

No. ____

In the Supreme Court of the United States

KEVIN KEITH,
Petitioner,

v.

STATE OF OHIO,
Respondent.

On Petition for Writ of Certiorari to
the Supreme Court of Ohio

APPLICATION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

Petitioner Kevin Keith respectfully requests leave to file the attached petition for writ of certiorari without payment of costs and to proceed *in forma pauperis*.

Keith is indigent, and he has been found indigent and permitted to file *in forma pauperis* in the Ohio Supreme Court and the Ohio Court of Appeals, as well as the United States District Court for the Northern District of Ohio, and the United States Court of Appeals for the Sixth Circuit in his previous case. He currently has been granted *in forma pauperis* status in a pending case in the United States District Court for the Northern District of Ohio.

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

Respectfully submitted,

Office of the Ohio Public Defender

/s/ Rachel Troutman

Rachel Troutman (0076741)

Supervising Attorney

Death Penalty Department

Counsel of Record

/s/ Kathryn K. Polonsky

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Counsel for Petitioner Keith

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**AFFIDAVIT ACCOMPANYING MOTION
FOR PERMISSION TO APPEAL IN FORMA PAUPERIS**

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: Mr. Kevin Keith

Instructions

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write in that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Date: 3-16-18

My issues on appeal are:

Brady v. Maryland

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	\$ 18	\$ N/A	\$ 18	\$ 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): <i>Kiosk deposits - average</i>	\$ 103	\$ N/A	\$ 0	\$ N/A
Total monthly income:	\$ 121	\$ N/A	\$ 18	\$ N/A

2. List your 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
<i>State of Ohio</i>	<i>P.O. Box 57 Porter/Marion Corp, Inc. 43302</i>	<i>2014 - 2018</i>	<i>\$ 18</i>
—	—	—	\$ —
—	—	—	\$ —

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	\$ 0
N/A	N/A	N/A	\$ 0
N/A	N/A	N/A	\$ 0

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
N/A	N/A		
N/A	N/A	\$ 0	\$ 0
N/A	N/A	\$ 0	\$ 0
N/A	N/A	\$ 0	\$ 0

If you are a prisoner seeking to appeal a judgment in a civil action or proceeding, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

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

Home N/A	Other real estate N/A	Motor vehicle #1 N/A
(Value) \$ N/A	(Value) \$ N/A	(Value) \$ N/A
		Make and year: N/A
		Model: N/A
		Registration #: N/A

Motor vehicle #2 N/A	Other assets N/A	Other assets N/A
(Value) \$ N/A	(Value) \$ N/A	(Value) \$ N/A

Make and year:	N/A	N/A
Model:	N/A	N/A
Registration #:	N/A	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	\$ 0	\$ 0
N/A	\$ 0	\$ 0
N/A	\$ 0	\$ 0
N/A	\$ 0	\$ 0

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

Name [or, if under 18, initials only]	Relationship	Age
N/A	N/A	N/A
N/A	N/A	N/A
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, semiannually, 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)	\$ 100	\$ N/A
Home maintenance (repairs and upkeep)	\$ N/A	\$ N/A
Food	\$ 100	\$ N/A

Clothing	\$ 0	\$ N/A
Laundry and dry-cleaning	\$ 0	\$ N/A
Medical and dental expenses	\$ 2	\$ N/A
Transportation (not including motor vehicle payments)	\$ 0	\$ N/A
Recreation, entertainment, newspapers, magazines, etc.	\$ 255 255	\$ 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 (name):	\$ 0	\$ N/A
Department store (name):	\$ 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):	\$ 4.16	\$ N/A
Total monthly expenses:	\$ 120.71	\$ 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 spent — or will you be spending — any money for expenses or attorney fees in

connection with this lawsuit? [] Yes [x] No

If yes, how much? \$ 0

11. Provide any other information that will help explain why you cannot pay the docket fees for your appeal. I am a inmate and have been incarcerated for 25 years

12. State the city and state of your legal residence.

Your daytime phone number: (740) 382-5781

Your age: 54 Your years of schooling: 12

Last four digits of your social-security number: 8102