	\$0.00	\$0.00
RCI					
02/24/2021	\$0.10 Reversed Postage Charges (USPS)	Reversed Task No. 76790228	\$11.54	\$0.00	\$0.00
RCI					
02/24/2021	(\$0.10) Copy Charges	LIBRARY	\$11.44	\$0.00	\$0.00
RCI					
03/01/2021	\$0.00 \$15.00 Reservation to Pos Exemption	Odrc Pos Exemption	\$11.44	\$0.00	\$0.00
RCI					
03/01/2021	\$50.00 OffConnect Kiosk Deposit	8636244714844595489/Milis, Demetriya	\$61.44	\$0.00	\$0.00
RCI					

03/02/2021	(\$51.19) Commissary Sale	Ticket Number 541641	\$10.25	\$0.00	\$0.00
RCI					
03/05/2021	\$12.00 State Pay	State Pay	\$22.25	\$0.00	\$0.00
RCI					
03/31/2021	\$50.00 OffConnect Kiosk Deposit	8683996097068672358/Mil Is, Demetriya	\$72.25	\$0.00	\$0.00
RCI					
04/01/2021	(\$15.00) Inmate's Personal Account	POS Exemption Transfer	\$57.25	\$0.00	\$0.00
RCI					
04/01/2021	\$15.00 Pos Exemption	POS Exemption Transfer	\$72.25	\$0.00	\$0.00
RCI					
04/02/2021	\$92.00 OffConnect Kiosk Deposit	8686774488528332136/Gr aham, Lakisha	\$164.25	\$0.00	\$0.00
RCI					
04/02/2021	(\$135.27) Commissary Sale	Ticket Number 544429	\$28.98	\$0.00	\$0.00
RCI					
04/07/2021	(\$5.00) Inmate's Personal Account	Transfer Funds for JPay Media Credits	\$23.98	\$0.00	\$0.00
RCI					
04/07/2021	\$5.00 Pos Exemption	Transfer Funds for JPay Media Credits	\$28.98	\$0.00	\$0.00
RCI					
04/07/2021	(\$5.00) JPay Media Credits	Automated JPay Media Credits	\$23.98	\$0.00	\$0.00
RCI					
04/09/2021	\$3.75 State Pay	State Pay	\$27.73	\$0.00	\$0.00
RCI					
04/12/2021	\$80.42 OffConnect Kiosk Deposit	8692711406889870696/Gr aham, Lakisha	\$108.15	\$0.00	\$0.00
RCI					
04/13/2021	(\$105.43) Commissary Sale	Ticket Number 545549	\$2.72	\$0.00	\$0.00
RCI					
04/24/2021	\$20.00 OffConnect Kiosk Deposit	8713698579159983461/Mil Is, Demetriya	\$22.72	\$0.00	\$0.00
RCI					
04/30/2021	\$139.25 OffConnect Kiosk Deposit	8723137346341971304/Gr aham, Lakisha	\$161.97	\$0.00	\$0.00
RCI					
04/30/2021	(\$20.00) Inmate's Personal Account	Transfer Funds for JPay Media Credits	\$141.97	\$0.00	\$0.00
RCI					
04/30/2021	\$20.00 Pos Exemption	Transfer Funds for JPay Media Credits	\$161.97	\$0.00	\$0.00
RCI					

04/30/2021	(\$20.00) JPay Media Credits	Automated JPay Media Credits	\$141.97	\$0.00	\$0.00
RCI					
05/01/2021	(\$15.00) Inmate's Personal Account	POS Exemption Transfer	\$126.97	\$0.00	\$0.00
RCI					
05/01/2021	\$15.00 Pos Exemption	POS Exemption Transfer	\$141.97	\$0.00	\$0.00
RCI					

Outstanding Debts:

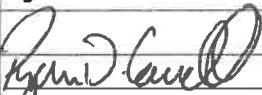
Start Date	Description	Case	Agency	County	Total Debt	Paid to Date	Balance Owed
08/02/2018	RIB - No Cash Slip Signature	CCI-18-004617	Offender Financial Responsibility Fund - Treasurer of State		(\$130.38)	\$130.38	\$0.00
Total Outstanding Case Balances						\$0.00	

Outstanding Holds:

Start Date	Description	Case	Agency	County	Total Debt	Paid to Date	Balance Owed
Total Outstanding Case Holds						\$0.00	

Outstanding Investments / EPC:

Investment Type	Investment Type Description	Invest Company	Company Description	Balance

Description	Beginning	Ending	Amount
Resident Id: A691689			
Last Name: GRAHAM			
First Name: DAMANTAE			
Middle Name: D			
Total Deposits	11/4/2020 12:00:00 AM	5/4/2021 12:00:00 AM	\$908.92
Average Monthly Deposits	11/4/2020 12:00:00 AM	5/4/2021 12:00:00 AM	\$151.49
Total 1st Day Balances	11/4/2020 12:00:00 AM	5/4/2021 12:00:00 AM	\$520.93
Average 1st Day Balances	11/4/2020 12:00:00 AM	5/4/2021 12:00:00 AM	\$86.82
Balance as of		5/4/2021 12:00:00 AM	\$141.97
Current Balance		5/4/2021 12:00:00 AM	\$141.97
FFF Initial Payment as of		5/4/2021 12:00:00 AM	\$30.30
Total Pay (State, OPI, Commis	11/4/2020 12:00:00 AM	5/4/2021 12:00:00 AM	\$77.25
Average Total Pay Monthly De	11/4/2020 12:00:00 AM	5/4/2021 12:00:00 AM	\$12.88
Total Commissary Expenditure	11/4/2020 12:00:00 AM	5/4/2021 12:00:00 AM	\$730.34
I certify this document is a true copy of the inmate's financial record			
Signature:			
			
Ryan D Carroll			
Ross Correctional Institution			
16149 St. Rt. 104			
Chillicothe OH 45601			

FILED

The Supreme Court of Ohio

FEB -3 2021

CLERK OF COURT
SUPREME COURT OF OHIO

State of Ohio

v.

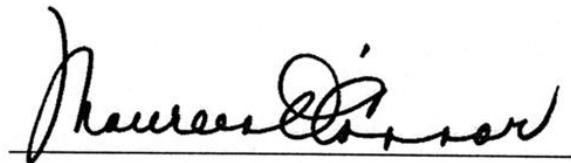
Damantae D. Graham

Case No. 2016-1882

E N T R Y

This cause came on for further consideration upon the filing of appellant's motion for appointment of Michelle Umaña and Randal Porter as counsel. It is ordered by the court that the motion is granted and Michelle Umaña and Randal Porter are appointed to represent appellant for the purposes of filing an application for reopening.

(Portage County Court of Common Pleas; No. 2016 CR 107 E)



Maureen O'Connor
Chief Justice

The Official Case Announcement can be found at <http://www.supremecourt.ohio.gov/ROD/docs>

ATTACHMENT A