

No. 18- , 18A604

IN THE SUPREME COURT OF THE UNITED STATES

October Term, 2018

MARION WILSON,

Petitioner,

-v-

WARDEN,
Georgia Diagnostic Prison,

Respondent.

MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

Petitioner, MARION WILSON, by and through his undersigned counsel, asks leave to file the attached Petition for Writ of Certiorari to the United States Court of Appeals for the Eleventh Circuit without prepayment of fees and costs, and to proceed *in forma pauperis*, pursuant to Rule 39 of the Rules of this Court.

Petitioner's Affidavit in support of this motion is attached hereto as Exhibit A.

Respectfully submitted this 8th day of March 2019.



Marcia A. Widder
Georgia Resource Center
303 Elizabeth Street, NE
Atlanta, Georgia 30307
(404) 222-9202

COUNSEL FOR MR. WILSON

EXHIBIT A

No. _____

IN THE SUPREME COURT OF THE UNITED STATES

October Term, 2018

MARION WILSON, JR.,

Petitioner,

-v-

GDCP WARDEN,

Respondent.

AFFIDAVIT OF POVERTY

I, **MARION WILSON, JR.**, being first duly sworn, depose and say that I am the Petitioner in the action filed herewith; that in support of my motion to proceed without being required to prepay fees, costs, or give security therefor, I state that because of my poverty I am unable to pay the costs of said proceedings or to give security therefor, and that I believe that I am entitled to redress.

1. Are you employed? Yes _____ No ✓

a. If the answer is "yes," state the amount of your salary or wages per month, and give the name and address of your employer.

b. If the answer is "no," state the date of last employment, and the amount of salary and wages per month which you received.

2. Have you received within the last twelve months any money from the following sources?

a. Business, profession or form of self-employment? Yes ___ No ✓

b. Rent payments, interest, or dividends? Yes ___ No ✓

- c. Pensions, annuities, or life insurance payments? Yes ___ No
- d. Gifts or inheritances? Yes No ___
- e. Any other sources? Yes ___ No

If the answer to any of the above is "yes," describe each source of income and state the amount received from each during the past twelve months.

Receive approximately \$300/month from family and friends

3. Do you own any cash, or do you have any money in a checking or savings account?

Yes No ___ (Include any funds in prison account)

If the answer is "yes," state the total value of the items owned.

See attached

4. Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)?

Yes ___ No

If the answer is "yes," describe the property and state its approximate value.

5. List the persons who are dependent upon you for support, state your relationship to those persons, and indicate how much you contribute to their support.

I understand that a false statement or answer to any question in this Affidavit will subject me to penalties for perjury.

Marion Wilson
MARION WILSON, JR.

Sworn to and subscribed before me this 11th day of February, 2019.

Rachel Chmiel
NOTARY PUBLIC

Rachel Chmiel
NOTARY PUBLIC
Fulton County, GEORGIA
My Comm. Expires
03/28/2020

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

I, MARION WILSON, 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	N/A	\$ _____	\$ _____	\$ _____	\$ _____
Self-employment	N/A	\$ _____	\$ _____	\$ _____	\$ _____
Income from real property (such as rental income)	N/A	\$ _____	\$ _____	\$ _____	\$ _____
Interest and dividends	N/A	\$ _____	\$ _____	\$ _____	\$ _____
Gifts		\$ <u>300</u>	\$ _____	\$ <u>300</u>	\$ _____
Alimony	N/A	\$ _____	\$ _____	\$ _____	\$ _____
Child Support	N/A	\$ _____	\$ _____	\$ _____	\$ _____
Retirement (such as social security, pensions, annuities, insurance)	N/A	\$ _____	\$ _____	\$ _____	\$ _____
Disability (such as social security, insurance payments)	N/A	\$ _____	\$ _____	\$ _____	\$ _____
Unemployment payments	N/A	\$ _____	\$ _____	\$ _____	\$ _____
Public-assistance (such as welfare)	N/A	\$ _____	\$ _____	\$ _____	\$ _____
Other (specify): _____	N/A	\$ _____	\$ _____	\$ _____	\$ _____
Total monthly income:		\$ <u>300</u>	\$ _____	\$ _____	\$ _____

2. List your employment history for the past two years, most recent first. (Gross monthly pay is before taxes or other deductions.) N/A

Employer	Address	Dates of Employment	Gross monthly pay
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

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.) N/A

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
Ga. Diagnostic Prison	Prisoner account	\$ 300	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

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

- Home Value _____
- Other real estate Value _____
- Motor Vehicle #1 Year, make & model _____ Value _____
- Motor Vehicle #2 Year, make & model _____ Value _____
- Other assets Description _____ Value _____

6. State every person, business, or organization owing you or your spouse money, and the amount owed. N/A

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

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

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

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)	N/A \$ _____	N/A \$ _____
Are real estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	N/A \$ _____	N/A \$ _____
Home maintenance (repairs and upkeep)	N/A \$ _____	N/A \$ _____
Food	N/A \$ _____	N/A \$ _____
Clothing	N/A \$ _____	N/A \$ _____
Laundry and dry-cleaning	N/A \$ _____	N/A \$ _____
Medical and dental expenses	\$5/per sick call \$ _____	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? _____

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? _____

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

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

I am a prisoner under death sentence.

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

Executed on: February 11, 2019

Marion Wilson
(Signature)

THIS FORM IS TO BE COMPLETED ONLY BY AN AUTHORIZED INDIVIDUAL AT THE INSTITUTIONAL WHERE THE INMATE PLAINTIFF IS PRESENTLY INCARCERATED, OR HIS/HER DESIGNEE

CERTIFICATION

I hereby certify that the Plaintiff herein, Marion Wilson, has a current balance of \$ 368.43 on account at the GEORGIA DIAGNOSTIC & CLASSIFICATION PRISON the institution where confined.

I further certify that Plaintiff likewise has the following securities according to the records of said institution NA

Derek Barber
Authorized Officer of the Institution

2-11-19
Date

NOTE: Please attach a copy of the prisoner's inmate account of the last 12 months, or the period of incarceration (whichever is less).

Account Statement

WILSON, MARION

Printed By: BARBER, SARAH

GDC ID: 847877

Spendable Amount	Reserved Amount	Receipts On Hold	Funds Balance	Obligations/Court Charges
\$368.43	\$10.00	\$0.00	\$378.43	\$0.00

RECEIPTS

Receipt Date	Transaction ID	Receipt Type	Receipt Details	Receipt Amount
02/05/2019	19065090	JPAY DEPOSIT RECEIPT	JPAY - COX, CHARLENE - 96633570	\$125.00
02/05/2019	19064851	JPAY DEPOSIT RECEIPT	JPAY - HADLEY, LYNDA - 96628146	\$200.00
01/05/2019	18953165	JPAY DEPOSIT RECEIPT	JPAY - COX, CHARLENE - 95362969	\$125.00
01/01/2019	18936593	JPAY DEPOSIT RECEIPT	JPAY - HADLEY, LYNDA - 95111759	\$200.00
12/04/2018	18843656	JPAY DEPOSIT RECEIPT	JPAY - COX, CHARLENE - 93937415	\$275.00
12/02/2018	18833045	JPAY DEPOSIT RECEIPT	JPAY - HADLEY, LYNDA - 93830484	\$200.00
11/07/2018	18748148	JPAY DEPOSIT RECEIPT	JPAY - COX, CHARLENE - 92792470	\$200.00
11/02/2018	18726163	JPAY DEPOSIT RECEIPT	JPAY - HADLEY, LYNDA - 92513412	\$150.00
10/04/2018	18630083	JPAY DEPOSIT RECEIPT	JPAY - COX, CHARLENE - 91391917	\$180.00
10/02/2018	18620595	JPAY DEPOSIT RECEIPT	JPAY - HADLEY, LYNDA - 91247334	\$150.00
09/03/2018	18521081	JPAY DEPOSIT RECEIPT	JPAY - COX, CHARLENE - 90101211	\$190.00
09/02/2018	18517162	JPAY DEPOSIT RECEIPT	JPAY - HADLEY, LYNDA - 90063155	\$150.00
08/04/2018	18415890	JPAY DEPOSIT RECEIPT	JPAY - COX, CHARLENE - 88892504	\$125.00
08/04/2018	18415186	JPAY DEPOSIT RECEIPT	JPAY - HADLEY, LYNDA - 88875053	\$150.00
07/30/2018	18394124	JPAY DEPOSIT RECEIPT	JPAY - KAMMER, BRIAN - 88630026	\$40.00
07/05/2018	18312632	JPAY DEPOSIT RECEIPT	JPAY - COX, CHARLENE - 87725522	\$125.00
07/05/2018	18312120	JPAY DEPOSIT RECEIPT	JPAY - HADLEY, LYNDA - 87717712	\$150.00
06/15/2018	18238929	JPAY DEPOSIT RECEIPT	JPAY - COX, CHARLENE - 86937743	\$200.00
06/04/2018	18199078	JPAY DEPOSIT RECEIPT	JPAY - COX, CHARLENE - 86506088	\$125.00
05/17/2018	18136805	JPAY DEPOSIT RECEIPT	JPAY - COX, CHARLENE - 85811693	\$150.00
05/06/2018	18097671	JPAY DEPOSIT RECEIPT	JPAY - COX, CHARLENE - 85420390	\$125.00
04/16/2018	18023769	JPAY DEPOSIT RECEIPT	JPAY - COX, CHARLENE - 84625845	\$100.00
04/05/2018	17983870	JPAY DEPOSIT RECEIPT	JPAY - COX, CHARLENE - 84170908	\$125.00
03/28/2018	17953736	JPAY DEPOSIT RECEIPT	JPAY - WALKER, EBONIE - 83818439	\$200.00
03/20/2018	17925961	JPAY DEPOSIT RECEIPT	JPAY - COX, CHARLENE - 83519584	\$100.00
03/11/2018	17891897	JPAY DEPOSIT RECEIPT	JPAY - COX, CHARLENE - 83163030	\$125.00
02/01/2018	17747186	JPAY DEPOSIT RECEIPT	JPAY - COX, CHARLENE - 81491724	\$150.00
01/26/2018	17727156	JPAY DEPOSIT RECEIPT	JPAY - COX, CHARLENE - 81287642	\$125.00
12/21/2017	17610616	JPAY DEPOSIT RECEIPT	JPAY - COX, CHARLENE - 79968814	\$100.00
12/07/2017	17563814	JPAY DEPOSIT RECEIPT	JPAY - COX, CHARLENE - 79437140	\$125.00
11/07/2017	17460576	JPAY DEPOSIT RECEIPT	JPAY - COX, CHARLENE - 78300459	\$100.00
11/04/2017	17447304	JPAY DEPOSIT RECEIPT	JPAY - COX, CHARLENE - 78156220	\$125.00
10/05/2017	17345063	JPAY DEPOSIT RECEIPT	JPAY - COX, CHARLENE - 77101203	\$250.00

Account Statement

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WARDEN,
Georgia Diagnostic Prison,

Respondent.

CERTIFICATE OF SERVICE

This is to certify that I have served a copy of the foregoing document this day by electronic transmission and/or U.S. Mail, on counsel for Respondent at the following address:

Sabrina Graham, Esq.
Senior Assistant Attorney General
sgraham@law.ga.gov
132 State Judicial Building
40 Capitol Square, S.W.
Atlanta, Georgia 30334-1300

This 8th day of March 8, 2019.

Marisa A. Widdes

Attorney