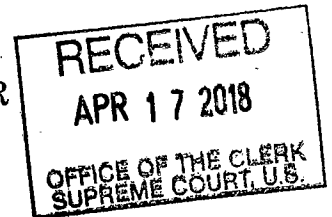


No. _____

IN THE
SUPREME COURT OF THE UNITED STATES

STEVEN A. WRIGHT — PETITIONER
(Your Name)



VS.

STATE OF INDIANA — 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):

Indiana Court of Appeals - Indiana Appellate Cause: 20A03-1004-CR-233.

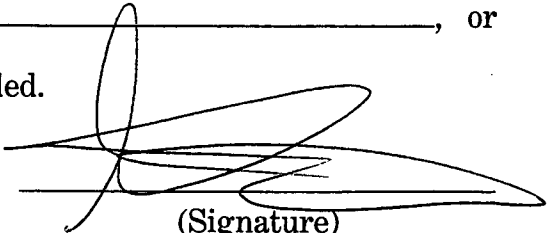
☐ Petitioner has **not** previously been granted leave to proceed *in forma pauperis* in any other court.

☒ 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: _____

☐ a copy of the order of appointment is appended.


(Signature)

IN THE
 UNITED STATES DISTRICT COURT OF APPEALS SUPREME COURT
 FOR THE SEVENTH CIRCUIT

No. _____

<u>STEVEN A. WRIGHT,</u> Petitioner Appellant,	)	<u>INDIANA SUPREME COURT</u> Appeal from the United States District Court for the _____ District of Indiana, _____ Division <u>COURT OF APPEALS</u> Cause No. <u>20A03-1004-CR233</u> The Honorable _____
v.	)	
<u>STATE OF INDIANA</u> Respondent Appellee.	)	
<u>INDIANA SUPREME COURT, STATE OF INDIANA</u>		

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: _____

Instructions

Complete all question 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 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: 02/06/2018

My issues on appeal are: _____

WRIT OF HABEAS CORPUS
(PRISONER IN CONFINEMENT)

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>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Self-employment	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Income from real property (such as real 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 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>0</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>P.A.U.S.</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
<u>Program</u>	<u>28.80</u>	<u>0</u>	<u>28.80</u>	<u>0</u>
Total monthly income:	\$ <u>28.80</u>	\$ <u>0</u>	\$ <u>28.80</u>	\$ <u>0</u>

2. List your employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross monthly pay
<u>N/A</u>			
<u>7</u>			

3. List your spouse's employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross monthly pay
<u>N/A</u>			
<u>7</u>			

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
<u>N/A</u>			
<u>7</u>			

If you are a prisoner, 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	Other real estate (Value)	Motor Vehicle #1 (Value)
<u>N/A</u>	<u>N/A</u>	Make & year: <u>N/A</u>
		Model: _____
		Registration # _____

Motor Vehicle #2 (Value)

Other Assets (Value)

Other Assets (Value)

Make & Year:

Model:

Registration#

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

7. State every person who rely on you or your spouse for support.

Name [or if under 18, initials only]

Relationship

Age

8. Estimate the average monthly expenses of you and your family. Show separately the amount 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 (including lot rented for mobile home)	\$ <u>0</u>	\$ <u>0</u>
Are real estate taxes included?	[] Yes [<u>X</u>] No	
Is property insurance included?	[] Yes [<u>X</u>] No	
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <u>0</u>	\$ <u>0</u>
Home Maintenance (repairs and upkeep)	\$ <u>0</u>	\$ <u>0</u>
Food	\$ <u>0</u>	\$ <u>0</u>

Clothing	\$ <u>Ø</u>	\$ <u>Ø</u>
Laundry and dry cleaning	\$ <u>Ø</u>	\$ <u>Ø</u>
Medical and dental expenses <u>5.00 per request.</u>	\$ <u>Ø</u>	\$ <u>Ø</u>
Transportation (not including motor vehicle expenses)	\$ <u>Ø</u>	\$ <u>Ø</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>Ø</u>	\$ <u>Ø</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>Ø</u>	\$ <u>Ø</u>
Life	\$ <u>Ø</u>	\$ <u>Ø</u>
Health	\$ <u>Ø</u>	\$ <u>Ø</u>
Motor vehicle	\$ <u>Ø</u>	\$ <u>Ø</u>
Other: <u>N/A</u>	\$ <u>Ø</u>	\$ <u>Ø</u>
Taxes (not deducted from wages or included in mortgage payments)	\$ <u>Ø</u>	\$ <u>Ø</u>
(specify): <u>N/A</u>		
Installment payments	\$ <u>Ø</u>	\$ <u>Ø</u>
Motor Vehicle	\$ <u>Ø</u>	\$ <u>Ø</u>
Credit card (name): <u>N/A</u>	\$ <u>Ø</u>	\$ <u>Ø</u>
Department store (name): <u>N/A</u>	\$ <u>Ø</u>	\$ <u>Ø</u>
Other: <u>N/A</u>	\$ <u>Ø</u>	\$ <u>Ø</u>
Alimony, maintenance, and support paid to others	\$ <u>Ø</u>	\$ <u>Ø</u>
Regular expenses for operation of business, profession, or farm	\$ <u>Ø</u>	\$ <u>Ø</u>
(attach detail)		
Other (specify): <u>N/A</u>	\$ <u>Ø</u>	\$ <u>Ø</u>
Total monthly expenses:	\$ <u>Ø</u>	\$ <u>Ø</u>

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 month?

[] 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? \$ Ø

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

N/A

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 [X] No If yes, how much? \$ _____

If Yes, state the persons name, address, and telephone number:

12. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.

I am presently in confinement
and am without means to pay
the \$ 300.00 docketing fee

13. City and state of your legal residence. (Confinement)

Domiciled currently in
Michigan City, Indiana
(under protest)

Your daytime phone number: () N/A

Your age: 31 Your years of schooling: 12th grade

Last four digits of your social-security number 6564

STEVEN A. WRIGHT # 214690-FE90

% One Park Row

Michigan City, IN 46360

Petitioner pro se