

24-5921

No. _____

ORIGINAL

FILED
NOV 01 2024

OFFICE OF THE CLERK
SUPREME COURT, U.S.

IN THE

SUPREME COURT OF THE UNITED STATES

CHRISTOPHER KOTERAS – PETITIONER

vs.

DANIEL AKERS, WARDEN, LEE ADJUSTMENT CENTER – RESPONDENT

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*.

Please check the appropriate boxes:

Petitioner has previously been granted leave to proceed *in forma pauperis* in the following court(s):

United States District Court, Eastern District of Kentucky, Lexington Divison.

Sixth Circuit Court of Appeals

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 affidavit or declaration is not attached because the court below appointed counsel in the current proceedings, and :

The appointment was made under the following provisions of law: _____, or

a copy of the order of appointment is appended.


Christopher Koteras, pro se

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

I, Christopher Koteras, 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	\$ 64.46	\$ N/A	\$ 64.46	\$ N/A
Self-employment	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Income from real property (such as rental income)	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Interest and dividends	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Gifts	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Alimony	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Child Support	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Retirement (such as social security, pensions, annuities, insurance)	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Disability (such as social security, insurance payments)	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Unemployment payments	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Public-assistance (such as welfare)	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Other (specify): _____	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Total monthly income:	\$ 198.97	\$ N/A	\$ 64.46	\$ N/A

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

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

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? \$ N/A

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
	\$	\$
	\$	\$

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
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

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
_____	_____	_____
_____	_____	_____

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)	\$ N/A	\$ N/A
Home maintenance (repairs and upkeep)	\$ N/A	\$ N/A
Food	\$ N/A	\$ N/A
Clothing	\$ N/A	\$ N/A
Laundry and dry-cleaning	\$ N/A	\$ N/A
Medical and dental expenses	\$ N/A	\$ 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? 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

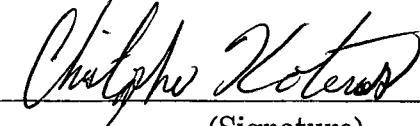
If yes, state the person's name, address, and telephone number:

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

I am incarcerated with the Kentucky Department of Corrections and housed at Lee Adjustment Center located at 168 Lee Adjustment Center Dr., Beattyville, KY 41311.

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

Executed on: October 30th, 2024


(Signature)

COMMONWEALTH OF KENTUCKY
DEPARTMENT OF CORRECTIONS



CERTIFICATE OF INMATE ACCOUNTS

INMATE NAME: Christopher Koteras NUMBER: 255779

Pursuant to KRS 543/410, it is mandatory that your inmate accounts be certified to show your average monthly balance for the last six (6) months when submitting any action into the courts.

Inmate

Please forward this request to Inmate Accounts, via institutional mail.

This is for case/file number(s): _____

In the _____
(Name of Court State/Federal)

REQUEST FOR CERTIFICATION OF INMATE ACCOUNTS

It is respectfully requested that the above inmates account be certified for the last six (6) months, to reflect his average balance, and that said documents be returned to the inmate upon certification.

VERIFICATION

I, Brittany Miller, of the Lee Adjustment Center, accounts department do hereby certify that the above named inmate's accounts average balance over the last six (6) months

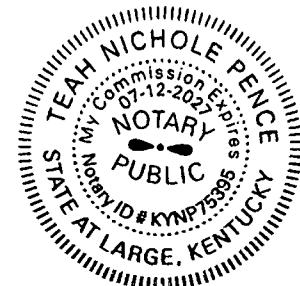
as being \$ 198.97.

SWORN and subscribed to before me by Brittany Miller, on

this 23rd day of October, 20 24.

Brittany Miller
Authorized Signature

NOTARY PUBLIC, STATE AT LARGE/KENTUCKY



MY COMMISSION EXPIRES: 7/12/2027

KYDOC
REPORT NO. IBSR180 - 35

6 MONTH AVERAGE INCOME STATEMENT

FROM: 04/2024 TO: 09/2024

PAGE: 1 of 1

PROCESSED: 10/23/2024 12:03

REQUESTOR: Brittany S Miller

DOC #: 255779

INMATE NAME: Koteras, Christopher A

SSN: 595-28-8405

	Deposit Detail	Total Deposit
FOR MONTH: April, 2024		
Deposit Type: State Pay Earned	\$61.53	<u>\$61.53</u>
FOR MONTH: May, 2024		
Deposit Type: Deposit Money into Inmate Acct.	\$200.00	
Deposit Type: Deposit Money into Inmate Acct.	\$100.00	
Deposit Type: State Pay Earned	\$64.46	
		<u>\$364.46</u>
FOR MONTH: June, 2024		
Deposit Type: State Pay Earned	\$67.39	
Deposit Type: Deposit Money into Inmate Acct.	\$200.00	
Deposit Type: Christmas/Summer/Other Bonus Money	\$10.00	
		<u>\$277.39</u>
FOR MONTH: July, 2024		
Deposit Type: State Pay Earned	\$58.60	
Deposit Type: Deposit Money into Inmate Acct.	\$300.00	
		<u>\$358.60</u>
FOR MONTH: August, 2024		
Deposit Type: State Pay Earned	\$67.39	
		<u>\$67.39</u>
FOR MONTH: September, 2024		
Deposit Type: State Pay Earned	\$64.46	
		<u>\$64.46</u>
TOTAL AMOUNT :		\$1,193.83
6 MONTH AVERAGE:		\$198.97