

No. _____ (CAPITAL CASE)

IN THE SUPREME COURT OF THE UNITED STATES

MATTHEW NICHOLSON,

Petitioner,

v.

STATE OF OHIO,

Respondent.

APPLICATION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

Petitioner Matthew Nicholson respectfully requests leave to file his Petition for Writ of Certiorari to the Supreme Court of Ohio without prepayment of costs or fees and to proceed in forma pauperis pursuant to Rule 39. Nicholson is indigent and has been found indigent in the Cuyahoga County Common Pleas Court and the Supreme Court of Ohio. Petitioner's affidavit or declaration is attached.

Respectfully,

/s/ Michelle Umaña

Michelle Umaña – 0093518

Counsel of Record

Supervising Attorney, Death Penalty Dept.

Member of the Bar of This Court

Office of the Ohio Public Defender

250 E. Broad Street, Suite 1400

Columbus OH 43215

(614) 466-5394

Michelle.Umana@opd.ohio.gov

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

Matthew Nicholson

I, _____, 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>

Income source	Average monthly amount during the past 12 months	Amount expected next month
Other (specify): <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Total monthly income:	\$ <u>0.00</u>	\$ <u>0.00</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
<u>NONE</u>			\$ <u>0</u>
			\$ <u>0</u>
			\$ <u>0</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
<u>NONE</u>			\$ <u>0</u>
			\$ <u>0</u>
			\$ <u>0</u>

4. How much cash do you and your spouse have? \$ 0.00
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
<u>NONE</u>		\$ _____	\$ <u>0</u>
		\$ _____	\$ <u>0</u>
		\$ _____	\$ <u>0</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 NONE

Motor Vehicle #1

Year, make & model
NONE

Value _____

Other assets

Description NONE

Value _____

Other real estate
Value NONE

Motor Vehicle #2

Year, make & model
NONE

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

NONE

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

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

Name

Relationship

Age

NONE

\$ 0

\$ 0

\$ 0

8. Estimate the average monthly expenses of you and your family. Show separately the amount paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, or annually to show the monthly rate.

NONE

	You	Your spouse
Rent or home-mortgage payment (include lot rented for mobile home)	\$ <u><u>NONE</u></u>	\$ <u><u>NONE</u></u>
Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <u><u>0</u></u>	\$ <u><u>0</u></u>
Home maintenance (repairs and upkeep)	\$ <u><u>0</u></u>	\$ <u><u>0</u></u>
Food	\$ <u><u>0</u></u>	\$ <u><u>0</u></u>
Clothing	\$ <u><u>0</u></u>	\$ <u><u>0</u></u>
Laundry and dry-cleaning	\$ <u><u>0</u></u>	\$ <u><u>0</u></u>
Medical and dental expenses	\$ <u><u>0</u></u>	\$ <u><u>0</u></u>
Transportation (not including motor vehicle payments)	\$ <u><u>0</u></u>	\$ <u><u>0</u></u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u><u>0</u></u>	\$ <u><u>0</u></u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u><u>0</u></u>	\$ <u><u>0</u></u>
Life	\$ <u><u>0</u></u>	\$ <u><u>0</u></u>
Health	\$ <u><u>0</u></u>	\$ <u><u>0</u></u>
Motor Vehicle	\$ <u><u>0</u></u>	\$ <u><u>0</u></u>
Other: <u><u>NONE</u></u>	\$ <u><u>0</u></u>	\$ <u><u>0</u></u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u><u>NONE</u></u>	\$ <u><u>0</u></u>	\$ <u><u>0</u></u>
Installment payments		
Motor Vehicle	\$ <u><u>0</u></u>	\$ <u><u>0</u></u>

	You	Your spouse
Credit card(s)	\$ <u>0</u>	\$ <u>0</u>
Department store(s)	\$ <u>0</u>	\$ <u>0</u>
Other: <u>NONE</u>	\$ <u>0</u>	\$ <u>0</u>
Alimony, maintenance, and support paid to others	\$ <u>4.00</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>NONE</u>	\$ <u>0</u>	\$ <u>0</u>
 Total monthly expenses:	 <u>4.00</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? _____

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

I AM INCARCERATED ON DEATH ROW. I AM NOT EMPLOYED

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

Executed on: July 23, 20201


(Signature)

07/25/2024

Ross Correctional Institution

Inmate Demand Statement

Inmate Name: NICHOLSON, MATTHEW

Number: A770499

Lock Location: RCI,H4,B,,104B

Date Range: 01/25/2024 Through 07/26/2024

Beginning Account Balances:

	Saving	Debt	Payable		Saving	Debt	Payable
Child and Spou	\$0.00	\$0.00	\$0.00	Child and Spousal	\$4.00	\$0.00	\$0.00
Inmate's Perso	\$64.41	\$0.00	\$0.00	Inmate's Personal	\$482.54	\$0.00	\$0.00
Visitor Hold	\$150.00	\$0.00	\$0.00	Visitor Hold	\$0.00	\$0.00	\$0.00
Begin Totals	\$214.41	\$0.00	\$0.00	End Totals	\$486.54	\$0.00	\$0.00

Transaction Date / Inst.	Transaction Amount	Description	Comment	Saving Balance	Debt Balance	Payable Balance
01/31/2024	(\$57.00)	Commissary Sale	Ticket Number 922859	\$157.41	\$0.00	\$0.00
CCI						
02/01/2024	\$0.00	\$15.00 Reservation to Pos Exemption	Odrc Pos Exemption	\$157.41	\$0.00	\$0.00
CCI						
02/03/2024	\$200.00	OffConnect Kiosk Deposit	21823416687396/Nicholson, Angel	\$357.41	\$0.00	\$0.00
CCI						
02/07/2024	(\$190.61)	Commissary Sale	Ticket Number 923728	\$166.80	\$0.00	\$0.00
CCI						
02/08/2024	\$16.00	State Pay	DR STATE PAY	\$182.80	\$0.00	\$0.00
CCI						
02/08/2024	(\$150.00)	Withdrawal to ANGEL NICHOLSON	CK 9912/RET. VISITOR HOLD/FMC	\$32.80	\$0.00	\$0.00
CCI						
02/16/2024	\$50.00	OffConnect Kiosk Deposit	21852922720676/Nicholson, Angel	\$82.80	\$0.00	\$0.00
CCI						
02/18/2024	\$150.00	OffConnect Kiosk Deposit	21852987139750/Nicholson, Angel	\$232.80	\$0.00	\$0.00
CCI						
02/21/2024	(\$107.39)	Commissary Sale	Ticket Number 925771	\$125.41	\$0.00	\$0.00
CCI						
02/27/2024	(\$4.00)	Payment to CHILD SUPPORT PAYMENT CENTRAL	FEB 2024 PAYMENTS	\$121.41	\$0.00	\$0.00
CCI						
03/01/2024	(\$15.00)	Inmate's Personal Account	POS Exemption Transfer	\$106.41	\$0.00	\$0.00
CCI						

03/01/2024	\$15.00 Pos Exemption	POS Exemption Transfer	\$121.41	\$0.00	\$0.00
CCI					
03/03/2024	\$100.00 OffConnect Kiosk Deposit	21853459968934/Nicholson, Angel	\$221.41	\$0.00	\$0.00
CCI					
03/07/2024	(\$134.83) Commissary Sale	Ticket Number 928179	\$86.58	\$0.00	\$0.00
CCI					
03/07/2024	\$16.00 State Pay	DR STATE PAY	\$102.58	\$0.00	\$0.00
CCI					
03/16/2024	\$200.00 OffConnect Kiosk Deposit	21891429942565/Nicholson, Angel	\$302.58	\$0.00	\$0.00
CCI					
03/19/2024	(\$4.00) Payment to CHILD SUPPORT PAYMENT CENTRAL	MARCH 2024 PAYMENTS	\$298.58	\$0.00	\$0.00
CCI					
03/20/2024	(\$194.60) Commissary Sale	Ticket Number 930335	\$103.98	\$0.00	\$0.00
CCI					
03/28/2024	(\$40.75) Commissary Sale	Ticket Number 931236	\$63.23	\$0.00	\$0.00
CCI					
04/01/2024	(\$15.00) Inmate's Personal Account	POS Exemption Transfer	\$48.23	\$0.00	\$0.00
CCI					
04/01/2024	\$15.00 Pos Exemption	POS Exemption Transfer	\$63.23	\$0.00	\$0.00
CCI					
04/02/2024	\$200.00 OffConnect Kiosk Deposit	21910430927270/Nicholson, Angel	\$263.23	\$0.00	\$0.00
CCI					
04/04/2024	\$16.00 State Pay	DR STATE PAY	\$279.23	\$0.00	\$0.00
CCI					
04/09/2024	(\$191.18) Commissary Sale	Ticket Number 932475	\$88.05	\$0.00	\$0.00
CCI					
04/16/2024	\$200.00 OffConnect Kiosk Deposit	21914980620835/Nicholson, Angel	\$288.05	\$0.00	\$0.00
CCI					
04/18/2024	(\$4.00) Payment to CHILD SUPPORT PAYMENT CENTRAL	APRIL 2024 PAYMENTS	\$284.05	\$0.00	\$0.00
CCI					
04/22/2024	(\$81.81) Commissary Sale	Ticket Number 934358	\$202.24	\$0.00	\$0.00
CCI					
05/01/2024	(\$15.00) Inmate's Personal Account	POS Exemption Transfer	\$187.24	\$0.00	\$0.00
CCI					
05/01/2024	\$15.00 Pos Exemption	POS Exemption Transfer	\$202.24	\$0.00	\$0.00

CCI						
05/02/2024	\$200.00 OffConnect Kiosk Deposit	21942732732582/Nicholson, Angel	\$402.24	\$0.00	\$0.00	
CCI						
05/03/2024	\$16.00 State Pay	DR STATE PAY	\$418.24	\$0.00	\$0.00	
CCI						
05/08/2024	(\$195.85) Commissary Sale	Ticket Number 936569	\$222.39	\$0.00	\$0.00	
CCI						
05/11/2024	\$200.00 OffConnect Kiosk Deposit	21942987791780/Nicholson, Angel	\$422.39	\$0.00	\$0.00	
CCI						
05/20/2024	(\$12.50) Photographs - I&E	PHOTOS 5-12-2024	\$409.89	\$0.00	\$0.00	
CCI						
05/21/2024	(\$4.00) Payment to CHILD SUPPORT PAYMENT CENTRAL	MAY 2024 PAYMENTS	\$405.89	\$0.00	\$0.00	
CCI						
05/29/2024	(\$211.34) Commissary Sale	Ticket Number 655311	\$194.55	\$0.00	\$0.00	
RCI						
06/01/2024	(\$15.00) Inmate's Personal Account	POS Exemption Transfer	\$179.55	\$0.00	\$0.00	
RCI						
06/01/2024	\$15.00 Pos Exemption	POS Exemption Transfer	\$194.55	\$0.00	\$0.00	
RCI						
06/06/2024	\$200.00 OffConnect Kiosk Deposit	21971508537125/Nicholson, Angel	\$394.55	\$0.00	\$0.00	
RCI						
06/06/2024	\$16.00 State Pay	DR STATE PAY	\$410.55	\$0.00	\$0.00	
RCI						
06/07/2024	\$12.00 State Pay Advanced	CCI Advance State Pay	\$422.55	\$0.00	\$0.00	
RCI						
06/10/2024	(\$16.00) Reversed State Pay	Reversed Task No. 92735547	\$406.55	\$0.00	\$0.00	
RCI						
06/10/2024	\$4.00 State Pay	DR STATE PAY	\$410.55	\$0.00	\$0.00	
RCI						
06/13/2024	(\$192.43) Commissary Sale	Ticket Number 656846	\$218.12	\$0.00	\$0.00	
RCI						
06/18/2024	(\$2.00) Medical Co-Payment	DOS 6/17/2024	\$216.12	\$0.00	\$2.00	
RCI						
06/19/2024	\$196.05 OffConnect Kiosk Deposit	21998648568230/Nicholson, Angel	\$412.17	\$0.00	\$2.00	
RCI						

06/26/2024	(\$162.52) Commissary Sale	Ticket Number 658503	\$249.65	\$0.00	\$2.00
RCI					
07/01/2024	(\$15.00) Inmate's Personal Account	POS Exemption Transfer	\$234.65	\$0.00	\$2.00
RCI					
07/01/2024	\$15.00 Pos Exemption	POS Exemption Transfer	\$249.65	\$0.00	\$2.00
RCI					
07/01/2024	(\$2.00) Payment to Medical Co-Pay Fund	PAID 7/1/2024	\$249.65	\$0.00	\$0.00
RCI					
07/01/2024	(\$4.00) Payment to CHILD SUPPORT PAYMENT CENTRAL	PAID 7/1/2024	\$245.65	\$0.00	\$0.00
RCI					
07/03/2024	\$200.00 OffConnect Kiosk Deposit	22010017540773/Nicholson, Angel	\$445.65	\$0.00	\$0.00
RCI					
07/03/2024	\$16.00 State Pay	DR STATE PAY	\$461.65	\$0.00	\$0.00
RCI					
07/11/2024	(\$175.11) Commissary Sale	Ticket Number 660107	\$286.54	\$0.00	\$0.00
RCI					
07/21/2024	\$200.00 OffConnect Kiosk Deposit	22034396741030/Nicholson, Angel	\$486.54	\$0.00	\$0.00
RCI					

Outstanding Debts:

Start Date	Description	Case	Agency	County	Total Debt	Paid to Date	Balance Owed
Total Outstanding Case Balances							
\$0.00							

Outstanding Holds:

Start Date	Description	Case	Agency	County	Total Debt	Paid to Date	Balance Owed
02/20/2020	Child and Spousal Support	7104869404	CHILD SUPPORT PAYMENT CENTRAL	Cuyahoga		\$208.00	
Total Outstanding Case Holds							
\$0.00							

Outstanding Investments / EPC:

Investment Type	Investment Type Description	Invest Company	Company Description	Balance