

23-6999
No. _____

ORIGINAL

IN THE
SUPREME COURT OF THE UNITED STATES

Supreme Court, U.S.

FILED

NOV 27 2023

OFFICE OF THE CLERK

Ronald Monique Best — PETITIONER
(Your Name)

VS.

Harold W. Clarke — 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):

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. Ronald Best
(Signature)

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SUPREME COURT, U.S.

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

I, Ronald Mongine Best, 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>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>0</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): <u>N/A</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Total monthly income:	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>0</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: <u>N/A</u>	\$ <u>0</u>	\$ <u>0</u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>N/A</u>	\$ <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>N/A</u>	\$ <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>N/A</u>	\$ <u>0</u>	\$ <u>0</u>
Total monthly expenses:	\$ <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
N/A	N/A	N/A	\$ <u>Q</u> \$ <u>Q</u> \$ <u>Q</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
N/A	N/A	N/A	\$ <u>Q</u> \$ <u> </u> \$ <u> </u>

4. How much cash do you and your spouse have? \$ Q
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	\$ <u>Q</u> \$ <u> </u> \$ <u> </u>	\$ <u>Q</u> \$ <u> </u> \$ <u> </u>

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

Home
Value Q

Other real estate
Value Q

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

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

Other assets
Description N/A
Value Q

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>N/A</u>	\$ <u>0</u>	\$ <u>0</u>
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

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

Name	Relationship	Age
<u>N/A</u>	<u>N/A</u>	<u>0</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
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>0</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>

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? _____

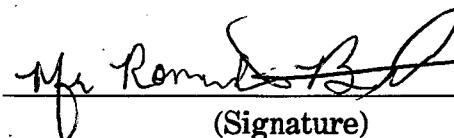
If yes, state the person's name, address, and telephone number:

12. Provide any other information that will help explain why you cannot pay the costs of this case.

Petitioner has been lock up the last Five Years and have been at the mercy of the Department of Corrections and what my family can offer when they have it to give.. So now I'm at the mercy of the U.S. Supreme Court..

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

Executed on: September 28, 2023


(Signature)

V.D.O.C Copy of Trust Certificate of Account History



Virginia Department of Corrections

Trust Certificate of Account History

Facility: Pocahontas State Correctional Ctr FG

Inmate: 1131875 Best, Ronald Monique

COV\zpj95632
10/16/2023 10:22:05 AM
corissnap

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

From Date: 4/1/2023

To Date: 4/30/2023

Beginning Balance on 04/01/2023	\$0.05
Total Deposits	\$32.66
Total Withdrawals	\$32.40
Ending Balance on 04/30/2023	\$0.31

Month Dates	Ending Balance of the Month
2023-04	\$0.31
Average Monthly Balance	\$0.31
Average Monthly Deposits:	\$32.66
Average Monthly Withdrawals	\$32.40

Date: 10/16/2023

Signature: Donna Lewis

Name: Lewis, Donna

Title: Fiscal Tech

Authorized Institutional Official



Virginia Department of Corrections

Trust Certificate of Account History

Facility: Pocahontas State Correctional Ctr FG

Inmate: 1131875 Best, Ronald Monique

COV\zwj95632
10/16/2023 10:18:42 AM
corissnap

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

From Date: 5/1/2023

To Date: 5/31/2023

Beginning Balance on 05/01/2023	\$0.31
Total Deposits	\$233.36
Total Withdrawals	\$221.65
Ending Balance on 05/31/2023	\$12.02

Month Dates	Ending Balance of the Month
2023-05	\$12.02
Average Monthly Balance	\$12.02
Average Monthly Deposits:	\$233.36
Average Monthly Withdrawals	\$221.65

Date: 10/16/2023

Signature: Donna Lewis

Name: Lewis, Donna

Title: Fiscal Tech
Authorized Institutional Official



Virginia Department of Corrections

Trust Certificate of Account History

Facility: Pocahontas State Correctional Ctr FG

Inmate: 1131875 Best, Ronald Monique

COV\zwj95632
10/16/2023 10:19:14 AM
corissnap

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

From Date: 6/1/2023

To Date: 6/30/2023

Beginning Balance on 06/01/2023	\$12.02
Total Deposits	\$96.87
Total Withdrawals	\$108.80
Ending Balance on 06/30/2023	\$0.09

Month Dates	Ending Balance of the Month
2023-06	\$0.09
Average Monthly Balance	\$0.09
Average Monthly Deposits:	\$96.87
Average Monthly Withdrawals	\$108.80

Date: 10/16/2023

Signature: Donna Lewis

Name: Lewis, Donna

Title: Fiscal Tech

Authorized Institutional Official



Virginia Department of Corrections

Trust Certificate of Account History

Facility: Pocahontas State Correctional Ctr FG

Inmate: 1131875 Best, Ronald Monique

COV\zwj95632
10/16/2023 10:19:46 AM
corissnap

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

From Date: 7/1/2023

To Date: 7/31/2023

Beginning Balance on 07/01/2023	\$0.09
Total Deposits	\$43.57
Total Withdrawals	\$39.73
Ending Balance on 07/31/2023	\$3.93

Month Dates	Ending Balance of the Month
2023-07	\$3.93
Average Monthly Balance	\$3.93
Average Monthly Deposits:	\$43.57
Average Monthly Withdrawals	\$39.73

Date: 10/16/2023

Signature: Donna Lewis

Name: Lewis, Donna

Title: Fiscal Tech

Authorized Institutional Official



Virginia Department of Corrections

Trust Certificate of Account History

COV\zwj95632
10/16/2023 10:20:07 AM
corissnap

Facility: Pocahontas State Correctional Ctr FG

Inmate: 1131875 Best, Ronald Monique

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

From Date: 8/1/2023

To Date: 8/31/2023

Beginning Balance on 08/01/2023	\$3.93
Total Deposits	\$405.42
Total Withdrawals	\$371.29
Ending Balance on 08/31/2023	\$38.06

Month Dates	Ending Balance of the Month
2023-08	\$38.06
Average Monthly Balance	\$38.06
Average Monthly Deposits:	\$405.42
Average Monthly Withdrawals	\$371.29

Date: 10/16/2023

Signature: Donna Lewis

Name: Lewis, Donna

Title: Fiscal Tech.

Authorized Institutional Official



Virginia Department of Corrections

Trust Certificate of Account History

Facility: Pocahontas State Correctional Ctr FG

Inmate: 1131875 Best, Ronald Monique

COV\zwm95632
10/16/2023 10:20:43 AM
corissnap

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

From Date: 9/1/2023

To Date: 9/30/2023

Beginning Balance on 09/01/2023	\$38.06
Total Deposits	\$66.15
Total Withdrawals	\$103.86
Ending Balance on 09/30/2023	\$0.35

Month Dates	Ending Balance of the Month
2023-09	\$0.35
Average Monthly Balance	\$0.35
Average Monthly Deposits:	\$66.15
Average Monthly Withdrawals	\$103.86

Date: 10/16/2023

Signature: Donna Lewis

Name: Lewis, Donna

Title: Fiscal Tech

Authorized Institutional Official