

23-7623

No. 18-  

ORIGINAL

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SUPREME COURT OF THE UNITED STATES

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FILED  
MAY 29 2024

OFFICE OF THE CLERK  
SUPREME COURT, U.S.

Estephen Castellon,

*Petitioner,*

*vs.*

State of Ohio,

*Respondent.*

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On Petition for a Writ of Certiorari  
to the Court Of Appeals Of Ohio Eighth Appellate District

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**PETITION FOR A WRIT OF CERTIORARI** (Direct Collateral Review)

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**MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS***

Pursuant to Supreme Court Rule 39, the Petitioner, ESTEPHEN CASTELLON, acting *pro se*, requests that the Court grant him leave to proceed *in forma pauperis*. In support of this Motion, (see attached declaration) the Petitioner declares under penalty of perjury that:

I.

Petitioner is unable to afford the cost of any related filing fees or representation in this matter. Due to his recent release from prison on 12/18/23 Petitioner is on post release control, unemployed and indigent.

II.

Petitioner proceeded IFP below in the Northern District Court of Ohio Castellon v. Buchanan 1:2020cv00940. On appeal, The Sixth Circuit closed the case (lack of jurisdiction) for missing a notice of appeal deadline; in the mist of falsely being thrown in the hole and transferred to another prison; (please see Appendix E) the false charge was overturned.

Petitioner also proceeded IFP in the Southern District Court of Ohio: Castellon v. Hinkle et al 2:20-cv-06420-ALM-EPD the court held: “failure to state a claim” and denied *pauper* status. Petitioner could not afford the filing fee to appeal.

III.

Because of his continuing inability to afford counsel, Petitioner respectfully requests that this Court appoint counsel, pursuant to 18 U.S.C. § 3006A.

**WHEREFORE**, the petitioner, ESTEPHEN CASTELLON, respectfully requests that he be allowed to proceed *in forma pauperis* without payment of filing fees or service of notice fees, and for such other relief as the Court deems just and proper.

Respectfully submitted this 28th day of May, 2024:



Estephen Castellon  
(prose) Defendant  
PO Box 532  
Gaithersburg MD 20884  
Tel: (718) 407-4808  
Email: proseprofe@gmail.com

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

I, E Stephen Castellan, 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.

<b>Income source</b>	<b>Average monthly amount during the past 12 months</b>		<b>Amount expected next month</b>	
	<b>You</b>	<b>Spouse</b>	<b>You</b>	<b>Spouse</b>
Employment	\$ <u>365.73</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Self-employment	\$ <u>N/A</u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
Income from real property (such as rental income)	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
Interest and dividends	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
Gifts	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
Alimony	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
Child Support	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
Disability (such as social security, insurance payments)	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
Unemployment payments	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
Public-assistance (such as welfare)	\$ <u>73.75</u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
Other (specify): _____	\$ <u>N/A</u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
<b>Total monthly income:</b>	<b>\$ <u>439.48</u></b>			

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
Capital City Motor Sports	7830 Air Park Gaithersburg MD 20879	March 2024 May 2024	\$ 2,194.43
			\$
			\$

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
1	1	1	\$ 1
			\$

4. How much cash do you and your spouse have? \$ 400

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
Checkings	\$ 300	\$ N/A
Savings	\$ 100	\$ 1
	\$	\$

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 \_\_\_\_\_

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

Other assets  
Description N/A  
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
1	1	1

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
N/A	N/A	N/A
1	1	1

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 type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 80	\$
Home maintenance (repairs and upkeep)	\$ 100	\$
Food	\$ 295	\$
Clothing	\$ 20	\$
Laundry and dry-cleaning	\$ 10	\$
Medical and dental expenses	\$ N/A	\$

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 10	\$ N/A
Recreation, entertainment, newspapers, magazines, etc.	\$ 0	\$
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ N/A	\$
Life	\$	\$
Health	\$	\$
Motor Vehicle	\$	\$
Other: _____	\$	\$
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ N/A	\$
Installment payments		
Motor Vehicle	\$	\$
Credit card(s)	\$	\$
Department store(s)	\$	\$
Other: _____	\$	\$
Alimony, maintenance, and support paid to others	\$	\$
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$	\$
Other (specify): <u>Parol (PRC)</u>	\$ 50	\$
<b>Total monthly expenses:</b>	<u>\$ 565</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?

N/A

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?

N/A

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.

*The nature of my criminal charges stifle my ability to find work. Though my expenses are minimal I have no income.*

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

Executed on: May 28<sup>th</sup>, 2024

*ES-ccs*

(Signature)