

No. _____

IN THE SUPREME COURT OF THE UNITED STATES

JEROME KRASKEY,

Petitioner,

v.

N. GROSCHEN, ON BEHALF OF MERCY HOSPITAL,

Respondent.

**MOTION FOR
PERMISSION 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):

Minnesota District Court, Fourth Judicial District (Minneapolis,
Hennepin County)

☐

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.

The Petition for Certiorari presents the following question, which the undersigned counsel believes to be meritorious:

Does the complete abrogation of the hearsay rule in Minnesota's civil commitment statute, Minn. Stat. § 253B.08 subd. 7, violate Petitioner's Fourteenth Amendment rights to Due Process and Equal Protection of the laws?

Dated: June 20, 2018.

A handwritten signature in cursive script, appearing to read "Kurt M. Anderson", written in black ink.

Kurt M. Anderson
Minn. Atty. ID # 2148
Attorney for Petitioner
P.O. Box 15667
Minneapolis, Minnesota 55415-0667
(612) 333-3185

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FORM 4.

AFFIDAVIT ACCOMPANYING MOTION FOR
PERMISSION TO PROCEED 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 and/or costs of printed briefing and binding 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:

XX Jerome Kraskey

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 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:

XX 5-12-2018

My issues on appeal are:

I am petitioning for certiorari based on the following issues:

Does the complete abrogation of the hearsay rule in Minnesota's civil commitment proceedings violate my constitutional rights to due process and equal protection?

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.

	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) ¹	\$_20__	\$_n/a__	\$_20__	\$_n/a__
Unemployment payments	\$_0__	\$_n/a__	\$_0__	\$_n/a__
Public-assistance (such as welfare) (Petitioner public medical assistance and/or Medicare)	\$_0__	\$_n/a__	\$_0__	\$_n/a__

¹ I get Social Security or SSI (my earnings record seems to indicate Social Security, but a case management report refers to SSI) but almost all of it goes for my care and hospitalization. I understand I get a personal allowance of about \$30/month, from which my mother (my co-guardian) sends me about \$20 / month for personal expenses.

Other (specify): \$ _0_ \$ _n/a_ \$ _0_ \$ _n/a_

Total monthly income: \$ _20.00_ \$ _n/a_ \$ _20.00_ \$ _n/a_

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
Misc - Carpentry ²		1989-2016	8,000.00 (last year of employment)

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
☒ n/a no spouse			☒

4. How much cash do you ~~and your spouse~~ have? \$ 0.00

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
0.00			<u>☒ n/a ☒</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. n/a

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

Home (Value)	Other real estate (Value)	Motor Vehicle #1 (Value)
<u>0</u>	<u>0</u>	Make & year: <u>NONE</u> ☒
<u>0</u>	<u>0</u>	Model: n/a <u></u>

² "Jerome worked as a carpenter for 27 years until July 2016 when he was physically assaulted outside his home and sustained substantial head injury." Mental Health Resources, Inc., case management intake record, April 6, 2017.

0 0 Registration # n/a

Motor Vehicle #2 (Value)

Make & year: ✓ n/a 0

Model: n/a 0

Registration # 0 n/a 0

Other assets (Value)

0.00

0

0

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

0 SSM

0

0 n/a 0

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

Name [or, if under 18, initials only]

Relationship

Age

M.J.K.M

K

Daughter

9

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 (including lot rented for mobile home)	\$ <u>0</u>	\$ <u>n/a</u>
Are real estate taxes included? [] Yes ☒ No <u>none</u>		
Is property insurance included? [] Yes ☒ No <u>none</u>		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <u>0</u> <u>✓</u>	\$ <u>n/a</u>
Home maintenance (repairs and upkeep)	\$ <u>0</u> <u>✓</u>	\$ <u>n/a</u>
Food	\$ <u>0</u> <u>✓</u>	\$ <u>n/a</u>
Clothing	\$ <u>0</u> <u>✓</u>	\$ <u>n/a</u>
Laundry and dry-cleaning	\$ <u>0</u> <u>✓</u>	\$ <u>n/a</u>
Medical and dental expenses	\$ <u>0</u> <u>✓</u>	\$ <u>n/a</u>
Transportation (not including motor vehicle expenses)	\$ <u>0</u> <u>✓</u>	\$ <u>n/a</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>0</u> <u>✓</u>	\$ <u>n/a</u>
Insurance (not deducted from wages or included in mortgage payments) Homeowner's or renter's	\$ <u>0</u> <u>✓</u>	\$ <u>n/a</u>
Life	\$ <u>0</u> <u>✓</u>	\$ <u>n/a</u>
Health	\$ <u>0</u> <u>✓</u>	\$ <u>n/a</u>

Motor vehicle	\$ <u>0</u> ✓	\$ <u>n/a</u>
Other: (misc and sundry, including above categories)	\$ <u>20.00</u>	\$ <u>n/a</u>
Taxes (not deducted from wages or included in mortgage payments) (specify):	\$ <u>0</u> ✓	\$ <u>n/a</u>
Installment payments	\$ <u>0</u> ✓	\$ <u>n/a</u>
Motor Vehicle	\$ <u>0</u> ✓	\$ <u>n/a</u>
Credit card (name):	\$ <u>0</u> ✓	\$ <u>n/a</u>
Department store (name):	\$ <u>0</u> ✓	\$ <u>n/a</u>
Other:	\$ <u>0</u> ✓	\$ <u>n/a</u>
Alimony, maintenance, and support paid to others	\$ <u>0</u> ✓	\$ <u>n/a</u>
Regular expenses for operation of business, profession, or farm (attach detail)	\$ <u>0</u> ✓	\$ <u>n/a</u>
Other (specify):	\$ <u>0</u> ✓	\$ <u>n/a</u>
Total monthly expenses:	\$ <u>20.00</u>	\$ <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? \$ 0 n/a _____ 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? \$ 0 _____

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

0 n/a 0

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

I am committed to a state hospital and am considered disabled. Except as stated in this affidavit (the \$20 monthly allowance my mother sends me), I have no income.

13. State the address of your legal residence.

2600 Grand St NE
mpls mn 55418

c/o Affiant's mother (co-guardian):
c/o Carolyn Kraskey
2600 Grand St. N.E.
Minneapolis, MN 55418

Please also note my mailing address at the hospital:
Jerome Kraskey
c/o MSHS -Brainerd
11615 State Avenue
Brainerd, MN 56401

and the address of my appointed attorney in my commitment case:
Kurt M. Anderson
Attorney at Law
P.O. Box 15667
Minneapolis, Minnesota 55415-0667

Your daytime phone number: (651) 335-3585

Your age: 56 Your years of schooling: High School graduate plus 3 years
union apprenticeship

Last four digits of your social-security number : 0594