

IN THE SUPREME COURT OF MONTANA
No.

HEATHEN BLODHARN,
Petitioner,

v

STATE OF MONTANA,
Respondent.

MOTION AND AFFIDAVIT TO PROCEED
WITHOUT PAYMENT OF FILING FEE
AND COSTS

Petitioner moves this Court for an Order to proceed without payment of the filing fee or costs in this cause, and submits this Affidavit in support of his motion.

County of Richland)))

))) Affidavit of Heathen Blodharn

State of Ohio)))

I, Heathen Blodharn, being first duly sworn, depose and say that I am the Petitioner in the above-entitled cause. In support of my application to proceed without being required to pay the filing fee or costs, I state that because of my financial condition I am unable to pay the filing fee; that I believe I am entitled to redress, and that the issues which I desire to present are the following: Petition for Writ of Mandamus and Injunction with Declaratory Judgement I further swear that the responses which I have made to the questions and instructions below relating to my ability to pay the cost of prosecuting the appeal are true.

1. I am not presently employed and my last employment was November, 2023.

2. I have not received any income from a business, profession, or other form of self-employment, or in the form of rent payments, interest, dividends, or other source in the last 12 months.

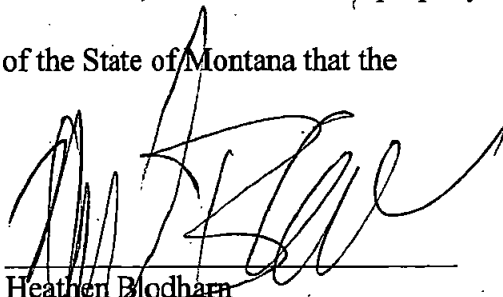
3. I do not own any cash or checking or savings account?

4. I do not own any real estate, stocks, bonds, notes, automobiles, or other valuable property.

5. I have no dependents.


I declare under penalty of perjury and under the laws of the State of Montana that the information in this document is true and correct.

DATED this 5th day of November, 2024.



Heathen Blodharn
#799-415
P.O. Box 788
Mansfield, OH 44901

SUBSCRIBED and SWORN to before
me this 5th day of November, 2024.


Notary



MCKALEE WEIDNER
Notary Public, State of Ohio
My Commission Expires:
2/8/2026

FILED

NOV 27 2024

Bowen Greenwood
Clerk of Supreme Court
State of Montana

Ohio Department of Rehabilitation and Correction

SECTION I - To be completed by cashier prior to this form being presented to the inmate for completion of SECTION II - Affidavit of Indigency.

I, Dawn A Bartram, cashier at the Richland Correctional Institution certify that the following is a true and accurate reflection of the status of the account maintained at this institution for the benefit of:

Inmate Name: DANNY WARNER JR	Inmate-Number: A-799415
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The Prison Litigation Reform Act (PLRA) requires that the time period to be considered is the preceeding six months. It also requires that, "...if financial activity is less than six months due to less than six months of incarceration, then note this fact on the statement. If lack of history is due to recent transfer, then obtain missing month-end reports from sending cashier to complete the six month period. The sending cashier must similarly certify the monthend reports."

The time period being reported below is: Six months Fewer than six months, beginning _____

The time period is fewer than six months, because: Period of Incarceration Transfer

Account Balance as of <u>04/01/2024</u>	:	\$	\$14.61
Total state pay credited for the report period;		\$	\$70.50
Average monthly state pay for the report period;		\$	\$11.75
Total funds received from all sources, excluding state pay, for the report period;		\$	\$297.42
Total amount spent in inmate's commissary during the same period;		\$	\$264.87

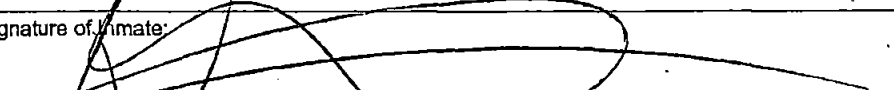
Signature of Cashier: 	Date: 04/01/2024
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AFFIDAVIT OF INDIGENCY

SECTION II - To be completed by inmate after cashier's statement is completed.

I, DANNY WARNER JR, being first duly sworn, says that he/she does not have sufficient funds to pay the filing fee and other costs of prosecuting this complaint against the State of Ohio, Department of Rehabilitation and Correction, in the Court of Claims of Ohio and submits the cashier's statement (Section I) in support of said allegation of indigency.

I hereby represent that the Information set forth in the cashier's statement concerning my financial condition is true and complete to the best of my knowledge and belief:

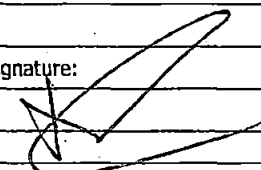
Signature of Inmate: 	Inmate Number: A-799415
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Sworn to and subscribed to me in my presence this 5 day of April, 2024.

Notary Public: 
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JASON MICHEL
Notary Public
State of Ohio
My Comm. Expires
November 1, 2025



Resident Id: A799415			
Last Name: WARNER JR			
First Name: DANNY			
Middle Name: L			
Total Deposits	10/2/2023 12:00:00 AM	4/2/2024 12:00:00 AM	\$367.92
Average Monthly Deposits	10/2/2023 12:00:00 AM	4/2/2024 12:00:00 AM	\$61.32
Total 1st Day Balances	10/2/2023 12:00:00 AM	4/2/2024 12:00:00 AM	\$215.66
Average 1st Day Balances	10/2/2023 12:00:00 AM	4/2/2024 12:00:00 AM	\$35.94
Balance as of		4/2/2024 12:00:00 AM	\$14.61
Current Balance		4/2/2024 12:00:00 AM	\$14.61
FFF Initial Payment as of		4/2/2024 12:00:00 AM	\$12.26
Total Pay (State, OPI, Commis)	10/2/2023 12:00:00 AM	4/2/2024 12:00:00 AM	\$70.50
Average Total Pay Monthly De	10/2/2023 12:00:00 AM	4/2/2024 12:00:00 AM	\$11.75
Total Commissary Expenditure	10/2/2023 12:00:00 AM	4/2/2024 12:00:00 AM	\$264.87
I certify this document is a tru			
of the inmate's financial record			
Signature:			
			
Dawn A. Bartram			
Mansfield Correctional Instituti			
1150 North Main Street			
P. O. Box 788			
Mansfield OH 44901			

