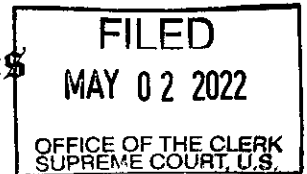


In the Supreme Court of the United States



State ex rel. C.S.,

Respondent,

-v.-

G.T.,

Petitioner.

\_\_\_\_\_  
*On Petition for a Writ of Certiorari to the Tenth District Court of Appeals of Ohio*  
\_\_\_\_\_

\_\_\_\_\_  
MOTION TO PROCEED IN FORMA PAUPERIS  
\_\_\_\_\_

The Petitioner request leave to file the attached Petition for a Writ of Certiorari to the Tenth District Court of Appeals of Ohio, without prepayment of costs and to proceed in forma pauperis pursuant to Rule 39.

An Affidavit of Indigence was filed with the Supreme Court of Ohio, 09/07/2021, the Office of the Franklin County Public Defender had entered an appearance, 12/20/2019, and an order for appointing an attorney for a party without funds to retain an attorney, under Ohio Juvenile Rule 4(A), was issued by the Division of Domestic Relations and Juvenile Branch of the Court of Common Pleas of Franklin County, Ohio, 10/18/2018.

The Petitioner's copy of the order from a court below for appointment of counsel for an indigent party was previously appended to this motion.

September 12, 2022

\_\_\_\_\_  
G.T.

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

\_\_\_\_\_  
IN THE  
SUPREME COURT OF THE UNITED STATES  
\_\_\_\_\_

G. To — PETITIONER  
(Your Name)

VS.

State ex. rel C. S. — 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):

Tenth District Court of Appeals of Ohio  
Court of Common Pleas, Franklin County, Ohio

☐ Petitioner has **not** previously been granted leave to proceed *in forma pauperis* in any other court.

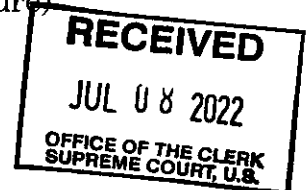
☒ Petitioner's affidavit or declaration in support of this motion is attached hereto.

☐ 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.

Gilbert  
(Signature)



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

I, G. T., 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 (NA)	You	Spouse (NA)
Employment	\$ <u>600</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Self-employment	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Income from real property (such as rental income)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Interest and dividends	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Gifts	\$ <u>10</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Alimony	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Child Support	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Disability (such as social security, insurance payments)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Unemployment payments	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Public-assistance (such as welfare)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Other (specify): _____	\$ _____	\$ _____	\$ _____	\$ _____
<b>Total monthly income:</b>	\$ <u>610</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</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>Saint Mary School</u>	<u>700 South Third Street</u>	<u>02/06/2020 to 11/08/2021</u>	<u>\$ 2828.20</u>
<u>Madonna CC Community School</u>	<u>Loretta</u>	<u>08/01/2022 to 08/24/2022</u>	<u>\$ 3276</u>
			\$

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
<u>Not Applicable</u>	<u>Not Applicable</u>	<u>Not Applicable</u>	<u>\$ 0</u>
			\$
			\$

4. How much cash do you and your spouse have? \$ 50  
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>Savings</u>	<u>\$ 5</u>	<u>\$ 0</u>
	\$	\$
	\$	\$

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

<input type="checkbox"/> Home Value _____	<input type="checkbox"/> Other real estate Value _____
<input type="checkbox"/> Motor Vehicle #1 Year, make & model _____ Value _____	<input type="checkbox"/> Motor Vehicle #2 Year, make & model _____ Value _____
<input checked="" type="checkbox"/> Other assets <u>Individual Investment Retirement Account</u> Description _____ Value <u>89</u>	

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>Saint James the Less School</u>	\$ <u>600</u>	\$ <u>0</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>V. C. C. G.</u>	<u>Daughter</u>	<u>19</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 (NA)
Rent or home-mortgage payment (include lot rented for mobile home)	\$ <u>0</u>	\$ <u>0</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>0</u>	\$ <u>0</u>
Home maintenance (repairs and upkeep)	\$ <u>0</u>	\$ <u>0</u>
Food	\$ <u>40</u>	\$ <u>0</u>
Clothing	\$ <u>0</u>	\$ <u>0</u>
Laundry and dry-cleaning	\$ <u>0</u>	\$ <u>0</u>
Medical and dental expenses	\$ <u>0</u>	\$ <u>0</u>

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>20</u>	\$ <u>0</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>0</u>	\$ <u>0</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>0</u>	\$ <u>0</u>
Life	\$ <u>0</u>	\$ <u>0</u>
Health	\$ <u>0</u>	\$ <u>0</u>
Motor Vehicle	\$ <u>0</u>	\$ <u>0</u>
Other: _____	\$ _____	\$ _____
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ <u>0</u>	\$ <u>0</u>
Installment payments		
Motor Vehicle	\$ <u>0</u>	\$ <u>0</u>
Credit card(s)	\$ <u>0</u>	\$ <u>0</u>
Department store(s)	\$ <u>0</u>	\$ <u>0</u>
Other: _____	\$ _____	\$ _____
Alimony, maintenance, and support paid to others	\$ <u>360</u>	\$ <u>0</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>0</u>	\$ <u>0</u>
Other (specify): <u>Storage Unit</u>	\$ <u>118</u>	\$ <u>0</u>
<b>Total monthly expenses:</b>	<b>\$ <u>538</u></b>	<b>\$ <u>0</u></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.

A) Long-term unemployment D) Medical leave since August 25, 2022

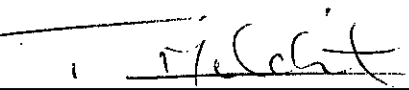
B) Interference from court action that interrupts employment

C) Tuition for my Daughter's Montessori School will begin July 26, 2022

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

Executed on: July 5, 2022

Reexecuted on: September 12, 2022

  
(Signature)

