

No. 22-5176

ORIGINAL

Supreme Court, U.S.
FILED

MAY 05 2022

OFFICE OF THE CLERK

IN THE

SUPREME COURT OF THE UNITED STATES

John Thomas Viner Jr. PETITIONER
(Your Name)

VS.

Martin Frink — 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: _____
_____, or

a copy of the order of appointment is appended.

John T. Viner Jr.
(Signature)

eTomis

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Trust Fund

Links Suspend

Account: 00506356 - Vine, John T. II Status: ACTV

Reset key fields

Transactions Obligations Organizations

Actual Site TTCC Assigned Site TTCC Current Balance 0.01

Refresh Pending Balance

Enter

Trans Date	Seq No	Trans Type	Transaction Code	Transaction Amount	Trans Site	Current Amount	Pend Amount
04/22/2022	1	D	COM	1.86	TTCC	0.01	
04/11/2022	1	D	COM	17.47	TTCC	1.87	
04/04/2022	2	C	VET	19.07	TTCC	19.34	
04/04/2022	1	D	COM	37.45	TTCC	0.27	
03/30/2022	1	D	OBI	50.48*	TTCC	37.72	
03/28/2022	1	D	COM	35.01	TTCC	88.20	
03/21/2022	1	D	COM	44.87	TTCC	123.21	
03/14/2022	2	D	COM	43.22	TTCC	168.08	
03/14/2022	1	C	VIC	50.00	TTCC	211.30	
03/10/2022	1	C	PAD	66.00	TTCC	161.30	

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total month income
\$1057.02

Adv month income
176.17

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

I, John Thomas Vincent, 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>60.00</u>	\$ <u>N/A</u>	\$ <u>60.00</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>0</u>	\$ <u>N/A</u>	\$ <u>0</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>8.00</u>	\$ <u>N/A</u>	\$ <u>19.00</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>
Other (specify): _____	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Total monthly income:	\$ <u>68.00</u>	\$ <u>N/A</u>	\$ <u>79.00</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>FTCC</u>	<u>140 Macon Way</u> <u>Kingsville, TN</u> <u>37074</u>	<u>1-1-20 / 1-1-22</u>	<u>\$ 60.00</u> <u>\$</u> <u>\$</u>

• Treusdale Turner Correctional Center

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.) N/A

Employer	Address	Dates of Employment	Gross monthly pay
_____	_____	_____	<u>\$</u> <u>\$</u> <u>\$</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>\$</u> _____	<u>\$</u> _____
_____	<u>\$</u> _____	<u>\$</u> _____
_____	<u>\$</u> _____	<u>\$</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
Year, make & model _____
Value N/A

Motor Vehicle #2
Year, make & model N/A
Value _____

Other assets
Description _____
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
<u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
	\$ <u> </u>	\$ <u> </u>
	\$ <u> </u>	\$ <u> </u>

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
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

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)	\$ <u>N/A</u>	\$ <u>N/A</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> </u>	\$ <u> </u>
Home maintenance (repairs and upkeep)	\$ <u> </u>	\$ <u> </u>
Food	\$ <u> </u>	\$ <u> </u>
Clothing	\$ <u> </u>	\$ <u> </u>
Laundry and dry-cleaning	\$ <u> </u>	\$ <u> </u>
Medical and dental expenses	\$ <u> </u>	\$ <u> </u>

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>0</u>	\$ <u>N/A</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>0</u>	\$ <u>N/A</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>0</u>	\$ <u>N/A</u>
Life	\$ <u> </u>	\$ <u> </u>
Health	\$ <u> </u>	\$ <u> </u>
Motor Vehicle	\$ <u> </u>	\$ <u> </u>
Other: _____	\$ <u> </u>	\$ <u> </u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ <u>0</u>	\$ <u>N/A</u>
Installment payments		
Motor Vehicle	\$ <u>0</u>	\$ <u>N/A</u>
Credit card(s)	\$ <u> </u>	\$ <u> </u>
Department store(s)	\$ <u> </u>	\$ <u> </u>
Other: _____	\$ <u> </u>	\$ <u> </u>
Alimony, maintenance, and support paid to others	\$ <u> </u>	\$ <u> </u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>0</u>	\$ <u>N/A</u>
Other (specify): <u>7-14-2022</u>	\$ <u> </u>	\$ <u> </u>
Total monthly expenses:	\$ <u> </u>	\$ <u> </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? \$3,500.00

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

Newton Holiday 615-400-6360 (cellular)
No. 02990
1506 Church Street
Suite 1
Nashville, TN 37210

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 in Trousdale Turner Correctional Center, 140 Macon Way, Hartsville, TN 37074. My TDOC # 506354. I am paid \$5.50 per hour for 120 hours per month, which is \$60.00 per month. This amount is used to purchase Hygiene and other Commissary items.

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

Executed on: 7-14-2022, 2022

John Vire II
(Signature)

1. LAST NAME - FIRST NAME - MIDDLE NAME VINE JOHN THOMAS			2. SERVICE NUMBER US 55 632 638			3. SOCIAL SECURITY NUMBER 331 35 0581		
4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS ARMY-AUS-SPEC			5a. GRADE, RATE OR RANK PPC (P)	5b. PAY GRADE E-3	6. DATE OF RANK 20 Apr 66	7. MONTH Apr	8. YEAR 66	
7. U. S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		8. PLACE OF BIRTH (City and State or Country) Chicago Illinois			9. DATE OF BIRTH 7 Jun 44	10. DATE 7	11. MONTH Jun	12. YEAR 44
10a. SELECTIVE SERVICE NUMBER 11 85 44 135		10b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE Local Board No 85 Chicago Illinois			10c. DATE INDUCTED 2 Aug 65			
11a. TYPE OF TRANSFER OR DISCHARGE Transferred to USAR (See 16)			11b. STATION OR INSTALLATION AT WHICH EFFECTED Fort Lewis Washington					
12c. REASON AND AUTHORITY See VII Chap 5 AR 635-200 SPN All (Overseas Returns)			13a. CHARACTER OF SERVICE HONORABLE			13b. TYPE OF CERTIFICATE ISSUED None		
14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED USAR CONTROL GROUP (ANNUAL TRAINING) USAAC ST LOUIS MISSOURI 63130 R-1			15. REENLISTMENT CODE R-1					
16. TERMINAL DATE OF RESERVE/ UMT&S OBLIGATION 1 Aug 71			17. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION a. SOURCE OF ENTRY: <input type="checkbox"/> ENLISTED (First Enlistment) <input type="checkbox"/> ENLISTED (Prior Service) <input type="checkbox"/> REENLISTED <input type="checkbox"/> OTHER NA			18. b. TERM OF SERVICE (Years) NA NA		
18. PRIOR REGULAR ENLISTMENTS None			19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC Pvt E-1			20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) Chicago Illinois		
21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) 835 East 87th Chicago (Cook) Illinois 60619			22. STATEMENT OF SERVICE			YEARS	MONTHS	DAYS
23a. SPECIALTY NUMBER & TITLE 31220 Field Radio Epm			a. CREDITABLE FOR BASIC PAY PURPOSES (1) NET SERVICE THIS PERIOD (2) OTHER SERVICE (3) TOTAL (Line (1) plus Line (2))			1 9 14	None	
23b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER			b. TOTAL ACTIVE SERVICE			1 9 14	None	
24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED National Defense Service Medal Vietnam Service Medal Vietnam Campaign Medal w/1960 Device			c. FOREIGN AND/OR SEA SERVICE USARPAC			1 0 1	None	
25. EDUCATION AND TRAINING COMPLETED USAESCS Port Gordon Georgia			26. STATEMENT OF SERVICE			YEARS	MONTHS	DAYS
			27. INSURANCE IN FORCE (NSLI or USGLI) NA			1	9	14
			28. VA CLAIM NUMBER NA			29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input checked="" type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> NONE		
30. REMARKS CIVILIAN EDUCATION: 11 Years Vocational Blood Group: "O"			31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) See Item 21					
32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED John J. Vine			33. SIGNATURE OF OFFICER AUTHORIZED TO SIGN Edward J. Riedel					
34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN Edward J. Riedel			35. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED John J. Vine					