

No. \_\_\_\_\_

**IN THE SUPREME COURT OF THE UNITED STATES**

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STANLEY JALOWIEC,

*Petitioner,*

v.

STATE OF OHIO,

*Respondent.*

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On Petition for Writ of Certiorari  
To the Supreme Court of Ohio

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**APPLICATION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS***

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

Jalowiec 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, as well as the United States District Court for the Northern District of Ohio, and the United States Court of Appeals for the Sixth Circuit in all of his previous filed cases. Every court since Jalowiec was indicted in 1995 on charges that carried the potential for the death penalty has permitted him to proceed *in forma pauperis*.

Petitioner Stanley Jalowiec 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/ Richard A. Cline

Richard A. Cline – 0001854  
Chief Counsel, Death Penalty Department

/s/ Michelle Umaña

Michelle Umaña – 0093518  
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COUNSEL FOR STANLEY JALOWIEC

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

I, **Stanley Jalowiec**, 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	\$ 18.00	\$ n/a	\$ 18.00	\$ n/a
Self-employment	\$ -0-	\$ n/a	\$ -0-	\$ n/a
Income from real property (such as rental income)	\$ -0-	\$ n/a	\$ -0-	\$ n/a
Interest and dividends	\$ -0-	\$ n/a	\$ -0-	\$ n/a
Gifts	\$ -0-	\$ n/a	\$ -0-	\$ n/a
Alimony	\$ -0-	\$ n/a	\$ -0-	\$ n/a
Child Support	\$ -0-	\$ n/a	\$ -0-	\$ n/a
Retirement (such as social security, pensions, annuities, insurance)	\$ -0-	\$ n/a	\$ -0-	\$ n/a
Disability (such as social security, insurance payments)	\$ -0-	\$ n/a	\$ -0-	\$ n/a
Unemployment payments	\$ -0-	\$ n/a	\$ -0-	\$ n/a
Public-assistance (such as welfare)	\$ -0-	\$ n/a	\$ -0-	\$ n/a
Other (specify):	\$ -0-	\$ n/a	\$ -0-	\$ n/a
<b>Total monthly income:</b>	\$ 18.00	\$ n/a	\$ 18.00	\$ n/a

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
Petitioner is on death row in Ohio.			\$
			\$
			\$

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
n/a			\$
			\$
			\$

4. How much cash do you and your spouse have? \$ 752.67 as of May 26, 2021.  
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
n/a	\$	\$
	\$	\$
	\$	\$

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

**Petitioner is on death row in Ohio and does not own any property that is responsive to this question.**

Home  
Value n/a

Other real estate  
Value n/a

Motor Vehicle #1  
Year, make & model n/a  
Value

Motor Vehicle #2  
Year, make & model n/a  
Value

Other assets  
Description n/a  
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
n/a	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

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
n/a	_____	_____
_____	_____	_____
_____	_____	_____

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
<b>Petitioner is on death row in Ohio and does not have any expenses listed in this question.</b>		
Rent or home-mortgage payment (include lot rented for mobile home)	§ n/a	§ 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)	§ n/a	§ n/a
Home maintenance (repairs and upkeep)	§ n/a	§ n/a
Food Petitioner uses money earned for his commissary account purchases.	§ 18.00	§ n/a
Clothing	§ n/a	§ n/a
Laundry and dry-cleaning	§ n/a	§ n/a
Medical and dental expenses	§ n/a	§ n/a

	<b>You</b>	<b>Your spouse</b>
Transportation (not including motor vehicle payments)	§ <u>n/a</u>	§ <u>n/a</u>
Recreation, entertainment, newspapers, magazines, etc.	§ <u>n/a</u>	§ <u>n/a</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	§ <u>n/a</u>	§ <u>n/a</u>
Life	§ <u>n/a</u>	§ <u>n/a</u>
Health	§ <u>n/a</u>	§ <u>n/a</u>
Motor Vehicle	§ <u>n/a</u>	§ <u>n/a</u>
Other: _____	§ <u>n/a</u>	§ <u>n/a</u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	§ <u>n/a</u>	§ <u>n/a</u>
Installment payments		
Motor Vehicle	§ <u>n/a</u>	§ <u>n/a</u>
Credit card(s)	§ <u>n/a</u>	§ <u>n/a</u>
Department store(s)	§ <u>n/a</u>	§ <u>n/a</u>
Other: _____	§ <u>n/a</u>	§ <u>n/a</u>
Alimony, maintenance, and support paid to others	§ <u>n/a</u>	§ <u>n/a</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	§ <u>n/a</u>	§ <u>n/a</u>
Other (specify): _____	§ <u>n/a</u>	§ <u>n/a</u>
<b>Total monthly expenses:</b>	<b>§ <u>18.00</u></b>	<b>§ <u>n/a</u></b>

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.

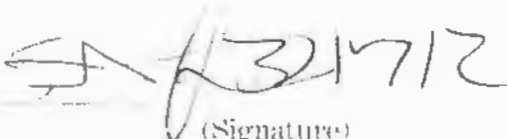
**Petitioner is an inmate on Ohio's death row.**

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

Executed on: July 7<sup>th</sup>, 2021



Sandra K. Furniss - Lindsey  
Notary Public, State of Ohio  
My Commission Expires 4-4-22

  
(Signature)

Sandra K. Furniss - Lindsey 7-7-21