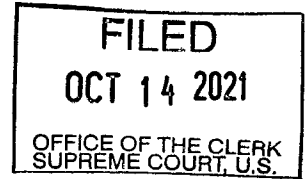


No. 21-6826

ORIGINAL



IN THE  
SUPREME COURT OF THE UNITED STATES

RONALD DEANE EHINGER PETITIONER *PRO SE*  
(Your Name)

VS.

MICHIGAN SUPREME COURT RESPONDENT(S)

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):  
\_\_\_\_\_  
\_\_\_\_\_

☒ Petitioner has not previously been granted leave to proceed *in forma pauperis* in any other court.

☒ Petitioner's affidavit or declaration in support of this motion is attached hereto.

☐ Petitioner's affidavit or declaration is not attached because the court below appointed counsel in the current proceeding, and:

☐ The appointment was made under the following provision of law: \_\_\_\_\_  
28 U.S.C. § 1746, or

☐ a copy of the order of appointment is appended.

Ronald Deane Ehinger  
(Signature)

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

I, RONALD DEAN FINGER, 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>15 13</u>	\$ <u>NONE</u>	\$ <u>15 13</u>	\$ <u>NONE</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>
<b>Total monthly income:</b>	\$ <u>15 13</u>	\$ <u>0</u>	\$ <u>15 13</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
<u>OPERATING ENGINEERS</u> <u>LOCAL 327</u>	<u>550 HULST DRIVE</u> <u>BLOOMINGTON</u> <u>TWP. MS. 48 203</u>	<u>1988 TO 1990</u>	\$ <u>473</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>S.S.A.</u> <u>RETIRED</u>	<u>SOCIAL SECURITY</u> <u>ADMINISTRATIVE</u> <u>-JOB</u>	<u>1968 TO 1990</u>	\$ <u>1040</u> \$ \$

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
<u>CHECKING</u>	\$ <u>50</u>	\$ <u>0</u>
<u>SAVINGS</u>	\$ <u>200</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 57,300

☐ Other real estate  
Value \_\_\_\_\_

☒ Motor Vehicle #1 2002  
Year, make & model 2002 DAKOTA  
Value 2000

☒ Motor Vehicle #2 2017  
Year, make & model TOYOTA COROLLA  
Value 8000

☒ Other assets  
Description BOAT  
Value 100

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

NONE

\$ NONE

\$ NO 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

NONE

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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)

\$ 0

\$ 0

Are real estate taxes included? ☐ Yes ☐ No

Is property insurance included? ☐ Yes ☐ No

Utilities (electricity, heating fuel,  
water, sewer, and telephone)

\$ 275

\$ 0

Home maintenance (repairs and upkeep)

\$ 50

\$ 0

Food

\$ 400

\$ 0

Clothing

\$ 30

\$ 0

Laundry and dry-cleaning

\$ 50

\$ 0

Medical and dental expenses

\$ 100

\$ 0

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>120</u>	\$ <u>0</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>50</u>	\$ <u>0</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>50</u>	\$ <u>0</u>
Life	\$ <u>0</u>	\$ <u>0</u>
Health	\$ <u>0</u>	\$ <u>0</u>
Motor Vehicle <i>INSURANCE</i>	\$ <u>115</u>	\$ <u>0</u>
Other: <u>PANTS</u>	\$ <u>200</u>	\$ <u>0</u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>PROPERTY / Sales TAXES</u>	\$ <u>150</u>	\$ <u>0</u>
Installment payments		
Motor Vehicle	\$ <u>0</u>	\$ <u>0</u>
Credit card(s)	\$ <u>0</u>	\$ <u>0</u>
Department store(s)	\$ <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>25</u>	\$ <u>0</u>
<b>Total monthly expenses:</b>	\$ <u>585</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.

EXPENSES, MEDICAL GAS EXPENSES  
PRESCRIPTIONS  
MEDICAL BILLS  
DENTAL BILLS

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? 1535 25 MONTHLY COURT PAYMENT

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

DANIEL D. MCHENZIE P 30881  
1005 MOORE ST.  
BESSEMER MI

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? TRAILING COST 917.38 + INTEREST 20%

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


ONTONAGON COUNTY  
620 CONGRAD MCKRME ST. 906 884 4901  
ONTONAGON MI, 49753 906 884 2769

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

2018 HOME 2055 20,000 POWER WASH ROOM  
SOAKIT FALIER BASEMENT FOOD FREEZER  
2019 REPAIR COST MEDICAL COST 2021  
REHAB COST

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

Executed on: DECEMBER 3, 2021

  
KARA GUSTAFSON  
NOTARY PUBLIC - STATE OF MICHIGAN  
COUNTY OF ONTONAGON  
MY COMMISSION EXPIRES DECEMBER 17, 2024  
ACTING IN THE COUNTY OF ONTONAGON

Ronald Dean Ching  
(Signature)