

No. 23 - 5122

FILED
JUL 14 2023
OFFICE OF THE CLERK
SUPREME COURT, U.S.

IN THE
SUPREME COURT OF THE UNITED STATES
Washington, DC. 20543

King:RONNY DEVIOD WALKER Sr. PETITIONER
(Your Name)

VS.
Sixth Circuit:22-5401., Commonwealth's Jefferson Co.KY.
Hon:3:21-cv-225-BJB — 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*.

Petitioner has previously been granted leave to proceed *in forma pauperis* in the following court(s):

Hon: Judge; Benjamin Beaton, District Court United States District
Western Of Kentucky, Louisville Division.

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.

Mr. Ron D. Walker Jr.
(Signature)

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

I, Mr. RON D. WALKER Sr., 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>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Self-employment	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Income from real property (such as rental income)	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Interest and dividends	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Gifts	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Alimony	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Child Support	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Disability (such as social security, insurance payments)	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Unemployment payments	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Public-assistance (such as welfare)	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Other (specify): _____	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Total monthly income:	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</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
N/A	N/A	N/A	\$ N/A
N/A	N/A	N/A	\$ N/A
N/A	N/A	N/A	\$ 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	N/A	N/A	\$ N/A
N/A	N/A	N/A	\$ N/A
N/A	N/A	N/A	\$ 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.

Financial institution	Type of account	Amount you have	Amount your spouse has
N/A	N/A	\$ N/A	\$ N/A
N/A	N/A	\$ N/A	\$ N/A
N/A	N/A	\$ N/A	\$ 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 N/A
 Value _____

Other real estate N/A
 Value _____

Motor Vehicle #1
 Year, make & model N/A
 Value N/A

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

Other assets
 Description _____ N/A
 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
N/A	\$ N/A	\$ N/A
N/A	\$ N/A	\$ N/A

7. State the persons who rely on you or your spouse for support.

Name	Relationship	Age
N/A	N/A	N/A
N/A	N/A	N/A
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ N/A	\$ N/A
Home maintenance (repairs and upkeep)	\$ N/A	\$ N/A
Food	\$ N/A	\$ N/A
Clothing	\$ N/A	\$ N/A
Laundry and dry-cleaning	\$ N/A	\$ N/A
Medical and dental expenses	\$ N/A	\$ N/A

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

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.

Case 5:23-cv-00031-BJB Document 7 Filed 04/18/2023. The Court further ORDERS that WKCC shall collect from Plaintiff's prison trust account an initial filing fee in the amount of \$9.76 and shall the amount to Clerk of the Court, exceeds \$10.00 in accordance with 28 U.S.C. * 1915(b)(2). Western District KY. 601 West Broadway, Ste.106.

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

Louisville, KY.

40202-

Executed on: JULY 14, 2023

Mr. Ron D. Walker Jr.
(Signature)



Andy Beshear
GOVERNOR

**JUSTICE AND PUBLIC SAFETY CABINET
DEPARTMENT OF CORRECTIONS**

374 New Bethel Church Road
Fredonia, Kentucky 42411
Phone: (270) 388-9781
Fax: (270) 388-0031

Kerry Harvey
SECRETARY
Cookie Crews
COMMISSIONER

**CERTIFICATION OF FUNDS DEPOSITED IN
PRISONER'S INSTITUTIONAL ACCOUNT**

Ronny D. Walker #237044

I, Katie Koss, of the Inmate Accounts Office of the Western Kentucky Correctional Complex, do certify that the inmate account records maintained in the ordinary course of business for the Kentucky Department of Corrections reflect a current account balance of \$902.63. The records further reflect that the sum of \$405.80 was deposited into this inmate's account during the preceding six (6) months; or the shorter amount of time indicated in the attached statement, if the inmate does not have inmate account records for all preceding six (6) months.

Katie Koss
Signature of Authorized Employee

7/11/23
Date

TEAM
KENTUCKY.

KY DOC
REPORT NO. IBSR180 - 35

6 MONTH AVERAGE INCOME STATEMENT

FROM: 01/2023 TO: 06/2023

PAGE: 1 of 1

PROCESSED: 07/11/2023 09:14

REQUESTOR: Katie Koss

DOC #: 237044

INMATE NAME: Walker, Ronny D

SSN: 023-48-4240

	Deposit Detail	Total Deposit
FOR MONTH: January, 2023		
State Pay Earned	\$58.52	\$58.52
FOR MONTH: February, 2023		
Deposit Money into Inmate Acct.	\$50.00	
State Pay Earned	\$58.52	\$108.52
FOR MONTH: March, 2023		
Deposit Type: Christmas/Summer/Other Bonus Money	\$10.00	
State Pay Earned	\$53.20	\$63.20
FOR MONTH: April, 2023		
Deposit Type: State Pay Earned	\$61.18	\$61.18
FOR MONTH: May, 2023		
Deposit Type: State Pay Earned	\$53.20	\$53.20
FOR MONTH: June, 2023		
Deposit Type: State Pay Earned	\$61.18	\$61.18
TOTAL AMOUNT :		\$405.80
6 MONTH AVERAGE:		\$67.63

I CERTIFY THIS TO BE
A TRUE COPY 7/11/2023

WESTERN KY CORRECTIONAL COMPLEX
BY: Katie Koss