

No. _____

IN THE
SUPREME COURT OF THE UNITED STATES

ANTONIO M. RAMIREZ, Petitioner,

vs.

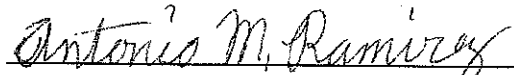
CINDY GRIFFITH, Respondent.

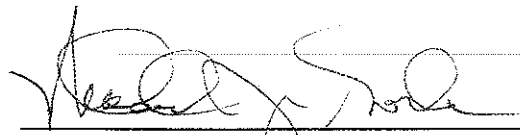
MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

The petitioner asks leave to file the attached petition for writ of certiorari without prepayment of costs and to proceed *in forma pauperis*.

Petitioner has previously been granted leave to proceed *in forma pauperis* in the United States Court of Appeal for the Eighth Circuit.

Petitioner's affidavit or declaration in support of this motion is attached hereto.


ANTONIO M. RAMIREZ, Petitioner


MICHAEL J. GORLA, Counsel for Petitioner
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**AFFIDAVIT OR DECLARATION
IN SUPPORT OF MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS***

I, Antonio M. Ramirez, 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	\$ 0	\$ N/A	\$ 0	\$ 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
None			\$
			\$
			\$

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			\$
			\$
			\$

4. How much cash do you and your spouse have? \$ 0
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
None	\$	\$
	\$	\$
	\$	\$

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 N/A

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

☐ Other assets
Description N/A
Value N/A

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)	\$ 0	\$ N/A
Are real estate taxes included? ☐ Yes ☐ No		
Is property insurance included? ☐ Yes ☐ No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 0	\$ N/A
Home maintenance (repairs and upkeep)	\$ 0	\$ N/A
Food	\$ 0	\$ N/A
Clothing	\$ 0	\$ N/A
Laundry and dry-cleaning	\$ 0	\$ N/A
Medical and dental expenses	\$ 0	\$ N/A

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

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 am currently confined in the Missouri Department of Corrections at the Crossroads Correctional Center located at 1115 E. Pence Road, Cameron, Missouri 64429. I have been incarcerated since January, 1999, following my convictions for first degree murder and armed criminal action, and resulting sentences of life without parole and life imprisonment, respectively. A verified statement of my offender account for the past six (6) months is attached hereto.

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

Executed on: January 12th, 20 17

Antonio Ramirez
(Signature)



Missouri Department of Corrections
Offender Financial Services

Account Statement

I do hereby verify that attached hereto is an original computer printout of transactions in the offender account with the Missouri Department of Corrections, Jefferson City, Missouri for Offender **RAMIREZ, ANTONIO M**, No. **1019865** at **CRCC** for the period of **06/01/2017** through **12/06/2017** indicating the correct opening balance, subsequent transactions, and closing balance for said account in my office.

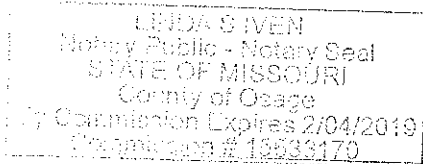
BOCK, LYNN M

ASSISTANT OFFENDER FINANCIAL OFFICER

Subscribed and sworn before me, the undersigned Notary Public, this

7th day of December, 2017.

Notary Public





Missouri Department of Corrections Offender Financial Services

Account Statement

Statement Range: 06/01/2017 - 12/06/2017

Balance Summary: Personal 0.01
Work Release Savings 0.00
Mandatory Savings 0.00
Savings Bonds 0.00
Escrow Account 0.00
Total: 0.01

Account No: 1019865

Account Name: RAMIREZ, ANTONIO M
CRCC

Financial Cycle: 19990331-

Fund: Personal **Total Deposits this Period:** 101.00 **Start Balance:** 0.02
Total Withdrawals this Period: 101.01- **End Balance:** 0.01

Date/Time	Transaction Type	Description	Amount	Balance
11/21/2017 15:25	Kiosk Purchase	Kiosk Purchase	0.25-	0.01
11/20/2017 09:49	Canteen Purchase	Canteen Purchase - Order No: 6098065	8.24-	0.26
11/11/2017 10:32	Payroll Tip	Location: CRCC; Payroll Cycle: 10/01/2017 : 10/31/2017; Auto Pay	8.50	8.50
10/19/2017 13:57	Canteen Purchase	Canteen Purchase - Order No: 6013923	3.30-	0.00
10/12/2017 09:56	Canteen Purchase	Canteen Purchase - Order No: 5993086	4.71-	3.30
10/12/2017 08:15	Kiosk Purchase	Kiosk Purchase	0.50-	8.01
10/10/2017 20:03	Payroll Tip	Location: CRCC; Payroll Cycle: 09/01/2017 : 09/30/2017; Job Category: Food Handler; Job Detail: Food Handler Level 1;	6.75	8.51
10/10/2017 19:50	Payroll Tip	Location: CRCC; Payroll Cycle: 09/01/2017 : 09/30/2017; Auto Pay	1.75	1.76
09/21/2017 12:33	Canteen Purchase	Canteen Purchase - Order No: 5933698	8.51-	0.01
09/10/2017 20:00	Payroll Tip	Location: CRCC; Payroll Cycle: 08/01/2017 : 08/31/2017; Job Category: Food Handler; Job Detail: Food Handler Level 1;	7.50	8.52
09/10/2017 19:49	Payroll Tip	Location: CRCC; Payroll Cycle: 08/01/2017 : 08/31/2017; Auto Pay	1.00	1.02
08/24/2017 12:22	Canteen Purchase	Canteen Purchase - Order No: 5848771	1.88-	0.02
08/24/2017 08:54	Kiosk Purchase	Kiosk Purchase	0.60-	1.90
08/20/2017 08:17	Kiosk Purchase	Kiosk Purchase	1.00-	2.50
08/16/2017 09:47	Kiosk Purchase	Kiosk Purchase	0.50-	3.50
08/14/2017 09:26	Canteen Purchase	Canteen Purchase - Order No: 5827768	3.53-	4.00
08/12/2017 14:43	Kiosk Purchase	Kiosk Purchase	1.00-	7.53
08/10/2017 20:02	Payroll Tip	Location: CRCC; Payroll Cycle:	7.50	8.53

*Confidentiality Notice: Any information contained in this document is the property of the Missouri Department of Corrections and is to be used for department purposes only. Misuse of data is strictly prohibited.



Missouri Department of Corrections Offender Financial Services

Account Statement

Date/Time	Transaction Type	Description	Amount	Balance
07/01/2017 : 07/31/2017; Job Category: Food Handler; Job Detail: Food Handler Level 1;				
08/10/2017 19:48	Payroll Tip	Location: CRCC; Payroll Cycle: 07/01/2017 : 07/31/2017; Auto Pay	1.00	1.03
07/31/2017 08:15	Kiosk Purchase	Kiosk Purchase	0.65-	0.03
07/24/2017 14:04	Kiosk Purchase	Kiosk Purchase	0.60-	0.68
07/19/2017 08:45	Kiosk Purchase	Kiosk Purchase	0.50-	1.28
07/19/2017 08:09	Canteen Purchase	Canteen Purchase - Order No: 5750067	1.39-	1.78
07/13/2017 08:39	Canteen Purchase	Canteen Purchase - Order No: 5739638	5.37-	3.17
07/10/2017 20:03	Payroll Tip	Location: CRCC; Payroll Cycle: 06/01/2017 : 06/30/2017; Job Category: Food Handler; Job Detail: Food Handler Level 1;	7.50	8.54
07/10/2017 19:49	Payroll Tip	Location: CRCC; Payroll Cycle: 06/01/2017 : 06/30/2017; Auto Pay	1.00	1.04
07/07/2017 08:12	Canteen Purchase	Canteen Purchase - Order No: 5715086	49.74-	0.04
07/04/2017 09:37	Kiosk Purchase	Kiosk Purchase	0.25-	49.78
07/02/2017 18:18	Keefe Deposit	Batch Number: 03318; Sender Name (Last/First): KATRENNNA/DUNN; Transaction ID:	50.00	50.03
06/26/2017 09:19	Kiosk Purchase	Kiosk Purchase	1.35-	0.03
06/16/2017 08:49	Canteen Purchase	Canteen Purchase - Order No: 5664197	6.14-	1.38
06/13/2017 15:18	Kiosk Purchase	Kiosk Purchase	1.00-	7.52
06/10/2017 20:09	Payroll Tip	Location: CRCC; Payroll Cycle: 05/01/2017 : 05/31/2017; Job Category: Food Handler; Job Detail: Food Handler Level 1;	7.50	8.52
06/10/2017 19:56	Payroll Tip	Location: CRCC; Payroll Cycle: 05/01/2017 : 05/31/2017; Auto Pay	1.00	1.02

Fund: Work Release Savings	Total Deposits this Period:	0.00	Start Balance:	0.00
	Total Withdrawals this Period:	0.00	End Balance:	0.00

No Data Found

Fund: Mandatory Savings	Total Deposits this Period:	0.00	Start Balance:	0.00
	Total Withdrawals this Period:	0.00	End Balance:	0.00

No Data Found

Fund: Savings Bonds	Total Deposits this Period:	0.00	Start Balance:	0.00
	Total Withdrawals this Period:	0.00	End Balance:	0.00

No Data Found

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**Missouri Department of Corrections
Offender Financial Services**

Account Statement

Fund: Escrow Account	Total Deposits this Period:	0.00	Start Balance:	0.00
	Total Withdrawals this Period:	0.00	End Balance:	0.00

No Data Found