

23-5366

No. _____

ORIGINAL

IN THE
SUPREME COURT OF THE UNITED STATES

FILED

JUN 14 2023

OFFICE OF THE CLERK
SUPREME COURT, U.S.

Ricky Alan Orphouse — PETITIONER
(Your Name)

VS.

THE State of Wyoming — RESPONDENT(S)
THE SUPREME COURT OF WYOMING

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):

Wyoming Supreme Court, Natrona County
DISTRICT COURT WYOMING

☐ 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.

Ricky Alan Orphouse
(Signature)

RECEIVED

AUG 16 2023

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SUPREME COURT, U.S.

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JUL 18 2023

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SUPREME COURT, U.S.

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

I, Ricky Alan Overhouse, 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>INMATE PAY 45.00 APX</u> | \$ <u>ON MEDICAL LEAVE</u> | \$ <u>INMATE PAY 45.00 APX</u> | \$ <u>ON MEDICAL LEAVE</u> |
| Self-employment | \$ <u>NIA</u> | \$ <u>NIA</u> | \$ <u>NIA</u> | \$ <u>NIA</u> |
| Income from real property (such as rental income) | \$ <u>NIA</u> | \$ <u>NIA</u> | \$ <u>NIA</u> | \$ <u>NIA</u> |
| Interest and dividends | \$ <u>NIA</u> | \$ <u>NIA</u> | \$ <u>NIA</u> | \$ <u>NIA</u> |
| Gifts | \$ <u>NIA</u> | \$ <u>NIA</u> | \$ <u>NIA</u> | \$ <u>NIA</u> |
| Alimony | \$ <u>NIA</u> | \$ <u>NIA</u> | \$ <u>NIA</u> | \$ <u>NIA</u> |
| Child Support | \$ <u>NIA</u> | \$ <u>NIA</u> | \$ <u>NIA</u> | \$ <u>300.00 APX Monthly</u> |
| Retirement (such as social security, pensions, annuities, insurance) | \$ <u>NIA</u> | \$ <u>NIA</u> | \$ <u>NIA</u> | \$ <u>NIA</u> |
| Disability (such as social security, insurance payments) | \$ <u>NIA</u> | \$ <u>NIA</u> | \$ <u>NIA</u> | \$ <u>UNKNOWN</u> |
| Unemployment payments | \$ <u>NIA</u> | \$ <u>NIA</u> | \$ <u>NIA</u> | \$ <u>NIA</u> |
| Public-assistance (such as welfare) | \$ <u>NIA</u> | \$ <u>NIA</u> | \$ <u>NIA</u> | \$ <u>NIA</u> |
| Other (specify): | \$ <u>NIA</u> | \$ <u>NIA</u> | \$ <u>NIA</u> | \$ <u>NIA</u> |
| Total monthly income: | \$ <u>45.00 APX</u> | \$ <u>NIA</u> | \$ <u>45.00 APX</u> | \$ <u>300.00 APX Monthly UNKNOWN</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 |
|------------|----------|---------------------|-------------------|
| INMATE DAY | W.D.O.L. | | \$ 415.00 APY |
| | | | \$ |
| | | | \$ |

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 |
|---------------------|------------|---------------------|-------------------|
| BEAR COUNTRY HEALTH | CASPER, WY | UNKNOWN | \$ MEDICAL EMER |
| | | | \$ |
| | | | \$ |

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 |
|---|-----------------|------------------------|
| checking | \$ 0 | \$ 0 |
| | \$ | \$ |
| | \$ | \$ |

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 1994 Ford RANGER
Value 350.00

☒ Motor Vehicle #2
Year, make & model 1998 Chevy S10
Value JUNK Not Running

☐ Other assets
Description NA
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

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

C. R. S.

Step Daughter

11

L. A. S.

Step Son

7

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)

\$ 500.00 ^{SHARED}
Monthly \$ 500
Monthly

Are real estate taxes included? ☐ Yes ☐ No

Is property insurance included? ☐ Yes ☐ No

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

\$ 200.00 \$ 200.00

Home maintenance (repairs and upkeep)

\$ N/A \$ N/A

Food

\$ INMATE \$ 450.00

Clothing

\$ INMATE \$ 300.00

Laundry and dry-cleaning

\$ INMATE \$ 0

Medical and dental expenses

\$ INMATE \$ MEDICAN
KIDS

| | You | Your spouse |
|---|-------------|------------------------------------|
| Transportation (not including motor vehicle payments) | \$ <u>0</u> | \$ <u>250.00</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>50.00</u> |
| Other: _____ | \$ <u>0</u> | \$ <u>0</u> |
| 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: _____ | \$ <u>0</u> | \$ <u>0</u> |
| Alimony, maintenance, and support paid to others | \$ <u>0</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>0</u> | \$ <u>0</u> |
| Total monthly expenses: | \$ _____ | \$ <u>750.00</u> <u>1650.00</u> |

to the
Best of
my knowledge

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? HAD APPOINTED PUBLIC DEFENDER
IN APPEAL

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 am an Inmate at the Wyoming Honor Farm

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

Executed on: July 31, 2023

Prudy alon Depphouse
(Signature)

IN THE SUPREME COURT FOR THE UNITED STATES

RICKY ALAN DEEPHOUSE, PETITIONER

V.

THE STATE OF WYOMING,
THE SUPREME COURT OF WYOMING-RESPONDENTS

no _____

**AFFIDAVIT OF INMATE INDIGENCY AND REQUEST FOR WAIVER OF
FILING FEES AND ALL FEES ASSOCIATED THEREWITH for Writ of Certiorari**

The applicant asserts that he/she is entitled to and requests the Court provide access to this State's judicial processes without payment of court fees, pursuant to Boddie v. Connecticut, 401 U.S. 371 (1971). Furthermore, pursuant to W.S. § 18-3-608, the Court may waive service fees only upon an adequate showing of indigency.

The undersigned requests the court to waive filing fees in the above matter. The undersigned further advises that information contained in this affidavit is the truth, the whole truth, and nothing but the truth. I further authorize the court to verify all or any portion of the following information.

I. PERSONAL/LIVING ARRANGEMENT/RESIDENCE.

My name is: RICKY ALAN DEEPHOUSE, PETITIONER

Date of Birth: 8-6-89 Place of Birth: Hampton V.A

II. OCCUPATION/EMPLOYMENT/INCOME SOURCES. INMATE-PAY 45.00 APX MONTHLY

I have read, am familiar with, and understand the following law of the State of Wyoming:

"A person commits a felony punishment by imprisonment for not more than two (2) years, a fine of not more than two thousand dollars (\$2,000.00), or both, if, while under a lawfully administered oath or affirmation in a matter where an oath is authorized by law, he knowingly makes a false certificate, affidavit, acknowledgment, declaration or statement other than in a judicial or administrative proceedings." W.S. § 6-5-303.

I am inmate within the Wyoming Department of Corrections and ask this court waive any fees related to this action

STATEMENT OF FACTS

Defendant asserts that the following statements are true and correct, under Penalty of Perjury to the best of his knowledge.

DATED this 6-14 day of, 2023.

Ricky Alan Deephouse
Ricky Alan Deephouse Id 34164
40 Honor Farm RD.
Wyoming Honor Farm
Riverton, Wyoming 82501

SIGNED AND SWORN BEFORE ME BY Ricky Alan Deephouse ON THIS 14 DAY OF June 2023

Barbara Lee
NOTARY PUBLIC

