

22 - 5296

No. PJS-21-268

ORIGINAL

FILED  
JUL 05 2022

OFFICE OF THE CLERK  
SUPREME COURT, U.S.

IN THE

SUPREME COURT OF THE UNITED STATES

Ryan T. Carlton — PETITIONER

(Your Name)

VS.

State of Maine, M.D.C., P.C.J. et al 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):

U.S. District Court, Maine District

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.

Ryan Carlton  
(Signature)

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

I, Ryan T. Carlton, 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	\$ 0	\$ 0	\$ 0	\$ 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	\$ 10.00	\$ 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)	\$ 6	\$ 0	\$ 0	\$ 0
Other (specify): <u>0</u>	\$ 0	\$ 0	\$ 0	\$ 0
<b>Total monthly income:</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>

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
N/A			\$
			\$
			\$

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
N/A			\$
			\$
			\$

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
None	\$	\$
	\$	\$
	\$	\$

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  
Year, make & model   
Value

Motor Vehicle #2  
Year, make & model   
Value

Other assets  
Description   
Value

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	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

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? <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)	\$ 0	\$ 0
Home maintenance (repairs and upkeep)	\$ 0	\$ 0
Food	\$ 0	\$ 0
Clothing	\$ 0	\$ 0
Laundry and dry-cleaning	\$ 0	\$ 0
Medical and dental expenses	\$ 0	\$ 0

	<b>You</b>	<b>Your spouse</b>
Transportation (not including motor vehicle payments)	\$ 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: _____	\$ 0	\$ 0
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ 0	\$ 0
Installment payments		
Motor Vehicle	\$ 0	\$ 6
Credit card(s)	\$ 0	\$ 0
Department store(s)	\$ 0	\$ 0
Other: _____	\$ 0	\$ 0
Alimony, maintenance, and support paid to others	\$ 0	\$ 0
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0	\$ 0
Other (specify): _____	\$ 0	\$ 0
<b>Total monthly expenses:</b>	<b>\$ 0</b>	<b>\$ 0</b>

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

Executed on: July 5, 2022

Ryan Carlton  
(Signature)

MAINE SUPERIOR COURT

, ss.

Docket No. \_\_\_\_\_

U.S. DISTRICT COURT

for the District of Maine

Docket No. \_\_\_\_\_

Prisoner's Name: Carleton, Ryan (168492)

Institution: Maine State Prison

**CERTIFICATE**

(To be completed by the institution for prisoners)  
(To be used in civil and criminal cases)

I hereby certify as follows with respect to the prisoner's general (trust) account:

The prisoner has the sum of \$ 0.00 on account to his/her credit at this institution

During the past 6 months, the prisoner's average monthly balance was \$ 0.01

During the past 6 months, the prisoner's average monthly deposits were \$ 6.67

**Note:** Per 4 MRSA §1058, state court filing fees are to be determined based on the prisoner's general (trust) account only.

**Note:** Federal court filing fees are to be determined based on both the prisoner's general (trust) account and telephone account.

I hereby certify as follows with respect to the prisoner's telephone account:

The prisoner has the sum of \$ 10.00 on account to his/her credit at this institution

During the past 6 months, the prisoner's average monthly balance was \$ 7.42

During the past 6 months, the prisoner's average monthly deposits were \$ 1.50

[This does not include any deposits made by virtue of the prisoner transferring funds from his/her general (trust) account to his/her telephone account to the extent these funds have already been included in the average deposits set out above with respect to the general (trust) account.]

An account statement for the last 6 months of the prisoner's general (trust) account and telephone account is attached.

Date: Jul 11, 2022

Vonda Taylor Acting Support Specialist  
Name and Title  
Authorized Institutional Official

MDOC#: 168492

State of Maine

Client Name: Carleton, Ryan Torrey

Department of Corrections

Housing Level: MSP/Close/C Pod/C114/B

Trust Account Statement

Run Date:	7/11/2022	Current Total Balance:	\$10.00
Facility:	Maine State Prison	Available Trust:	\$0.00
Date of Birth:	3/29/1977	Available Phone:	\$10.00
Account Activity from:	1/11/2022 9:28:45 AM - 7/11/2022 9:28:45 AM	Available DHHS:	\$0.00
Prisoner/Resident Phone Allowance Date:	3/7/2022	Other Funds:	\$0.00
Other Funds:		Savings:	\$0.00
Trust Frozen:	\$0.00	Phone Held Funds:	\$0.00
Trust Held:	\$0.00	DHHS Held Funds:	\$0.00

Date	Hold Release Date	Transaction	Received From/Paid To	Reference	Amount	Phone Available	Trust Available
1/11/2022		Begin Balance			\$2.53		\$0.04
1/21/2022	2/4/2022	Recd Mail Room	Marjorie Carleton	27785271442	\$20.00		\$20.04
1/21/2022	2/4/2022	Monies on Hold	Payer	27785271442	(\$20.00)		\$0.04
2/5/2022	2/4/2022	Release from Hold	Marjorie Carleton	27785271442	\$20.00		\$20.04
2/5/2022		Court Ordered Fines	PISCATAQUIS CRIMINAL DOCKET	PISCD-CR-2021-00061	(\$5.00)		\$15.04
2/5/2022		Facility Restitution	Maine Correctional Center	Generated by Disc.Case#MC C-2021-0999 (ID#91014)	(\$5.00)		\$10.04
2/5/2022		Monetary Sanction	Maine Correctional Center	Generated by Disc.Case#MC C-2021-1026 (ID#91099)	(\$5.00)		\$5.04
2/5/2022		Medical Co-Pay	Treasurer of State	8-13-21	(\$5.00)		\$0.04
2/9/2022		W/D Phone Account	1 min.	GTL#:168281	(\$0.09)	\$2.44	\$0.04
2/9/2022		W/D Phone Account	3 min.	GTL#:168394	(\$0.27)	\$2.17	\$0.04
2/10/2022		W/D Phone Account	5 min.	GTL#:169630	(\$0.45)	\$1.72	\$0.04
2/10/2022		W/D Phone Account	8 min.	GTL#:169642	(\$0.72)	\$1.00	\$0.04
3/7/2022		Recd Phone Account	System Generated: Nightly Batch -- Weekly Deposit	CBF_TRANS_I D:193160	\$2.50	\$3.50	\$0.04
3/14/2022		Recd Phone Account	System Generated: Nightly Batch -- Weekly Deposit	CBF_TRANS_I D:193473	\$2.50	\$6.00	\$0.04
3/21/2022		Recd Phone Account	System Generated: Nightly Batch -- Weekly Deposit	CBF_TRANS_I D:193645	\$2.50	\$8.50	\$0.04
3/25/2022		W/D Postage	Treasurer of State	US DISTRICT COURT	(\$0.04)		\$0.00
3/28/2022		Recd Phone Account	System Generated: Nightly Batch -- Weekly Deposit	CBF_TRANS_I D:193765	\$1.50	\$10.00	\$0.00
4/12/2022	4/26/2022	Recd Mail Room	MAYBREE	27879950327	\$20.00		\$20.00
4/12/2022	4/26/2022	Monies on Hold	Payer	27879950327	(\$20.00)		\$0.00
4/27/2022	4/26/2022	Release from Hold	MAYBREE	27879950327	\$20.00		\$20.00
4/27/2022		Court Ordered Fines	PISCATAQUIS CRIMINAL DOCKET	PISCD-CR-2021-00061	(\$5.00)		\$15.00

MDOC#: 168492  
Client Name: Carleton, Ryan Torrey  
Housing Level: MSP/Close/C Pod/C114/B

State of Maine  
Department of Corrections  
Trust Account Statement

Date	Hold Release Date	Transaction	Received From/Paid To	Reference	Amount	Phone Available	Trust Available
4/27/2022		Federal Filing Fees	US District Court - Portland	1:22-cv-00080-JAW	(\$4.00)		\$11.00
4/27/2022		Facility Restitution	Maine Correctional Center	Generated by Disc.Case#MC C-2021-0999 (ID#91014)	(\$5.00)		\$6.00
4/27/2022		Monetary Sanction	Maine Correctional Center	Generated by Disc.Case#MC C-2021-1026 (ID#91099)	(\$5.00)		\$1.00
4/27/2022		Prisoner/Resident Phone Allowance Recovery	Maine State Prison	System Generated: Prisoner/Resident Phone Allowanc	(\$1.00)		\$0.00

STATE OF MAINE  
INDIGENCY AFFIDAVIT

SUPERIOR COURT

Docket No. PTS-21-268, ss

DISTRICT COURT

Location Dover-Foxcroft, ME  
Docket No. PTS-21-268

PLEASE FILL OUT THIS FORM AS COMPLETELY AS POSSIBLE.

Name Ryan T Carlton Date of Birth 03/29/1977 Age 45 Phone # N/A  
Address M.S.P. 107 Cushing Rd. Warren, ME 04864

I am requesting a  court appointed lawyer for  criminal case  protective custody case  
 waiver of fees and charges in the following civil case:

Marital Status:  single  married  divorced  separated  widowed

Education level:  Less than High School  High School/GED graduate  College graduate  Tech. School graduate

I live:  alone  with spouse  with parent  with children  with friend(s)  other (list who)

List the names, ages and relationships of any dependents you support:

**CASH ASSETS:**

AVAILABLE MONEY (List all money currently available; include joint as well as individual accounts.)

- a. Cash on hand \$ 0
- b. Checking Account(s) \$ 0
- c. Savings Account(s) \$ 0
- d. Stocks, bonds, trusts, certificates of deposit, IRA, etc. \$ 0  
Description: \_\_\_\_\_ (value)
- e. Cash posted as bail \$ 0
- f. Other (Christmas Club, etc.) \$ 0  
Description: \_\_\_\_\_

**TOTAL CASH ASSETS:** \$ 0

**INCOME:**

1. EMPLOYMENT (list employer name, address and telephone number)

- a. Where do you work? Unemployed
- b. Length of time employed: N/A  Full Time  Part Time  Seasonal
- c. If not currently employed, where and when were you last employed? 2020 Self-Employed
- d. Do you anticipate other employment or other income within the near future?  yes  no  
If yes, please explain: \_\_\_\_\_
- e. Do you suffer from a disability that prohibits you from working?  yes  no If yes, explain: PTSD

2. Do you receive any pay or any other kind of compensation for any other work you do that is not included above? If so, please explain: AD

3. MONTHLY/WEEKLY INCOME

- a. Salary and wages (take home pay) \$ 0 (per  week  month)
- b. Unemployment \$ 0 (per  week  month)
- c. Social Security \$ 0 (per  week  month)
- d. TANF payments \$ 0 (per  week  month)
- e. Alimony/child support \$ 0 (per  week  month)
- f. Any income received and not reported above \$ 0 (per  week  month)  
(E.g., veteran's benefits, worker's comp., pensions/retirement, nat'l guard, room rental. Please specify)

4. ASSETS OF SPOUSE (Include roommate with whom you share expenses; if you are under 18 years old include your parent.)

- a. Name of Person None
- b. Relationship to you \_\_\_\_\_
- c. Address \_\_\_\_\_
- d. No. of this person's dependants \_\_\_\_\_
- e. Is this person employed?  yes  no If yes, where? \_\_\_\_\_
- f. Estimated monthly/weekly income? \$ \_\_\_\_\_ (per  week  month)
- g. Is any of this income available to you/used for you? If so, how much? \_\_\_\_\_ (per  week  month)

5. Does anyone owe you any money?  yes  no If yes, how much?

6. Have you, or has anyone in your household, received or do you expect to receive, any payments such as retroactive government benefits, tax refunds, pay raises, law suit settlements, etc? If yes, explain.

**OTHER ASSETS:** Property (owned individually or with others)

a. Do you own a house or other real estate?  yes  no If yes, what is the estimated market value of the property? \$ 0

\$ 0 What is the amount of any mortgage on the property? \$ \_\_\_\_\_

Who holds the mortgage? \_\_\_\_\_

b. List make, model, year and value of all motor vehicles you have (automobiles, trucks, RV's, motorcycles, ATVs, snowmobiles, etc.) \$ 0 Who holds the title to these vehicles? \_\_\_\_\_

Who are the vehicles registered to? \_\_\_\_\_

c. List any other personal property (such as TV, stereo, VCR, valuable jewelry, antiques, etc.) having a value of \$50.00 or more. None

d. Cash value of insurance policies, pension, retirement or profit sharing, etc. (Specify) 0

**EXPENSES:**

## 1. Monthly Living Expenses

a. Food and other grocery items \$ 0

d. Other (Specify) 0

b. Housing (rent/mortgage) \$ 0

0 \$ 0

c. Utilities (e.g. electricity, heat, water, sewer, telephone) \$ 0

**TOTAL:** \$ 0

## 2. Describe any loan payments or any other payments you make on a regular basis which are not normal living expenses.

Lending Institution OSLA

Purpose Student Loans

Total Amount Owed \$ Unsure

Monthly Payment \$ roughly 100

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**TOTALS**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

3. Describe any regular payments you make for medical care, alimony/child support, child care, etc. (specify) 0

**TOTAL** \$ 100.00

4. Is there any other statement you wish to make about your financial condition that may be helpful in evaluating if you qualify for court appointed legal assistance? No

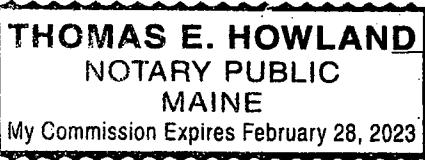
I acknowledge that disclosure of my Social Security account number on this form is mandatory under 36 M.R.S.A. §5276-A. My Social Security account number may be used to facilitate the collection of money that I may owe the State of Maine as a result of having had an attorney appointed to represent me if it is later determined that I am to be responsible for all or part of the attorney fees and costs.

**SS Number Disclosure Required on separate form**

I furnish the above information to support my request for appointment of counsel to represent me with regard to the pending charges. I have read the above form, I understand it, and the answers to the questions are true. I understand that any false answers on this form may subject me to criminal prosecution, and that a court investigator may seek to verify my statements. I also understand that I have a continuing obligation, personally and through counsel, to report to the court any changes in my employment or other financial circumstances.

Date: 07/12/2022

Subscribed and sworn to before me,



Signature of party

Attorney - Clerk of Court - Notary Public - Judge / Justice

Based on review of defendant's financial circumstances, including an interview of the party, I make the following recommendation:

ELIGIBLE  NOT ELIGIBLE  PARTIALLY ELIGIBLE \$ \_\_\_\_\_

RECOMMENDATION \_\_\_\_\_

Date: \_\_\_\_\_

Financial Investigator

Unified Criminal Docket  
 Superior Court  
 District Court

STATE OF MAINE

County: Piscataquis  
 Location: Dover-Foxcroft  
 Docket No: PTS-21-268  
 PSCD 10-2020-00412

STATE OF MAINE/

vs.

Ryan T. Carleton

Defendant/Juvenile

MOTION AND AFFIDAVIT FOR  
 ASSIGNMENT OF COUNSEL

I am requesting the Court to assign an attorney at public expense, based on the following accurate information.

Name of person whose financial information appears on this affidavit: Ryan T. Carleton

Single  Married  Divorced  Widowed

Mailing address (if PO Box, also list physical address): Maine State Prison, 807 Cushing Rd. Warren, ME 04864

Date of Birth: 03/29/1977 Telephone number (working with voice mail) N/A Message number N/A

I live  Alone. I live with  Spouse/Significant Other  Parents  Friends  other

I have: 0 children Age(s): \_\_\_\_\_  who live me  for whom I pay child support of \$ \_\_\_\_\_ per \_\_\_\_\_ I am current on my child support:  Yes  No

INCOME: Salary / Gross Income: \$ 0 per  Year  Month  Week or hourly wage \$ \_\_\_\_\_ and number of hours \_\_\_\_\_

I receive:  Social Security \$ 0  Unemployment \$ \_\_\_\_\_  TANF \$ \_\_\_\_\_

Alimony/ Child Support \$ \_\_\_\_\_  Food Stamps \$ \_\_\_\_\_  Maine Care/Housing/WIC Maine Care

Employer: Unemployed how long have you worked here?

If unemployed, last date employed: 10/2020 Place of employment: Self-employed Arborist

Taxes: Last filed: 2021  Refund paid to me stimulus  Refund taken by State of Maine

ASSETS: Cash bail posted (1<sup>st</sup> party) in this case or any other case \$ 0

Cash on hand or at home \$ 0 Cash in the bank \$ 0 Money owed to you \$ 0

Name of bank/FCU: \_\_\_\_\_ Stocks/Bonds/401K/403B/Pensions: \_\_\_\_\_

Property worth more than \$250 (include property owned alone or with other people): Home and land \$ \_\_\_\_\_

Amount owed on property \$ \_\_\_\_\_

Vehicle(s) YR/Make Model \_\_\_\_\_ Amount Financed \$ \_\_\_\_\_

Recreational Vehicle(s)/ ATV/boat/snowmobile (YR/make /model): \_\_\_\_\_

Other (personal-TV/computer/electronics etc): \_\_\_\_\_

EXPENSES: (Monthly)

Mortgage/Rent \_\_\_\_\_ Cable/Internet \_\_\_\_\_ Loan (student) Yes, Unsure Atty. Fees \_\_\_\_\_

Food \_\_\_\_\_ Heat \_\_\_\_\_ Loan (personal) \_\_\_\_\_ RX \_\_\_\_\_

Cell Phone \_\_\_\_\_ Car Insurance \_\_\_\_\_ Prop. Taxes \_\_\_\_\_ Other \_\_\_\_\_

Utilities \_\_\_\_\_ Credit Card \_\_\_\_\_ Court fees/Fines Yes, Unsure Other \_\_\_\_\_

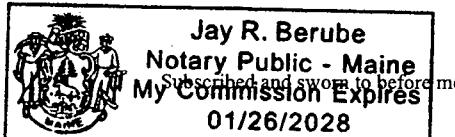
Renter/home Owners insurance \_\_\_\_\_ Total Expenses: \$ \_\_\_\_\_

I acknowledge that disclosure of my Social Security account number is mandatory under 36 M.R.S. §5276-A. My Social Security account number may be used to facilitate the collection of money that I may owe the State of Maine as a result of having had an attorney assigned to represent me if it is later determined that I am to be responsible for all or part of the attorney fees and costs.

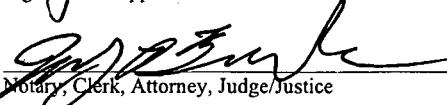
**SS Number Disclosure Required on separate form**

The undersigned furnishes the above information to support the request for assignment of counsel. I have read the above form, I understand it, and the answers to the questions are true. I understand that any false answers on this form may subject me to criminal prosecution. I also understand that I have a continuing obligation, personally and through counsel, to report to the court any changes in my employment or other financial circumstances. I also understand that further investigation may be conducted to verify the information I have provided, and I agree, as a condition of my continued eligibility to be represented by assigned counsel, to cooperate with any such investigation, including providing documents or authorizations to release information requested by the court or by the Maine Commission on Indigent Legal Services.

Date: 1 July 2022



Ryan Carleton  
 Signature of Applicant

  
 Jay R. Berube  
 Notary, Clerk, Attorney, Judge/Justice