

No. **21-7498**

Supreme Court, U.S.
FILED

FEB 24 2022

OFFICE OF THE CLERK

IN THE
SUPREME COURT OF THE UNITED STATES

ERIC LLOYD HERMANSEN, Petitioner

v.

ANNA VALENTINE, Warden, Respondent

ON PETITION FOR WRIT OF CERTIORARI TO
SIXTH CIRCUIT COURT OF APPEALS

MOTION TO PROCEED IN FORMA PAUPERIS
REQUESTING APPOINTMENT OF COUNSEL

ORIGINAL

10

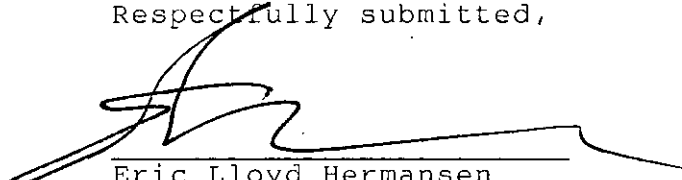
Comes now the Petitioner Eric Lloyd Hermansen, hereby respectfully moves this Honorable Court pursuant to applicable rules of procedure, statutory provisions and constitutional due process for leave to proceed in forma pauperis and appointment of counsel; just cause is delineated:

Petitioner is incarcerated and cannot defray the costs associated for he is without the sufficient funds, bonds, property or the giving of securities. Attached hereto is an affidavit of indigency and a six month institutional account statement.

Therefore, Petitioner requests the Court grant him leave to proceed in forma pauperis.

This 24th day of February 2022

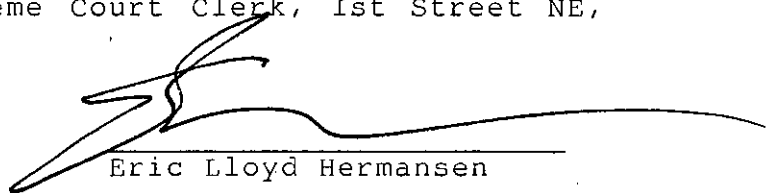
Respectfully submitted,



Eric Lloyd Hermansen
Petitioner, KRS #126673
3001 W. Hwy 146
LaGrange, Kentucky 40032

NOTICE

Notice is hereby given that the original plus (9) copies of the foregoing were mailed postage prepaid this 24th day of February 2022; to the U.S. Supreme Court Clerk, 1st Street NE, Washington, D.C. 20543-0002.

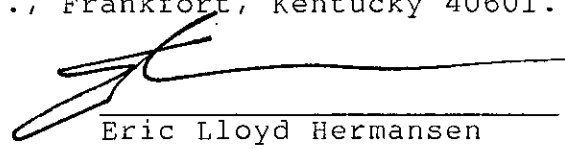


Eric Lloyd Hermansen

CERTIFICATE OF SERVICE

I certify pursuant to Rule 29 of the Supreme Court Rules that a true copy of the same was mailed postage prepaid this 24th day of February 2022; to Hon. Edward A. Baylous, II, Counsel for

Respondent, 125 Holmes St., 2nd Fl., Frankfort, Kentucky 40601.



Eric Lloyd Hermansen

AFFIDAVIT ACCOMPANYING MOTION FOR PERMISSION TO APPEAL IN FORMA PAUPERIS

Eric Lloyd Hermansen,
Petitioner

v.

Anna Valentine, Warden,
Respondent

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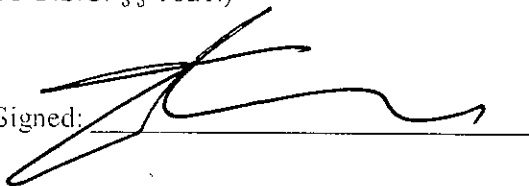
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Case No.

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: _____



Instructions

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Date: _____

2-24-22

My issues on appeal are:

- I. Are State prisoners protected under this Court's decision in Helling v. McKinney from being forcibly subjected to COVID-19 - its unknown health complications, exacerbation of high risk medical issues and death?
- II. Does forcibly subjecting a State prisoner to COVID-19 - its unknown health complications, exacerbation of high risk medical issues and death - constitute an "atypical and significant hardship" held by this Court in Wilkinson v. Austin?
- III. Are State prisoners protected under the Due Process of the Fourteenth Amendment to the U.S. Constitution from being forcibly subjected to COVID-19 - its unknown health complications, exacerbation of high risk medical issues and death - authorizing habeas corpus relief pursuant to 28 U.S.C. § 2241?

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	75.00	0	unknown	0
Self-employment	0	0	0	0
Income from real property (such as rental income)	0	0	0	0
Interest and dividends	0	0	0	0
Gifts	0	0	0	0
Alimony	0	0	0	0
Child support	0	0	0	0
Retirement (such as social security, pensions, annuities, insurance)	0	0	0	0
Disability (such as social security, insurance payments)	0	0	0	0
Unemployment payments	0	0	0	0
Public-assistance (such as welfare)	0	0	0	0
Other (specify): Stimulus	3,400	0	0	0
Total monthly income:	75.00	\$0.00	\$0.00	\$0.00

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
Kentucky DOC	Frankfort, Ky.	1997-2022	25.00-75.00 varies
not applicable	n/a	n/a	n/a
not applicable	n/a	n/a	n/a

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
not applicable	n/a	n/a	n/a
not applicable	n/a	n/a	n/a
not applicable	n/a	n/a	n/a

4. How much cash do you ~~and your spouse~~ have? \$ 350.00

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
KDOC	Inmate	350.00	0
not applicable	n/a	n/a	n/a
not applicable	n/a	n/a	n/a

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)
not applicable	n/a	Make & year: n/a
not applicable	n/a	Model: n/a
not applicable	n/a	Registration #: n/a

Motor Vehicle #2 (Value)	Other assets (Value)	Other assets (Value)
Make & year: n/a	not applicable	n/a
Model: n/a	not applicable	n/a
Registration #: n/a	not applicable	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
not applicable	n/a	n/a
not applicable	n/a	n/a
not applicable	n/a	n/a

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

Name	Relationship	Age
not applicable	n/a	n/a
not applicable	n/a	n/a
not applicable	n/a	n/a
not applicable	n/a	n/a
not applicable	n/a	n/a
not applicable	n/a	n/a
not applicable	n/a	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, semiannually, or annually to show the monthly rate.

	You	Your Spouse
Rent or home-mortgage payment (including lot rented for mobile home)	0	0
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)	0	0
Home maintenance (repairs and upkeep)	0	0
Food	50.00	0
Clothing	0	0
Laundry and dry-cleaning	0	0
Medical and dental expenses	0	0
Transportation (not including motor vehicle expenses)	0	0
Recreation, entertainment, newspapers, magazines, etc.	0	0
Insurance (not deducted from wages or included in mortgage payments) Homeowner's or renter's	0	0
Life	0	0
Health	0	0
Motor vehicle	0	0
Other: Postage & Copy Fees Litigattion	25.00	0
Taxes (not deducted from wages or included in mortgage payments) specify: not applicable	0	0
Installment payments	0	0
Motor Vehicle	0	0
Credit card (name): not applicable	0	0
Department store (name): not applicable	0	0
Other: not applicable	0	0
Alimony, maintenance, and support paid to others	0	0
Regular expenses for operation of business, profession, or farm (attach detail)	0	0
Other (specify): not applicable	0	0
Total monthly expenses:	75.00	\$0.00

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 docket fees for your appeal.

I must supplement my diet with nutritional food, pay for over the counter medicine, copy, postage and filing fess in several ongoing matters in litigation.

13. State the address of your legal residence.

3001 W. Hwy 146, LaGrange, Kentucky 40032

Your daytime phone number: () not appliicable

Your age: 60 Your years of schooling: 12 + Secondary

KY DOC
REPORT NO. IBSR180 - 35

6 MONTH AVERAGE INCOME STATEMENT

PAGE: 1 of 1

PROCESSED: 02/23/2022 13:43

FROM: 08/2021 TO: 01/2022

REQUESTOR: Kimberlyn Clymer

DOC #: 126673

INMATE NAME: Hermansen, Eric Lloyd

SSN: 513-82-3102

	Deposit Detail	Total Deposit
FOR MONTH: August, 2021		
Deposit Type: State Pay Earned	\$75.02	\$75.02
FOR MONTH: September, 2021		
Deposit Type: State Pay Earned	\$75.02	\$75.02
FOR MONTH: October, 2021		
Deposit Type: State Pay Earned	\$72.60	\$72.60
FOR MONTH: November, 2021		
Deposit Type: State Pay Earned	\$75.02	\$75.02
FOR MONTH: December, 2021		
Deposit Type: Christmas/Summer/Other Bonus Money	\$10.00	
State Pay Earned	\$72.60	\$82.60
FOR MONTH: January, 2022		
Deposit Type: State Pay Earned	\$72.60	\$72.60
TOTAL AMOUNT :		\$452.86
6 MONTH AVERAGE:		\$75.48