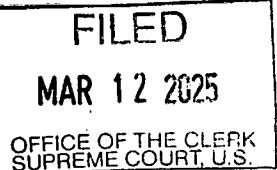


24-6843

CASE NO. _____



IN THE SUPREME COURT OF THE UNITED STATES

ALBERT TOWNSEND, :
Petitioner, :
-vs- :
JERRY SPATNY, WARDEN, :
Respondent. :

ON PETITION FOR WRIT OF CERTIORARI TO THE
UNITED STATES COURT OF APPEALS FOR THE SIXTH CIRCUIT

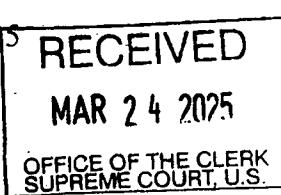
MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

Now comes Petitioner, Albert Townsend, proceeding in pro se, and respectfully moves this Court to grant him leave to proceed with the instant Certiorari Action in forma pauperis, without the payment of filing fees or other costs associated herewith. This Motion is presented pursuant to and in accordance with Supreme Court Rule 39 and for the good cause that Petitioner is indigent under the law, having been recently released after over ten years of incarceration, and remaining on custodial supervision, without means to obtain the funds necessary to pay such fees, as fully set forth in the attached Declaration of Indigence, Form 4 from the F.R.A.P. Petitioner has been permitted to proceed in forma pauperis by, inter alia, the Cuyahoga County, Ohio Common Pleas Court, and the Eighth District Court of Appeals of Ohio the Supreme Court of Ohio, and has not had any case dismissed as frivolous?

Respectfully submitted,

Albert Townsend

DATE: FEBRUARY 03, 2025



Albert Townsend
Albert Townsend Sr. #: A580-463

Grafton Corr. Inst.
2500 S. Avon-Belden Rd.
Grafton, Ohio 44044
Petitioner, in pro se

IFP FORMS GO AFTER THIS PAGE!!!!

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

I, Albert Townsend, 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	\$ 0	\$ N/A	\$ 0	\$ N/A
Self-employment	\$ 0	\$ N/A	\$ 0	\$ N/A
Income from real property (such as rental income)	\$ 0	\$ N/A	\$ 0	\$ N/A
Interest and dividends	\$ 0	\$ N/A	\$ 0	\$ N/A
Gifts	\$ 0	\$ N/A	\$ 0	\$ N/A
Alimony	\$ 0	\$ N/A	\$ 0	\$ N/A
Child Support	\$ 450	\$ N/A	\$ 450	\$ N/A
Retirement (such as social security, pensions, annuities, insurance)	\$ 0	\$ N/A	\$ 0	\$ N/A
Disability (such as social security, insurance payments)	\$ 0	\$ N/A	\$ 0	\$ N/A
Unemployment payments	\$ 0	\$ N/A	\$ 0	\$ N/A
Public-assistance (such as welfare)	\$ 0	\$ N/A	\$ 0	\$ N/A
Other (specify): _____	\$ 0	\$ N/A	\$ 0	\$ N/A
Total monthly income:	\$ 0	\$ N/A	\$ 0	\$ 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
Grafton Inst	2500 S. Main Bldg #1 Grafton, OH 44041	10-6-2019 - Present	\$ 118.00
			\$
			\$
			\$

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.) *N/A*

Employer	Address	Dates of Employment	Gross monthly pay
			\$
			\$
			\$

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
	\$	\$
	\$	\$
	\$	\$

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings. *N/A*

Home
Value _____

Other real estate
Value _____

Motor Vehicle #1
Year, make & model _____
Value _____

Motor Vehicle #2
Year, make & model _____
Value _____

Other assets
Description _____
Value _____

6. State every person, business, or organization owing you or your spouse money, and the amount owed. *N/A*

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
_____	\$ 0	\$ 0
_____	\$ 0	\$ 5
_____	\$ 0	\$ 0

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
<i>ARShawn Townsend</i>	<i>SON</i>	<i>18 years</i>
_____	_____	_____
_____	_____	_____

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. *N/A*

	You	Your spouse
Rent or home-mortgage payment (include lot rented for mobile home)	\$ 0	\$ <i>N/A</i>
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)	\$ 0	\$ <i>N/A</i>
Home maintenance (repairs and upkeep)	\$ 0	\$ <i>N/A</i>
Food	\$ 0	\$ <i>N/A</i>
Clothing	\$ 0	\$ <i>N/A</i>
Laundry and dry-cleaning	\$ 0	\$ <i>N/A</i>
Medical and dental expenses	\$ 0	\$ <i>N/A</i>

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 0	\$ <u>N/A</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ 0	\$ <u>N/A</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ 0	\$ <u>N/A</u>
Life	\$ 0	\$ <u>N/A</u>
Health	\$ 0	\$ <u>N/A</u>
Motor Vehicle	\$ 0	\$ <u>N/A</u>
Other: _____	\$ 0	\$ <u>N/A</u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ 0	\$ <u>N/A</u>
Installment payments		
Motor Vehicle	\$ 0	\$ <u>N/A</u>
Credit card(s)	\$ 0	\$ <u>N/A</u>
Department store(s)	\$ 0	\$ <u>N/A</u>
Other: _____	\$ 0	\$ <u>N/A</u>
Alimony, maintenance, and support paid to others	\$ 4.50	\$ <u>N/A</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0	\$ <u>N/A</u>
Other (specify): _____	\$ 0	\$ <u>N/A</u>
Total monthly expenses:	\$ 4.50	\$ <u>N/A</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

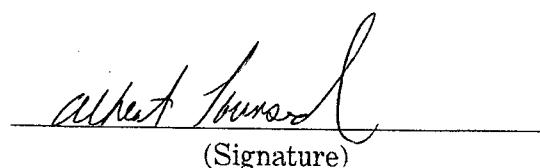
If yes, how much? _____

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

Executed on: February 2, 2025


(Signature)