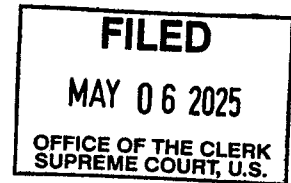


25-5646

No. _____



ORIGINAL

IN THE
SUPREME COURT OF THE UNITED STATES

JOHN C. MILLER — 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*.

☒ Petitioner has previously been granted leave to proceed *in forma pauperis* in the following court(s):

INDIANA COURT OF APPEALS - INDIANAPOLIS, IN

INDIANA SUPREME COURT - INDIANAPOLIS, IN

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

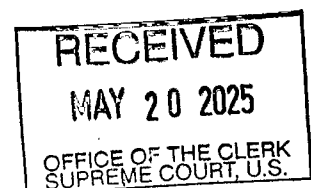
Petitioner's affidavit or declaration in support of this motion is attached hereto.

A handwritten signature in cursive script, appearing to read "John C. Miller".

JOHN C. MILLER

Petitioner ' pro se'

May 05, 2025



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

I, JOHN C. MILLER, 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 ^(+/-) <i>re-entry deduction</i>	\$ 88.00	\$ ϕ	\$ 88.00	\$ ϕ
Self-employment ^(15%)	\$ ϕ	\$ ϕ	\$ ϕ	\$ ϕ
Income from real property (such as rental income)	\$ ϕ	\$ ϕ	\$ ϕ	\$ ϕ
Interest and dividends	\$ ϕ	\$ ϕ	\$ ϕ	\$ ϕ
Gifts	\$ ϕ	\$ ϕ	\$ ϕ	\$ ϕ
Alimony	\$ ϕ	\$ ϕ	\$ ϕ	\$ ϕ
Child Support	\$ ϕ	\$ ϕ	\$ ϕ	\$ ϕ
Retirement (such as social security, pensions, annuities, insurance)	\$ ϕ	\$ ϕ	\$ ϕ	\$ ϕ
Disability (such as social security, insurance payments)	\$ ϕ	\$ ϕ	\$ ϕ	\$ ϕ
Unemployment payments	\$ ϕ	\$ ϕ	\$ ϕ	\$ ϕ
Public-assistance (such as welfare)	\$ ϕ	\$ ϕ	\$ ϕ	\$ ϕ
Other (specify): ^(-5.00) <i>medical co-pay where applied</i>	\$ ϕ	\$ ϕ	\$ ϕ	\$ ϕ
Total monthly income:	\$ 88.00 (+/-)	\$ ϕ	\$ 88.00 (+/-)	\$ ϕ

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
Doc (12)	201 Woodlawn Avenue Michigan City, IN 46360	1/2025 to current date	\$ 88.00 (+/-)
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

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 (0)	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

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

<input type="checkbox"/> Home Value <u>N/A</u>	<input type="checkbox"/> Other real estate Value <u>N/A</u>
<input type="checkbox"/> Motor Vehicle #1 Year, make & model <u>N/A</u> Value _____	<input type="checkbox"/> Motor Vehicle #2 Year, make & model <u>N/A</u> Value _____
<input type="checkbox"/> Other assets Description <u>N/A</u> Value _____	

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

\$ 0

\$ 0

|

\$ |

\$ |

|

\$ |

\$ |

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

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, or annually to show the monthly rate.

(In Confinement.)

You

Your spouse

Rent or home-mortgage payment
(include lot rented for mobile home)

\$ 0

\$ 0

Are real estate taxes included? ☐ Yes ☒ No

Is property insurance included? ☐ Yes ☒ No

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

\$ 0

\$ 0

Home maintenance (repairs and upkeep)

\$ 0

\$ 0

Food

\$ 0

\$ 0

Clothing

\$ 0

\$ 0

Laundry and dry-cleaning

\$ 0

\$ 0

Medical and dental expenses

(When applicable) \$(-5.00)
Co-pay

\$ 0

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <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>D/A</u>	\$ <u>Ø</u>	\$ <u>Ø</u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>D/A</u>	\$ <u>Ø</u>	\$ <u>Ø</u>
Installment payments		
Motor Vehicle	\$ <u>Ø</u>	\$ <u>Ø</u>
Credit card(s)	\$ <u>Ø</u>	\$ <u>Ø</u>
Department store(s)	\$ <u>Ø</u>	\$ <u>Ø</u>
Other: _____	\$ <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 (attach detailed statement)	\$ <u>Ø</u>	\$ <u>Ø</u>
Other (specify): <u>Re-entry (15%) of pay.</u>	\$ <u>13.20</u>	\$ <u>Ø</u>
Total monthly expenses:	\$ <u>13.20</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 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

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 ☒ No

If yes, how much? 0

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

12. Provide any other information that will help explain why you cannot pay the costs of this case.

I am in confinement. I cannot pay the filing fee. I do however believe that the issues have constitutional merit.

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

Executed on: August 04, 2025

John C. Miller
(Signature)

JOHN C. MILLER
Petitioner 'pro se'