No
IN THE
SUPREME COURT OF THE UNITED STATES

TYRE BRADBURY – PETITIONER

VS.

STATE OF INDIANA - RESPONDENT

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*.

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.

Respectfully submitted,

John A. Kindley 1626 Lincoln Way East South Bend, IN 46613 (574) 400-5094 john@kindleylaw.com Counsel of Record for Petitioner

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

I, Tyre Mark Brackury, 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.

	age monthly amo ast 12 months	Amount expe	cted	
	You	Spouse	You	Spouse
Employment	\$ Ø	\$_MA	\$ 0	\$ NA
Self-employment	\$_ Ø	\$ NA	\$_Ø	\$ N/A
Income from real property (such as rental income)	\$_Ø	\$_ <i>N</i> /A	\$ Ø	\$_N/A
Interest and dividends	\$_ Ø	\$_ <i>NA</i>	\$	\$ N/A
Gifts	\$ 100.00	\$_ <i>NA</i>	\$ 100,00	\$ N/A
Alimony	\$_Ø	\$ NIA	\$_Ø	\$ N/A
Child Support	\$_ Ø	\$_ <i>NA</i>	\$_Ø	\$ N/A
Retirement (such as social security, pensions, annuities, insurance)	\$_Ø	\$_ <i>NIA</i>	\$_ Ø	\$_ <i>N/A</i>
Disability (such as social security, insurance payment	(s)	\$_ <i>MA</i>	\$_Ø	\$_N/A
Unemployment payments	\$ Ø	\$_ <i>NIA</i>	\$_Ø	\$ N/A
Public-assistance (such as welfare)	\$_ Ø	\$_NA	\$_Ø	\$ N/A
Other (specify):	\$_ Ø	\$ NIA	\$_Ø	\$ N/A
Total monthly income	s 100.00	\$ NA	\$ 100.00	\$ N/A

	Dates of Employment	Gross monthly pay
		\$ \$
		\$
employment history is before taxes or	ry for the past two years other deductions.)	, most recent employer fir
Address	Dates of	Gross monthly pay
		\$
•		\$ \$
	\$	\$
a men values, will	en you own or your spous	e owns. Do not list clothi
hold furnishings.		
hold furnishings.	☐ Other real esta	
chold furnishings.	□ Other real esta Value	
ehold furnishings.		‡2 ΔΙ Ω
	you and your spous	you and your spouse have? \$ \$\times_{\text{noney you or your spouse have in bank accounts to the checking or savings}} \text{Amount you have } \$\times_{\text{ount}} \text{\$\text{S}} \$\tex

6. State every person, bu amount owed.	siness, or organization	owing you or your s	spouse money, and the
Person owing you or your spouse money	Amount owed to	you Amount	owed to your spouse
/V/ 1	\$	\$	
	\$	\$	
	\$	\$	
7. State the persons who re instead of names (e.g. "J.	ly on you or your spous S." instead of "John Sm	e for support. For minith").	nor children, list initials
Name	Relationsh	ip	Age
8. Estimate the average morpaid by your spouse. A annually to show the mor	adjust anv pavments th	nd your family. Show lat are made weekly,	separately the amounts biweekly, quarterly, or
		You	Your spouse
Rent or home-mortgage pay (include lot rented for mobi	vment le home)	sØ	s_ NA
Are real estate taxes inclu Is property insurance inclu			,
Utilities (electricity, heating water, sewer, and telephone	; fuel,)	\$Ø	s NA
Home maintenance (repairs	and upkeep)	\$_ Ø	\$_ <i>NA</i>
Food		\$ 875.00	\$_ <i>N/A</i>
Clothing		\$ 25.00	s_ <i>N/A</i>
Laundry and dry-cleaning		\$ Ø	\$_ <i>N/A</i>
Medical and dental expense	S	\$	\$_N/A

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

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 am incarcerated.
I declare under penalty of perjury that the foregoing is true and correct.
Executed on:
ary Brews