

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 Vine # — 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.

J. T. Vine #
(Signature)

eTomis

Menu Favorites Tools Other Applications Reports Help IPROD 11.1.17

Trust Fund



Links ▾

Suspend ☐

Account 00506356 Vine, John T. II

Status ACTV

Reset key fields

Refresh

Enter

FastPath

Go

Transactions

Obligations

Organizations

Actual Site TTCC

Assigned Site TTCC

Current Balance 0.01

Pending Balance

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	

Search

Top Of List

total 6mth income
\$1057.02

adv 6mth income
176.17

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

I, John Thomas Vine Jr., 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
*TTCC	146 Macon Way Hartsville, TN 37074	1-1-20/1-1-22	\$ 60.00
			\$
			\$

*Treadwell 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
			\$
			\$
			\$

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
	\$	\$
	\$	\$
	\$	\$

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

N/A
/
/
/

\$ N/A
/
/
/

\$ 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
/
/
/

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, or annually to show the monthly rate.

You

Your spouse

Rent or home-mortgage payment
(include lot rented for mobile home)

\$ N/A

\$ N/A

Are real estate taxes included? ☐ Yes ☐ No

Is property insurance included? ☐ Yes ☐ No

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

\$

\$

Home maintenance (repairs and upkeep)

\$

\$

Food

\$

\$

Clothing

\$

\$

Laundry and dry-cleaning

\$

\$

Medical and dental expenses

\$

\$

	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, Hartselle, TN 37074. My TDoc # 506356. I am paid \$3.50 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 T. Vire #
(Signature)

PERSONAL DATA	1. LAST NAME - FIRST NAME - MIDDLE NAME VINE JOHN THOMAS				2. SERVICE NUMBER US 55 832 638		3. SOCIAL SECURITY NUMBER 331 35 8581					
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS ARMY-AUS-SIGC				5a. GRADE, RATE OR RANK PFC (P)		6. PAY GRADE E-3		6. DATE OF RANK 20 Apr 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					
SELECTIVE SERVICE DATA	10a. SELECTIVE SERVICE NUMBER 11 85 44 135				5. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE Local Board No 85 Chicago Illinois				c. DATE INDUCTED 2 Aug 65			
	11b. TYPE OF TRANSFER OR DISCHARGE Transferred to USAR (See 16)				b. STATION OR INSTALLATION AT WHICH EFFECTED Fort Lewis Washington							
TRANSFER OR DISCHARGE DATA	c. REASON AND AUTHORITY: See VII Chap 5 AR 635-200 SPN All (Overseas Returnee)						d. EFFECTIVE DATE 15 May 67					
	12a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND Hq 2 Maint Bpt 63rd Maint Bn APO 96240 USARV				13a. CHARACTER OF SERVICE HONORABLE		b. TYPE OF CERTIFICATE ISSUED None					
	14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED USAR CONTROL GROUP (ANNUAL TRAINING) USAAC ST LOUIS MISSOURI 43132 RE-1						15. REENLISTMENT CODE					
	16. TERMINAL DATE OF RESERVE/UMTS OBLIGATION DAY: 1 MONTH: Aug YEAR: 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		b. TERM OF SERVICE (Years) NA			
SERVICE DATA	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) 635 East 87th Chicago (Cook) Illinois 60619				22. STATEMENT OF SERVICE		YEARS		MONTHS		DAYS	
	23a. SPECIALTY NUMBER & TITLE 31E20 Fld Radio Bpm				b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER NA		a. CREDITABLE FOR BASIC PAY PURPOSES		(1) NET SERVICE THIS PERIOD		1 9 14	
							(2) OTHER SERVICE		None			
							(3) TOTAL (Line (1) plus Line (2))		1 9 14			
							b. TOTAL ACTIVE SERVICE		1 9 14			
							c. FOREIGN AND/OR SEA SERVICE		USARPAC		1 0 1	
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												
25. EDUCATION AND TRAINING COMPLETED USASISCS Fort Gordon Georgia 21 weeks Field Radio Bpm												
VA AND EMP. SERVICE DATA	26a. NON-PAY PERIODS-TIME LOST (Preceding Two Years)				b. DAYS ACCRUED LEAVE PAID 25		27a. INSURANCE IN FORCE (NSLI or USGLI) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		b. AMOUNT OF ALLOTMENT 5 NA		c. MONTH ALLOTMENT DISCONTINUED NA	
	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							
REMARKS	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											
AUTHENTICATION	32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <i>John T. Vine</i>						33. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>Edward G. Ruediger</i>					
	33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER EDWARD G RUEDIGER 2LT AGC Asst Adjutant											