

No. _____

IN THE
SUPREME COURT OF THE UNITED STATES

Dustin King — PETITIONER
(Your Name)

vs.

Marian Circuit Court — RESPONDENT(S)

ON PETITION FOR A WRIT OF CERTIORARI TO

Seventh Circuit Court of Appeals
(NAME OF COURT THAT LAST RULED ON MERITS OF YOUR CASE)

PETITION FOR WRIT OF CERTIORARI

Dustin King
(Your Name)

5217 Pepper Mill Place
(Address)

Fort Wayne, IN 46835
(City, State, Zip Code)

(317) 362-1027 (317) 652-6021 (text only)
(Phone Number)

No. _____

IN THE
SUPREME COURT OF THE UNITED STATES

Dustin King — PETITIONER
(Your Name)

VS.

Marian Circuit Court — 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):

7th Circuit Federal Court (Southern District of Indiana)

☐ 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)

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

I, Dustin King, 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>3090</u>	\$ <u>0</u>	\$ <u>1485</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>822</u>	\$ <u>0</u>	\$ <u>0</u>
Public-assistance (such as welfare)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Other (specify): _____	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Total monthly income:	\$ <u>3090</u>	\$ <u>~~822~~ 822</u>	\$ <u>1485</u>	\$ <u>0</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
USPS	4171 Diplomat Plaza Center Ft. Wayne, IN 46806	10/15 - present	\$ 3,090
			\$
			\$

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
Vera Bradley (laid off Feb. 2017)	11222 Stonebridge Roanoke, IN 46783	5/15 to 2/17	\$ 4,996 (now)
			\$
			\$

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.

Financial institution	Type of account	Amount you have	Amount your spouse has
Wells Fargo	Checking	\$ 0	\$ 0
Wells Fargo	Savings	\$ 0	\$ 0
		\$	\$

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

☒ Home Value \$ 125,000

☐ Other real estate Value n/a

☒ Motor Vehicle #1 Year, make & model 2004 VW Passat Value \$ 2000

☐ Motor Vehicle #2 Year, make & model Value n/a

☐ Other assets Description 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

n/a

\$ n/a

\$ n/a

\$ _____

\$ _____

\$ _____

\$ _____

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

Name

Relationship

Age

Zoie G. Thomas

daughter

7

Channing L. King

son

3

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)

\$ 960

\$ 0

Are real estate taxes included? ☒ Yes ☐ No

Is property insurance included? ☒ Yes ☐ No

Utilities (electricity, heating fuel,
water, sewer, and telephone)

\$ 557
~~612~~

\$ 0

Home maintenance (repairs and upkeep)

\$ 100

\$ 0

Food

\$ 600

\$ 0

Clothing

\$ 100

\$ 0

Laundry and dry-cleaning

\$ 50

\$ 0

Medical and dental expenses

\$ 358

\$ 0

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>150</u>	\$ <u>0</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>75</u>	\$ <u>0</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>n/a</u>	\$ <u>0</u>
Life	\$ <u>n/a</u>	\$ <u>0</u>
Health	\$ <u>315</u>	\$ <u>0</u>
Motor Vehicle	\$ <u>88</u>	\$ <u>0</u>
Other: _____	\$ <u>0</u>	\$ <u>0</u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ <u>0</u>	\$ <u>0</u>
Installment payments		
Motor Vehicle	\$ <u>492</u>	\$ <u>0</u>
Credit card(s)	\$ <u>222</u>	\$ <u>0</u>
Department store(s)	\$ <u>0</u>	\$ <u>0</u>
Other: <u>Social Security</u>	\$ <u>~~0~~ 25</u>	\$ <u>0</u>
Alimony, maintenance, and support paid to others	\$ <u>225</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>0</u>	\$ <u>0</u>
Total monthly expenses:	\$ <u>4,317</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.

I broke my leg on 1/3/18 and had emergency surgery.
I will be out of work until released by doctor.

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

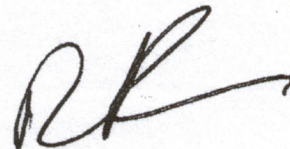
If yes, how much? _____

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: 1/15, 2018



(Signature)

Affidavit in Support of Motion

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)

Signed: [Signature]
Dated: 1-18-18

STATE OF INDIANA)
 Allen)
COUNTY OF ~~MARION~~) SS:

Before me, a Notary Public in and for said County and State, personally appeared **DUSTIN KING**, who acknowledged the execution of the foregoing Affidavit and who, having been duly sworn, stated that any representations therein contained are true.

Witness my hand and Notary Seal this 18 day of January, 2018.
Nancy I. Brown
NOTARY PUBLIC IN AND FOR ~~MARION~~ COUNTY,
INDIANA Allen

My commission expires: 01/23/2019



PROOF OF SERVICE

I, Andrea L. Ciobanu, attorney for the Petitioner, do swear or declare that on March 16, 2018, as required by Rule 29, I served a copy of this petition on each party to the above proceeding or that party's counsel, and on every other person required to be served, by United States Mail for delivery within 3 business days. Courtesy copies of the amended motion for in forma pauperis, appendix, and Petition for Certiorari, were further additionally served by Electronic Mail on March 16, 2018.

The names and addresses of those served are as follows:

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