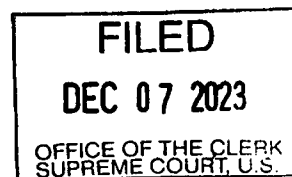


No. **23 - 7195**



IN THE
SUPREME COURT OF THE UNITED STATES

PROSE, Dechann Toliver — PETITIONER
(Your Name)

VS.

STATE OF OHIO — RESPONDENT(S)

MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

The petitioner asks leave to file the attached petition for a writ of *HABEAS CORPUS* 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.

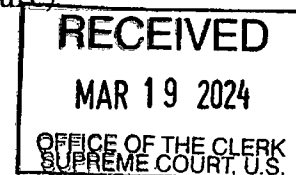
☒ Petitioner's affidavit or declaration in support of this motion is attached hereto.

☐ 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.


(Signature)



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

I, Dechaun Toliver, 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>	\$ <u>N/A</u>
Total monthly income:	\$ <u>0 N/A</u>	\$ <u>0 N/A</u>	\$ <u>0 N/A</u>	\$ <u>0 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.

Type of account (e.g., checking or savings)	Amount you have	Amount your spouse has
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
Value N/A

☐ Other real estate
Value N/A

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

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

☐ Other assets
Description N/A
Value 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.

I am single and I am INCARCERATED

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

Executed on: MARCH 11, 2024


(Signature)

CERTIFICATE

(To be completed by the institution of incarceration)

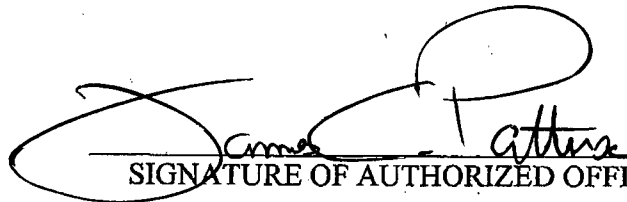
I certify that the applicant named herein has the sum of \$ 14.18 on account to his/her credit at (name of institution) Chillicothe Corr - Inst.. I further certify that during the past six months the applicant's average monthly balance was \$ 12.21 and the applicant's average monthly deposits were \$ 170.50. I have attached a certified copy of the applicant's prison trust fund account statement showing at least the past six months' transactions.

I further certify that the applicant does/does not have a secondary savings account(s) such as a certificate of deposit or savings bond. The secondary account(s) balance is

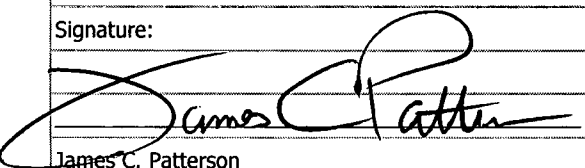
\$ 0

JAN 19 2024

DATE


SIGNATURE OF AUTHORIZED OFFICER

Toliver 745-714

Description	Beginning	Ending	Amount
Resident Id: A745714			
Last Name: TOLIVER			
First Name: DECHAUN			
Middle Name:			
Total Deposits	7/20/2023 12:00:00	1/20/2024 12:00:00	\$1,022.97
Average Monthly Deposits	7/20/2023 12:00:00	1/20/2024 12:00:00	\$170.50
Total 1st Day Balances	7/20/2023 12:00:00	1/20/2024 12:00:00	\$73.24
Average 1st Day Balances	7/20/2023 12:00:00	1/20/2024 12:00:00	\$12.21
Balance as of		1/20/2024 12:00:00	\$14.18
Current Balance		1/20/2024 12:00:00	\$14.18
FFF Initial Payment as of		1/20/2024 12:00:00	\$34.10
Total Pay (State, OPI, Commission) Deposits	7/20/2023 12:00:00	1/20/2024 12:00:00	\$33.75
Average Total Pay Monthly Deposits	7/20/2023 12:00:00	1/20/2024 12:00:00	\$5.63
Total Commissary Expenditures	7/20/2023 12:00:00	1/20/2024 12:00:00	\$927.52
I certify this document is a true and accurate account of the inmate's financial record on file in my office.			
Signature:			
			
James C. Patterson			
Chillicothe Correctional Institution			
15802 St. Rt. 104 North			
Chillicothe OH 45601			

This financial information was given to the inmate prior to it

being filed; the information may have been changed after

certification and before filing.

JAN 19 2024

01/19/2024

Chillicothe Correctional Institution

Inmate Demand Statement

Inmate Name: TOLIVER, DECHAUN

Number: A745714

Lock Location: CCI,D,D3,T,,362

Date Range: 07/19/2023 Through

01/20/2024

Beginning Account Balances:

Ending Account Balances:

	Saving	Debt	Payable		Saving	Debt	Payable
Child and Spou	\$0.00	\$0.00	\$0.00	Child and Spousal	\$0.75	\$0.00	\$0.00
Inmate's Perso	\$0.14	\$0.00	\$0.00	Inmate's Personal	\$14.18	\$0.00	\$0.00
Begin Totals	\$0.14	\$0.00	\$0.00	End Totals	\$14.93	\$0.00	\$0.00

Transaction Date / Inst.	Transaction Amount	Description	Comment	Saving Balance	Debt Balance	Payable Balance
07/28/2023	\$100.00	OffConnect Kiosk Deposit	21638011074214/Sparks, Sanille	\$100.14	\$0.00	\$0.00
LeCI						
07/31/2023	(\$99.60)	Commissary Sale	Ticket Number 752728	\$0.54	\$0.00	\$0.00
LeCI						
08/01/2023	\$0.00	\$15.00 Reservation to Pos Exemption	OdrC Pos Exemption	\$0.54	\$0.00	\$0.00
LeCI						
08/01/2023	\$25.00	OffConnect Kiosk Deposit	21638129828259/Sparks, Sanille	\$25.54	\$0.00	\$0.00
LeCI						
08/04/2023	\$9.00	State Pay	State Pay	\$34.54	\$0.00	\$0.00
LeCI						
08/08/2023	(\$2.25)	Payment to CHILD SUPPORT PAYMENT CENTRAL	July 2023 Payments	\$32.29	\$0.00	\$0.00
LeCI						
08/14/2023	\$70.00	OffConnect Kiosk Deposit	21650714801061/Sparks, Sanille	\$102.29	\$0.00	\$0.00
LeCI						
08/14/2023	\$40.00	OffConnect Kiosk Deposit	21650720694435/Sparks, Sanille	\$142.29	\$0.00	\$0.00
LeCI						
08/14/2023	(\$141.61)	Commissary Sale	Ticket Number 753937	\$0.68	\$0.00	\$0.00
LeCI						
09/01/2023	\$0.00	\$15.00 Reservation to Pos Exemption	OdrC Pos Exemption	\$0.68	\$0.00	\$0.00
LeCI						
09/04/2023	\$65.00	OffConnect Kiosk Deposit	21673542726051/Sparks, Sanille	\$65.68	\$0.00	\$0.00
LeCI						

JAN 19 2024

09/04/2023	\$20.00 OffConnect Kiosk Deposit	21673550235427/Sparks, Sanille	\$85.68	\$0.00	\$0.00
LeCl					
09/04/2023	\$0.47 Death Benefits	JPay Media Balance	\$86.15	\$0.00	\$0.00
LeCl					
09/05/2023	(\$85.52) Commissary Sale	Ticket Number 755447	\$0.63	\$0.00	\$0.00
LeCl					
09/11/2023	\$35.00 OffConnect Kiosk Deposit	21684619037861/Sparks, Sanille	\$35.63	\$0.00	\$0.00
LeCl					
09/11/2023	\$9.00 State Pay	State Pay	\$44.63	\$0.00	\$0.00
LeCl					
09/14/2023	(\$2.25) Payment to CHILD SUPPORT PAYMENT CENTRAL		\$42.38	\$0.00	\$0.00
LeCl					
09/18/2023	\$100.00 OffConnect Kiosk Deposit	21684823510435/Sparks, Sanille	\$142.38	\$0.00	\$0.00
LeCl					
09/18/2023	(\$135.45) Commissary Sale	Ticket Number 756691	\$6.93	\$0.00	\$0.00
LeCl					
09/29/2023	(\$3.00) Medical Co-Payment	9/26/23	\$3.93	\$0.00	\$3.00
LeCl					
10/01/2023	(\$0.47) Death Benefits	POS Exemption Transfer	\$3.46	\$0.00	\$3.00
LeCl					
10/01/2023	\$0.47 Inmate's Personal Account	POS Exemption Transfer	\$3.93	\$0.00	\$3.00
LeCl					
10/01/2023	\$0.00 \$15.00 Reservation to Pos Exemption	Odr Pos Exemption	\$3.93	\$0.00	\$3.00
LeCl					
10/02/2023	\$70.00 OffConnect Kiosk Deposit	21699227558180/Sparks, Sanille	\$73.93	\$0.00	\$3.00
LeCl					
10/03/2023	\$77.00 OffConnect Kiosk Deposit	21699287781797/Sparks, Sanille	\$150.93	\$0.00	\$3.00
LeCl					
10/03/2023	(\$19.57) Commissary Sale	Ticket Number 757993	\$131.36	\$0.00	\$3.00
LeCl					
10/06/2023	\$9.00 State Pay	State Pay	\$140.36	\$0.00	\$3.00
LeCl					
10/12/2023	(\$2.25) Payment to CHILD SUPPORT PAYMENT CENTRAL	October Payments	\$138.11	\$0.00	\$3.00
LeCl					

JAN 19 2024

CCI

01/05/2024	\$3.00 State Pay	State Pay	\$6.85	\$0.00	\$0.00
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CCI

01/09/2024	\$150.00 OffConnect Kiosk Deposit	21798235790115/Sparks, Sanille	\$156.85	\$0.00	\$0.00
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CCI

01/09/2024	(\$140.92) Commissary Sale	Ticket Number 919782	\$15.93	\$0.00	\$0.00
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CCI

01/18/2024	(\$1.00) Copy Charges	COPIES/LIB	\$14.93	\$0.00	\$0.00
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CCI

Outstanding Debts:

Start Date	Description	Case	Agency	County	Total Debt	Paid to Date	Balance Owed
12/04/2018	Court Costs	18CR0273	ATHENS COUNTY CLERK OF COURTS		(\$405.00)	\$405.00	\$0.00
Total Outstanding Case Balances					\$0.00		

Outstanding Holds:

Start Date	Description	Case	Agency	County	Total Debt	Paid to Date	Balance Owed
06/09/2022	Child and Spousal Support	7124087920	CHILD SUPPORT PAYMENT CENTRAL	Miami		\$0.00	
02/05/2019	Child and Spousal Support	7081960853	CHILD SUPPORT PAYMENT CENTRAL	Clark		\$339.94	
Total Outstanding Case Holds					\$0.00		

Outstanding Investments / EPC:

Investment Type	Investment Type Description	Invest Company	Company Description	Balance
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JAN 19 2024