

No.: _____.

IN THE
SUPREME COURT OF THE UNITED STATES

Koury Scales,

Applicant,

v.

The State of Ohio,

Respondent.

Application for an Extension of Time to File a Petition for Writ of Certiorari
to the Ohio Court of Appeals Eighth Judicial District

Request to Proceed In Forma Pauperis for the Purpose of Filing an Application for
an Extension

To the Honorable Brett M. Kavanaugh, Associate Justice of the Supreme
Court of the United States and Circuit Justice for the Court of Appeals for the Sixth
Circuit (State of Ohio)

Introduction

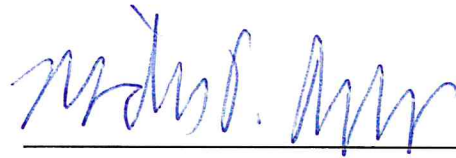
Now Comes, Applicant Koury Scales (Mr. Scales), by and through undersigned counsel, to ask for leave to file the attached Application for an Extension of Time to File a Petition for Writ of Certiorari to the Ohio Court of Appeals, Eighth Judicial District, without prepayment of costs and to proceed in forma pauperis, and, any other relief deemed just.

The applicant has not been granted leave to proceed in forma pauperis in a court below but did not have to pay filing fees. The affidavit or declaration of the applicant is attached hereto and incorporated by reference. A copy of the affidavit or declaration is appended.

The Cuyahoga County Public Defender was previously appointed in the trial court before the applicant retained counsel. Attached hereto and incorporated by reference is the order appointing counsel. The order was made under ORC 120.16. A copy of the order of appointment is appended. In addition, although counsel was retained to petition the Ohio Supreme Court, counsel is filing this application pro bono.

Wherefore, for the foregoing reasons, Applicant Koury Scales asks for leave to file the attached Application for an Extension of Time to File a Petition for Writ of Certiorari to the Ohio Court of Appeals, Eighth Judicial District without prepayment of costs and to proceed in forma pauperis, and, any other relief deemed just.

Respectfully Submitted,



MICHAEL P. DUNHAM, ESQ. (0102514)
Dunham Law LLC
3383 West 123 Street, Apartment 1
Cleveland, Ohio, 44111
(440)-665-8773 Telephone Number
Email: mdunhamesq@yahoo.com
Counsel for the Applicant

Submitted on,

October, 2nd, 2021.



193834534

**IN THE COURT OF COMMON PLEAS
CUYAHOGA COUNTY, OHIO**

THE STATE OF OHIO
Plaintiff

KOURY JA SCALES
Defendant

Case No: CR-25-700507-A

Judge: SHANNON M GALLAGHER

JOURNAL ENTRY

FIRST APPEARANCE HELD 03/25/2025.
DEFENDANT IN COURT FOR FIRST APPEARANCE VIA VIDEO.
DEFENDANT DECLARED INDIGENT.
ANY COSTS IMPOSED PURSUANT TO ORC 2743.70 AND ORC 2949.091 ARE HEREBY WAIVED.
COURT ASSIGNED PUBLIC DEFENDER AS COUNSEL.
BOND SET AT 50,000.00 DOLLARS. BOND TYPE: CASH/SUR/PROP/10%.
DEFENDANT DEMANDS PRELIMINARY HEARING
PRELIMINARY HEARING SET 3/31/25 AT 8:30AM.

Judge Signature

03/25/2025

FAD
03/25/2025

RECEIVED FOR FILING
03/25/2025 10:01:10
NAILAH K. BYRD, CLERK

FORM 4 AFFIDAVIT ACCOMPANYING MOTION FOR PERMISSION TO APPEAL IN FORMA PAUPERIS

United States District Court for the

District of

Harry Scales
v. CHIO

Case No.

2026-

8th Dist. Ct.
Cuyahoga County

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. — § 1621.)

Signed:

Harry Scales

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:

9/11/2026

My issues on appeal are:

- Denial of right to counsel under 6th Amendment
- 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>—</u>	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>
Self-employment	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>
Income from real property (such as rental income)	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>
Interest and dividends	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>
Gifts	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>
Alimony	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>
Child support	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>
Disability (such as social security, insurance payments)	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>
Unemployment payments	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>
Public-assistance (such as welfare)	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>
Other (specify): <u>Jail pay</u>	\$ <u>17.00</u>	\$ <u>—</u>	\$ <u>17.00</u>	\$ <u>—</u>
Total monthly income:	\$ <u>17.00</u>	\$ <u>—</u>	\$ <u>17.00</u>	\$ <u>—</u>

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FED. R. APP. P. WITH 5TH CIR. R. & IOPs

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
A-Start	Unktrch n	Nov-Mar 21-25	300.00

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

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

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
		\$	\$
		\$	\$
		\$	\$

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 (Value)	Other real estate (Value)	Motor vehicle #1 (Value)
		Make & year:
		Model:
		Registration #

MISC-14

FED. R. APP. P. WITH 5TH CIR. R. & IOPs

Motor vehicle #2 (Value)	Other assets (Value)	Other assets (Value)
Make & year: <u> </u>	<u> </u>	<u> </u>
Model: <u> </u>	<u> </u>	<u> </u>
Registration #: <u> </u>	<u> </u>	<u> </u>

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
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

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

Name (or, if under 18, initials only)	Relationship	Age
<u>AS</u>	<u>child</u>	<u>15</u>
<u>KS</u>	<u>child</u>	<u>5</u>
<u>KS</u>	<u>child</u>	<u>2</u>

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)	\$ <u> </u>	\$ <u> </u>
Are real-estate taxes included? ☐ Yes ☐ No		
Is property insurance included? ☐ Yes ☐ No		
Utilities (electricity, heating fuel, water, sewer, and Telephone)	\$ <u> </u>	\$ <u> </u>
Home maintenance (repairs and upkeep)	\$ <u> </u>	\$ <u> </u>
Food	\$ <u> </u>	\$ <u> </u>
Clothing	\$ <u> </u>	\$ <u> </u>
Laundry and dry-cleaning	\$ <u> </u>	\$ <u> </u>
Medical and dental expenses	\$ <u> </u>	\$ <u> </u>
Transportation (not including motor vehicle payments)	\$ <u> </u>	\$ <u> </u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u> </u>	\$ <u> </u>

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Insurance (not deducted from wages or included in Mortgage payments)	\$ <u> </u>	\$ <u> </u>
Homeowner's or renter's	\$ <u> </u>	\$ <u> </u>
Life	\$ <u> </u>	\$ <u> </u>
Health	\$ <u> </u>	\$ <u> </u>
Motor Vehicle	\$ <u> </u>	\$ <u> </u>
Other: <u> </u>	\$ <u> </u>	\$ <u> </u>
Taxes (not deducted from wages or included in Mortgage payments) (specify): <u> </u>	\$ <u> </u>	\$ <u> </u>
Installment payments	\$ <u> </u>	\$ <u> </u>
Motor Vehicle	\$ <u> </u>	\$ <u> </u>
Credit card (name): <u> </u>	\$ <u> </u>	\$ <u> </u>
Department store (name): <u> </u>	\$ <u> </u>	\$ <u> </u>
Other: <u> </u>	\$ <u> </u>	\$ <u> </u>
Alimony, maintenance, and support paid to others	\$ <u> </u>	\$ <u> </u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u> </u>	\$ <u> </u>
Other (specify): <u> </u>	\$ <u> </u>	\$ <u> </u>
Total monthly expenses:	\$ <u> </u>	\$ <u> </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 spent -or will you be spending- any money for expenses or attorney fees in connection with this lawsuit? ☒ Yes ☐ No

If yes, how much? \$ 76350.00

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

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

Trumbull county, Ohio

Your daytime phone number: ()

Your age: 33 Your years of schooling: GED

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IN The Otto Supreme Court
on Appeal from the 8th District

**FINANCIAL DISCLOSURE / FEE-
WAIVER AFFIDAVIT
AND ORDER**

	Applicant	Spouse (If Living in Household)	Total Monthly Income

Gross Monthly Employment Income, including Self-Employment Income (Before Taxes)	\$ 17.00	\$ 0	\$ 17.00
Unemployment, Worker's Compensation, Spousal Support (If Receiving)	\$ —	\$ —	\$ —
TOTAL MONTHLY INCOME			\$ 17.00
Liquid Assets			
Type of Asset	Estimated Value		
Cash on Hand	\$ —		
Available Cash in Checking, Savings, Money Market Accounts	\$ —		
Stocks, Bonds, CDs	\$ —		
Other Liquid Assets	\$ —		
Total Liquid Assets	\$ —		
Monthly Expenses			
Column A		Column B	
Type of Expense	Amount	Type of Expense	Amount
Rent / Mortgage / Property Tax / Insurance	\$ —	Insurance (Medical, Dental, Auto, etc.)	\$ —
Food / Paper Products/Cleaning Products/Toiletries	\$ —	Child or Spousal Support that You Pay	\$ —
Utilities (Heat, Gas, Electric, Water / Sewer, Trash)	\$ —	Medical / Dental Expenses or Associated Costs of Caring for a Sick or Disabled Family Member	\$ —
Transportation / Gas	\$ —	Credit Card, Other Loans	\$ —
Phone	\$ —	Taxes Withheld or Owed	\$ —
Child Care	\$ —	Other (e.g. garnishments)	\$ —
Total Column A Expenses	\$ —	Total Column B Expenses	\$ —
TOTAL MONTHLY EXPENSES (Column A + Column B)			

I, KELLY SCALLS, hereby certify that the information I have provided on
 (Print Name)
 this financial disclosure form is true to the best of my knowledge and that I am unable to prepay the costs or fees in this case.

X Kelly Scalls
 Signature

NOTARY PUBLIC:

Sworn to before me and signed in my presence this 11th day of September, 2026,
 in Township County, Ohio.

Michael P. Ruffin
 Notary Public (Signature)
Michael P. Ruffin
 Notary Public (Printed)
 My Commission expires: Never

If available, an individual duly authorized to administer this oath at the Clerk of Court's Office will do so at no cost to the Applicant.

ORDER

- ☐ Upon the request of the Applicant and the Court's review, the Court finds that the Applicant IS an indigent litigant and **GRANTS** a waiver of the prepayment of costs or fees in this matter. Pursuant to R.C. 2323.311(B)(3), upon the filing of a civil action or proceeding and the affidavit of indigency under division (B)(1) of this section, the clerk of the court shall accept the action, motion, or proceeding for filing.
- ☐ Upon the request of the Applicant and the Court's review, the Court finds that the Applicant is NOT an indigent litigant and **DENIES** a waiver of the prepayment of costs or fees in this matter. Applicant is granted thirty (30) days from the issuance of this Order to make the required advance deposit or security. Failure to do so within the time allotted may result in dismissal of the applicant's filing.

IT IS SO ORDERED

Judge / Magistrate

Date

[Effective: April 15, 2020; amended effective April 15, 2022; July 1, 2023.]

FINANCIAL DISCLOSURE FORM

(\$25.00 application fee may be assessed—see notice on reverse side)

I. PERSONAL INFORMATION

Applicant's Legal Name <u>Karyn Scales</u>		Applicant's Preferred Name and Pronoun <u>Karyn Scales</u>		Date of Birth <u>4/14/1983</u>
Mailing Address <u>Prison</u>		City <u>—</u>	Email Address <u>—</u>	
State <u>UT</u>	Zip Code <u>—</u>	Case No. <u>2026-</u>	Phone <u>—</u>	Cell Phone <u>—</u>
SSN Last 4 <u>8048</u>	Gender <u>M</u>	Race ☐ American Indian or Alaskan Native ☐ Asian ☒ Black or African American ☐ Native Hawaiian or Pacific Islander ☐ Spanish or Latino ☐ White ☐ Other		

II. OTHER PERSONS LIVING IN HOUSEHOLD

Name 1) <u>A. S.</u>	DOB <u>—</u>	Relationship <u>child</u>	Name 3) <u>K. S.</u>	DOB <u>—</u>	Relationship <u>child</u>
2) <u>K. S.</u>	<u>—</u>	<u>child</u>	4) <u>—</u>	<u>—</u>	<u>—</u>

III. PRESUMPTIVE ELIGIBILITY

The appointment of counsel is presumed if the person represented meets any of the qualifications below. Please place a check mark if:

Ohio Works First/TANF: — SSI: — SSD: — Medicaid: — Poverty Related Veteran's Benefits: — Food Stamps: —

Refugee Settlement Benefits: — Incarcerated in State Penitentiary: — Committed to a Public Mental Health Facility: —

Other (please describe): — Juvenile: — (If juvenile, please continue at Section VIII)

IV. INCOME AND EMPLOYER

	Applicant	Spouse (Do not include spouse's income if spouse is alleged victim)	Total Income
Gross Monthly Employment Income	\$ <u>17.00</u>	\$ <u>—</u>	\$ <u>17.00</u>
Unemployment, Worker's Compensation, Child Support, Other Types of Income	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>
Employer's Name: <u>Prison</u>	Phone Number: <u>—</u>	TOTAL INCOME \$ <u>17.00</u>	
Employer's Address: <u>—</u>			

V. LIQUID ASSETS

Type of Asset	Estimated Value
Checking, Savings, Money Market Accounts	\$ <u>—</u>
Stocks, Bonds, CDs	\$ <u>—</u>
Other Liquid Assets or Cash on Hand	\$ <u>—</u>
TOTAL LIQUID ASSETS	\$ <u>—</u>

VI. MONTHLY EXPENSES

Type of Expense	Amount	Type of Expense	Amount
Child Support Paid Out	\$ <u>—</u>	Telephone	\$ <u>—</u>
Child Care (if working only)	\$ <u>—</u>	Transportation/Fuel	\$ <u>—</u>
Insurance (medical, dental, auto, etc.)	\$ <u>—</u>	Taxes Withheld/Owed	\$ <u>—</u>
Mental/Dental Expenses or Associated Costs of caring for Infirm Family Member	\$ <u>—</u>	Credit Card/Other Loans	\$ <u>—</u>
Rent/Mortgage	\$ <u>—</u>	Utilities (gas, electric, water, sewer, trash)	\$ <u>—</u>
Food	\$ <u>—</u>	Other (specify)	\$ <u>—</u>
EXPENSES	\$ <u>—</u>	EXPENSES	\$ <u>—</u>

VII. DETERMINATION OF INDIGENCY

If applicant's Total Income in Section IV is at or below 187.5% of the Federal Poverty Guidelines, counsel must be appointed. For applicants whose Total Income in Section IV is above 125% of the Federal Poverty Guidelines, see recoupment notice in Section XI. If applicant's Liquid Assets in Section V exceed figures provided in OAC 120-1-03, appointment of counsel may be denied if applicant can employ counsel using those liquid assets. If applicant's Total Income falls above 187.5% of Federal Poverty Guidelines, but applicant is financially unable to employ counsel after paying monthly expenses in Section VI, counsel must be appointed.

VIII. \$25.00 APPLICATION FEE NOTICE

By submitting this Financial Disclosure Form, you will be assessed a non-refundable \$25.00 application fee unless waived or reduced by the court. If assessed, the fee is to be paid to the clerk of courts within 7 days of submitting this form to the entity that will make a determination regarding your indigency. No applicant may be denied counsel based upon failure or inability to pay this fee.

IX. APPLICANT CERTIFICATION

I, Fanny Scales (applicant or alleged delinquent child) state:

1. I am financially unable to retain private counsel without substantial hardship to me or my family.
2. I understand that I must inform the public defender or appointed attorney if my financial situation should change before the disposition of the case(s) for which representation is being provided.
3. I understand that if it is determined by the county or the court that legal representation should not have been provided, I may be required to reimburse the county for the costs of representation provided. Any action filed by the county to collect legal fees hereunder must be brought within two years from the last date legal representation was provided.
4. I understand that I am subject to criminal charges for providing false financial information in connection with this application for legal representation, pursuant to Ohio Revised Code sections 120.05 and 2921.13.
5. I hereby certify that the information I have provided on this financial disclosure form is true to the best of my knowledge.

Wm. A. M.
Name and title of authorized persons completing form on behalf of applicant. Information obtained via phone or video.

[Signature]
Signature of applicant

9/11/2026
Date

X. JUDGE CERTIFICATION

I hereby certify that the above-noted applicant is unable to fill out and/or sign this financial disclosure for the following reason: _____ I have determined that the party represented meets the criteria for receiving court-appointed counsel.

Judge's signature

Date

XI. NOTICE OF RECOUPMENT

ORC §120.03 allows for county recoupment programs. Any such program may not jeopardize the quality of defense provided or act to deny representation to qualified applicants. No payments, compensation, or in-kind services shall be required from an applicant or client whose income falls below 125% of the federal poverty guidelines. See OAC 120-1-05.

Through recoupment, an applicant or client may be required to pay for part of the cost of services rendered, if he or she can reasonably be expected to pay. See ORC §2941.51(D).

XII. JUVENILE'S PARENTS' INCOME* – FOR RECOUPMENT PURPOSES ONLY – NOT FOR APPOINTMENT OF COUNSEL

	Custodial Parents' Income (Do not include parents' income if parent or relative is alleged victim)	Total
Employment Income (gross)	\$	\$
Unemployment, Worker's Compensation, Child Support, Other Types of Income	\$	\$
	TOTAL INCOME	\$

*Please complete Section VI on page 1 of this form if you would like the court to consider your monthly expenses when determining the amount of recoupment which you can reasonably be expected to pay.