

No. 2 - 1768

IN THE

SUPREME COURT OF THE UNITED STATES

Supreme Court of the United States
FEB 03 2024

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OFFICE OF THE CLERK

ROBERT J. PLATO JR. -PETITIONER
(Your Name)

STATE OF INDIANA -RESPONDENT(S)

MOTION FOR LEACE 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):

Madison County Circuit Court

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 J. Plato Jr.
(Signature)

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

I, Robert J. Plato 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 thereof; 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>Prison Pay</u>	\$ <u>30.00</u>	\$ <u>0</u>	\$ <u>30.00</u>	\$ <u>0</u>
Total monthly income:	\$ <u>30.00</u>	\$ <u>0</u>	\$ <u>30.00</u>	\$ <u>0</u>

2. List your 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
Dept of. Corr	Indiana		

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

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 spouse has
	\$	\$
N/A	\$ N/A	\$ N/A
	\$	\$

If you are a prisoner, seeking to appeal a judgment in a civil action or proceeding, you must attach a statement certified by the appropriate institutional showing all receipts, expenditures, and balances during the last six months in your institution accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

Institution will only provide with Court Order.

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

HOME <i>Homeless</i>	Other real estate <i>N/A</i>
(Value)\$	(Value)\$

Motor vehicle #1 <i>N/A</i>	Motor vehicle #1 <i>N/A</i>
(Value)\$	(Value)\$
Make and year	Make and year
Model	Model
Registration #:	Registration #:

Other assets <i>NONE</i>
Description:
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
<i>N/A</i>	\$ <i>Ø</i>	\$ <i>Ø</i>
<i>N/A</i>	\$ <i>Ø</i>	\$ <i>Ø</i>
<i>N/A</i>	\$ <i>Ø</i>	\$ <i>Ø</i>

7. State the persons who rely upon you or your spouse for support. For minor children, list initials instead of names (e.g. "J.S." instead of "John Smith").

Name [or, if under 18, initials only]	Relationship	Age
<i>N/A</i>	\$ <i>Ø</i>	\$ <i>Ø</i>
<i>N/A</i>	\$ <i>Ø</i>	\$ <i>Ø</i>
<i>N/A</i>	\$ <i>Ø</i>	\$ <i>Ø</i>

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, semiannually, or annually to show the monthly rate.

	You	Your Spouse
Rent or home-mortgage payment (including lot rented for mobile home)	\$ <i>Ø</i>	\$ <i>Ø</i>
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, telephone)	\$ <i>Ø</i>	\$ <i>Ø</i>
Home maintenance (repairs and upkeep)	\$ <i>Ø</i>	\$ <i>Ø</i>
Food	\$ <i>Ø</i>	\$ <i>Ø</i>
Clothing	\$ <i>Ø</i>	\$ <i>Ø</i>
Laundry and dry-cleaning	\$ <i>Ø</i>	\$ <i>Ø</i>
Medical and dental expenses	\$ <i>Ø</i>	\$ <i>Ø</i>
Transportation (not including motor vehicle expenses)	\$ <i>Ø</i>	\$ <i>Ø</i>
Recreation, entertainment, newspapers, magazines, etc.	\$ <i>Ø</i>	\$ <i>Ø</i>
Insurance (not deducted from wages or included in mortgage payments)		
Home owner's renter's:	\$ <i>Ø</i>	\$ <i>Ø</i>
Life:	\$ <i>Ø</i>	\$ <i>Ø</i>
Health:	\$ <i>Ø</i>	\$ <i>Ø</i>
Motor Vehicle:	\$ <i>Ø</i>	\$ <i>Ø</i>
Other:	\$ <i>Ø</i>	\$ <i>Ø</i>
Installment payments		
Motor vehicle:	\$ <i>Ø</i>	\$ <i>Ø</i>
Credit card (name):	\$ <i>Ø</i>	\$ <i>Ø</i>
Department store (name):	\$ <i>Ø</i>	\$ <i>Ø</i>
Other:	\$ <i>Ø</i>	\$ <i>Ø</i>

Alimony, maintenance, and support paid to others	\$ <i>0</i>	\$ <i>0</i>
Regular expenses for operation of business, profession or farm (attach detail)	\$ <i>0</i>	\$ <i>0</i>
Other (specify)	\$ <i>0</i>	\$ <i>0</i>
Total monthly expenses:	\$ <i>0</i>	\$ <i>0</i>

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.

Inmate in Indiana Department of Correction

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

Executed on: 3 March, 2024

Robert J. Plets Jr.
Signature