

No. _____

24-6356

ORIGINAL

IN THE

SUPREME COURT OF THE UNITED STATES

RonAllen Hardy

— PETITIONER
(Your Name)

FILED

SEP 18 2024

OFFICE OF THE CLERK
SUPREME COURT, U.S.

VS.

State of Tennessee

— RESPONDENT(S)

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):

Criminal Court for Rutherford County, Tennessee at Murfreesboro, New Rutherford

County Courthouse, Room 102, 116 W. Lytle St., Murfreesboro, Tn. 37130 (615) 898-7820

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)

RECEIVED

JAN 15 2025

OFFICE OF THE CLERK
SUPREME COURT, U.S.

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

I, Ron Allen Hardy, 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>792.00</u>	\$ <u>0.00</u>	\$ <u>66.00</u>	\$ <u>0.00</u>
Self-employment	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Income from real property (such as rental income)	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Interest and dividends	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Gifts	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Alimony	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Child Support	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Disability (such as social security, insurance payments)	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Unemployment payments	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Public-assistance (such as welfare)	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Other (specify): <u>None</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Total monthly income:	\$ <u>60.00</u>	\$ <u>0.00</u>	\$ <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
Riverbend Maximum Security Institution (Re-entry Clerk)	7475 Cockrill Bend Industrial Road, Nashville, Tennessee 37209	2017-2024	\$ 66.00
			\$

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
Not applicable			\$
			\$
			\$

4. How much cash do you and your spouse have? \$ 6.44

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) not applicable	Amount you have	Amount your spouse has
	\$	\$
	\$	\$
	\$	\$

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

Other real estate
Value None

Motor Vehicle #1
Year, make & model None
Value

Motor Vehicle #2
Year, make & model None
Value

Other assets
Description 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	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

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
None	_____	_____
_____	_____	_____
_____	_____	_____

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)	\$ not applicable	\$ not applicable
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)	\$ not applicable	\$ not applicable
Home maintenance (repairs and upkeep)	\$ not applicable	\$ not applicable
Food	\$ not applicable	\$ not applicable
Clothing	\$ not applicable	\$ not applicable
Laundry and dry-cleaning	\$ not applicable	\$ not applicable
Medical and dental expenses	\$ not applicable	\$ not applicable

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>not applicable</u>	\$ <u>not applicable</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>not applicable</u>	\$ <u>not applicable</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>not applicable</u>	\$ <u>not applicable</u>
Life	\$ <u>not applicable</u>	\$ <u>not applicable</u>
Health	\$ <u>not applicable</u>	\$ <u>not applicable</u>
Motor Vehicle	\$ <u>not applicable</u>	\$ <u>not applicable</u>
Other: <u>prison commissary</u>	\$ <u>60.00</u>	\$ <u>not applicable</u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>not applicable</u>	\$ <u>not applicable</u>	\$ <u>not applicable</u>
Installment payments		
Motor Vehicle	\$ <u>not applicable</u>	\$ <u>not applicable</u>
Credit card(s)	\$ <u>not applicable</u>	\$ <u>not applicable</u>
Department store(s)	\$ <u>not applicable</u>	\$ <u>not applicable</u>
Other: <u>not applicable</u>	\$ <u>not applicable</u>	\$ <u>not applicable</u>
Alimony, maintenance, and support paid to others	\$ <u>not applicable</u>	\$ <u>not applicable</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>not applicable</u>	\$ <u>not applicable</u>
Other (specify): <u>not applicable</u>	\$ <u>not applicable</u>	\$ <u>not applicable</u>
Total monthly expenses:	\$ <u>60.00</u>	\$ <u>not applicable</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? not applicable

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

None

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? not applicable

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

none

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

Am subject to \$3.00 co-pay for sick-call visit to the prison's infirmary for any medical complaint; \$.075 minute on any phone calls and, beginning in 2025, will be subject to charges related to new electronic tablets for inmate use with emails, commissary and telephone

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

Executed on: December 27th, 2024



(Signature)