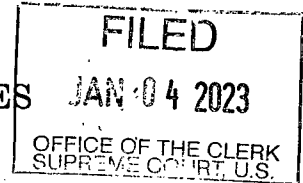


No. 22-7049

ORIGINAL

IN THE  
SUPREME COURT OF THE UNITED STATES



Robert A. Martinez Jr. — PETITIONER  
(Your Name)

VS.

LUCAS COUNTY JAIL — 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):  
\_\_\_\_\_  
\_\_\_\_\_

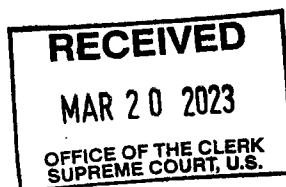
☒ Petitioner has **not** previously been granted leave to proceed *in forma pauperis* in any other court.

☐ 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.



Robert A. Martinez Jr.  
(Signature)

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

I, Robert A. Martinez 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>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Self-employment	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Income from real property (such as rental income)	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Interest and dividends	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Gifts	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Alimony	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Child Support	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Disability (such as social security, insurance payments)	\$ <u>910.<sup>00</sup></u>	\$ _____	\$ <u>910.<sup>00</sup></u>	\$ _____
Unemployment payments	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Public-assistance (such as welfare)	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Other (specify): _____	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
<b>Total monthly income:</b>	\$ <u>910.<sup>00</sup></u>	\$ _____	\$ <u>910.<sup>00</sup></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
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? \$ 0  
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
N/A	\$	\$
	\$	\$
	\$	\$

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 1998 Chevy Truck  
Value 1500.00

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

☐ Other assets  
Description N/A  
Value

	You	Your spouse
( GASOLINE ) Transportation (not including motor vehicle payments)	\$ 100.00	\$ N/A
Recreation, entertainment, newspapers, magazines, etc.	\$ N/A	\$
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ N/A	\$
Life	\$ N/A	\$
Health	\$ N/A	\$
Motor Vehicle	\$ 60.00	\$
Other: _____	\$	\$
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$	\$
Installment payments		
Motor Vehicle	\$ N/A	\$
Credit card(s)	\$ N/A	\$
Department store(s)	\$ N/A	\$
Other: _____	\$ N/A	\$
Alimony, maintenance, and support paid to others	\$ N/A	\$
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ N/A	\$
Other (specify): _____	\$ N/A	\$
<b>Total monthly expenses:</b>	\$ 833.00	\$



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 have limited income, due to disability*

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

Executed on: MARCH, 1, 2023

Robert A. Martinez  
(Signature)

SOCIAL SECURITY  
FOUR SEAGATE  
SUITE 1000  
TOLEDO OH 43604

Social Security Administration  
**Supplemental Security Income**  
Notice of Change in Payment

Date: November 27, 2022  
BNC#: 22S1778D96188 DI



0304829 00304829 1 AB 0.491 CN6LNA T960 P18  
COLA MO4 11/20 395 22S1778D96188  
TRACEY LYNN MARTINEZ  
FOR ROBERT ANDREW MARTINEZ JR  
7711 MONCLOVA RD  
MONCLOVA OH 43542-9701



We plan to increase ROBERT A. MARTINEZ JR's monthly Supplemental Security Income (SSI) payment from \$841.00 to \$914.00 beginning January 2023. The amount will change because of a rise in the cost of living. He will continue to get the new amount each month unless there is a change in the information we use to figure his payment.

The rest of this letter explains more about ROBERT A. MARTINEZ JR's SSI payments. It also tells you how to find affordable health care.

We explain how we figured the monthly payment amount on the worksheet at the end of this letter. The explanation shows how his income, other than any SSI payments, affects his SSI payment. We include explanations only for months where payment amounts change.

**When You Will Receive His Payments**

Your bank or other financial institution will receive his monthly payment of \$914.00 around January 1, 2023, and on the first of each month after that.

See Next Page