

No. _____

IN THE
SUPREME COURT OF SOUTH CAROLINA

Kevin E. Herriott - PETITIONER

VS.

SCDC

- RESPONDENTS

MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

COMES NOW, the Petitioner Kevin E. Herriott asks leave to file the attached petition for a writ of certiorari without prepayment of costs and to proceed in forma pauperis.

The Petitioner has previously been granted leave to proceed in forma pauperis in the following courts:

U.S. District Court, John Joseph Moakley Courthouse,

U.S. District Court, 300 E. Washington Street, Room 239,

Greenville, SC 29601

U.S. Court of Appeals, For the Fourth Circuit, 1100 E. Main

Street, Suite 501, Richmond, VA 23219,

U.S. Supreme Court, Washington, DC 20543.

RECEIVED

JAN 24 2022

S.C. SUPREME COURT

The Petitioner does not undermine the Court's Judgment and understands that if fees should be waived because he is in fact indigent, then by the discretion of this Court to determine such status. See Petitioner's affidavit or declaration in support of this motion is attached hereto.

WHEREFORE UPON, the above legal premises, the Petitioner ask this Honorable Court to grant a(n) pauper-

Done This Day of , 2022.
Respectfully Submitted,

K-E. Herritt
Kevin E. Herritt # T97826
Souza-Baramowski Correctional Center
Post Office Box 8000
Shirley, MA 01464

RECEIVED
JAN 24 2022
S.C. SUPREME COURT

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

I, Kevin E. Heffrott, 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	\$ <u>20.75</u>	\$ <u>N/A</u>	\$ <u>21.00</u>	\$ <u>N/A</u>
Self-employment	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Income from real property (such as rental income)	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Interest and dividends	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Gifts	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Alimony	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Child Support	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Disability (such as social security, insurance payments)	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Unemployment payments	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Public-assistance (such as welfare)	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Other (specify): _____	\$ _____	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Total monthly income:	\$ <u>21.00</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>

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
Massachusetts DOC	MCI-Cedar Junction 2405 Main Street South Walpole, MA 02071	6/20/21 to present date	\$ 42.00
			\$
			\$

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

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.

Type of account (e.g., checking or savings)	Amount you have	Amount your spouse has
Savings Account	\$ 47.25	\$ 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 1/6 Land unknown

Motor Vehicle #1
Year, make & model N/A
Value _____

Motor Vehicle #2
Year, make & model N/A
Value _____

Other assets
Description N/A
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
<u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

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
<u>N/A</u>	<u>N/A</u>	<u>N/A</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, or annually to show the monthly rate.

	You	Your spouse
Rent or home-mortgage payment (include lot rented for mobile home)	\$ <u>0</u>	\$ <u>N/A</u>
Are real estate taxes included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is property insurance included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <u>0</u>	\$ <u>N/A</u>
Home maintenance (repairs and upkeep)	\$ <u>0</u>	\$ <u>N/A</u>
Food	\$ <u>21.00</u>	\$ <u>N/A</u>
Clothing	\$ <u>0</u>	\$ <u>N/A</u>
Laundry and dry-cleaning	\$ <u>0</u>	\$ <u>N/A</u>
Medical and dental expenses	\$ <u>0</u>	\$ <u>N/A</u>

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 0	\$ N/A
Recreation, entertainment, newspapers, magazines, etc.	\$ 0	\$ 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: _____	\$ N/A	\$ 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(s)	\$ 0	\$ N/A
Department store(s)	\$ 0	\$ N/A
Other: _____	\$ N/A	\$ 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): _____	\$ N/A	\$ N/A
Total monthly expenses:	\$ 21.00	\$ 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 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? 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? N/A

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

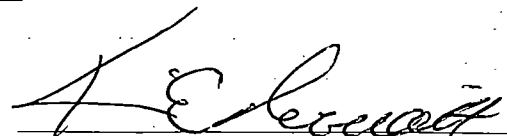
N/A

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

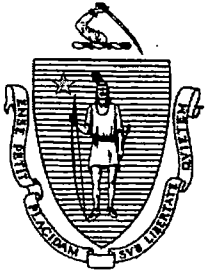
N/A

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

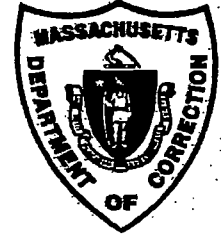
Executed on: September 15, 2021



(Signature)



The Commonwealth of Massachusetts
Executive Office of Public Safety and Security
Department of Correction
Massachusetts Correctional Institution
MCI-Cedar Junction at Walpole
2405 Main Street, P.O. Box 100



Charles D. Baker
Governor

South Walpole, Massachusetts 02071

Carol A Mici
Commissioner

Karyn E. Polito
Lieutenant Governor

Telephone: (508)660-8000

Fax: (508) 660-8009

www.mass.gov/doc

Thomas A. Turco, III
Secretary

Patrick T. DePalo, Jr.
Christopher M. Fallon
Jennifer A. Gaffney
Michael G. Grant
Thomas J. Preston
Deputy Commissioners

Douglas W. DeMoura
Superintendent

To: Kevin Herriott – T97826
Block 1, 19/A

From: Caren Lane
Treasurer *Caren Lane*
MCI Cedar Junction

Re: Ditty Bag

Date: July 9, 2021

My office is in receipt of your undated letter regarding a request for an indigent ditty bag.

Your request has been approved and you will receive a bag on or around July 11, 2021. Should you continue to remain indigent, the next time you will be eligible for a bag will be August 11, 2021. You will need to write my office requesting a bag.

I trust this addresses your concerns.