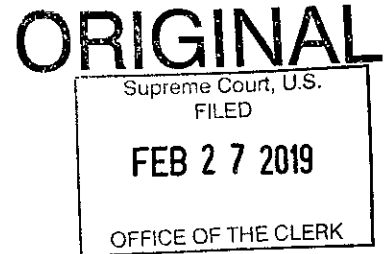


No. 18-8398

IN THE
SUPREME COURT OF THE UNITED STATES

William O'Neal Waters — PETITIONER
(Your Name)



VS.

JENNIFER D. LINK — 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*.

Please check the appropriate boxes:

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

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

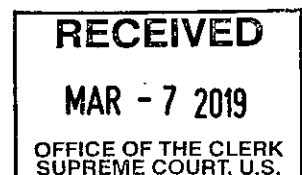
☐ Petitioner's affidavit or declaration in support of this motion is attached hereto.

☐ Petitioner's affidavit or declaration is **not** attached because the court below appointed counsel in the current proceeding, and:

☐ The appointment was made under the following provision of law: _____, or

☒ a copy of the order of appointment is appended.

Mr. William O'Neal Waters
(Signature)



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

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

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	\$ 0
N/A	N/A	N/A	\$ 0
N/A	N/A	N/A	\$ 0

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
N/A	\$ 0	\$ N/A
N/A	\$ 0	\$ N/A
N/A	\$ 0	\$ 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 N/A

☐ Other real estate
Value N/A

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

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

☐ Other assets
Description N/A
Value N/A

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>0</u>	\$ <u>0</u>
<u>N/A</u>	\$ <u>0</u>	\$ <u>0</u>
<u>N/A</u>	\$ <u>0</u>	\$ <u>0</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.W.</u>	<u>Child</u>	<u>11</u>
<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></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 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)	\$ <u>0</u>	\$ <u>N/A</u>
Home maintenance (repairs and upkeep)	\$ <u>0</u>	\$ <u>N/A</u>
Food	\$ <u>0</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)	\$ <u>0</u>	\$ <u>N/A</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>0</u>	\$ <u>N/A</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>0</u>	\$ <u>N/A</u>
Life	\$ <u>0</u>	\$ <u>N/A</u>
Health	\$ <u>0</u>	\$ <u>N/A</u>
Motor Vehicle	\$ <u>0</u>	\$ <u>N/A</u>
Other: _____	\$ <u>0</u>	\$ <u>N/A</u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ <u>0</u>	\$ <u>N/A</u>
Installment payments		
Motor Vehicle	\$ <u>0</u>	\$ <u>N/A</u>
Credit card(s)	\$ <u>0</u>	\$ <u>N/A</u>
Department store(s)	\$ <u>0</u>	\$ <u>N/A</u>
Other: _____	\$ <u>0</u>	\$ <u>N/A</u>
Alimony, maintenance, and support paid to others	\$ <u>0</u>	\$ <u>N/A</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>0</u>	\$ <u>N/A</u>
Other (specify): _____	\$ <u>0</u>	\$ <u>N/A</u>
Total monthly expenses:	\$ <u>0</u>	\$ <u>N/A</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? _____

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? _____

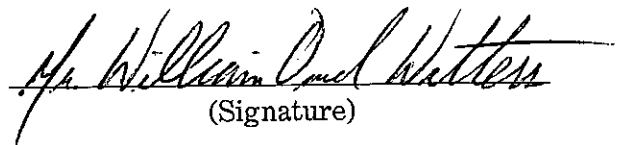
If yes, state the person's name, address, and telephone number:

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

I am in prison!

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

Executed on: _____, 20*19*


(Signature)

TO: 363886 WATTERS I-5-16B- In response to your kite:

_____ **The Business Office** does not determine the amount you will/can have left after restitution or institutional debts are paid on. TRUST automatically pays your debts according to PD 04.02.105 V. There is an order that your debts are paid in by priority. Please read the other marked kite responses to get a clearer understanding too on court orders and institutional debts.

_____ **50% over \$50** applies to each order individually; if there is more than one court order the prisoner receives only the first \$50 of the month when collecting; however you could be left with less depending on how many order's you have and what kind they are (some file fees collect on all income). **The Trust system is programmed to follow the policies listed below and automatically makes the deduction; calculated from the 1st of the month to the end of the month.** If you disagree with the collection you must write the court the order came from initially, the only way it will be changed is with an Order to remit/amended order sent to MDOC Court Order Depart. in Jackson - 4000 Cooper Street, Jackson MI.

_____ **Paying off Court Ordered Charges-** If it is a case the MDOC Court Order Department is already collecting on, you can complete a disbursement request which needs to include the court name (for example: 6th CC/Oakland) and the case #. The disbursement can be forwarded to the Business Office, who will then forward it on to the Court Order Department for processing, which means they would complete a manual collection on the debt. If an outside payment (family/friends) satisfies a court order IN FULL, please have them send a paid receipt to the MDOC Court Order Department in Jackson - 4000 Cooper Street, Jackson MI. This will inactivate the order and stop any further payments from occurring. ****Your payment was documented and order was inactivated. See attached which reflects your overpayment refund.**

_____ **Institutional Debts** are different from court orders they are collected at 100% initially (first time entered onto TRUST) and at 50% of all income thereafter, with the exception of **Padlocks, Razors and Error Correction** which are collected at 100% until paid; automatically deducted by TRUST. PD 04.02.105 W. #8 Whenever a prisoner is assessed a fee for medical services pursuant to PD 03.04.101 Prisoner Health Care Copayment" or incurs another institutional debt, including a debt to the PBF **100% of the prisoner's positive account balance shall be collected initially even if this would leave the prisoner with less than \$11 available during the month for other personal use.** . *With an Error correction- you will be left with \$11 for the month and everything over will be taken to be paid toward your debt.

_____ **Paying off Institutional Debts** – According to the Jackson Business office, your family can send a cashier's check for the debt, however, it will also be subject to any other debt that the prisoner owes. Please send a cashier's check to the Cashier's Office, 4000 Cooper St., Jackson, MI 40201. Have your family include a letter stating which debt they would like to pay off (Reminder: Any money sent in, will be subject to any other debt owed).

_____ **Court Affidavit Request**– Need Plaintiff vs Defendant; need court name (6 mo/12 mo) and court case number or "new". Complete the form attached and return to the Business Office.



_____ **Court Affidavit Completed**– Attached is the certified account statement you requested, along with a **6 month statement, 3 pages.**

_____ **HEALTH/DENTAL COPAYS** – KITE HEALTH CARE; THEIR STAFF DETERMINES CHARGE OR NO CHARGE. If the Business Office charges you for a copay- that means that a healthcare professional turned in a healthcare request from you with a chargeable date of service on it.

_____ **Razor Loan 1 loan/12 months-** Per DOM 2018-12, "Prisoners that have been loaned funds for the purchase of an electric shaver shall not be given a loan for a replacement electric shaver for a period of 12 months, unless approved by the Warden or designee." Per this DOM- you are not eligible for a new loan for a replacement razor.

_____ **Kiosk use while on LOP**-Your store kiosk restriction has been lifted, you have been given access to the kiosk for five minutes on the weekend. If you are caught using the kiosk beyond what is allowed, you will be issued a ticket.

C. Croel, RMI Account Tech

Prisoner's Name and Number and Lock

363886 WATTERS I-5-16B

Plaintiff/Petitioner/Appellant

SALLE E. ERWIN

Facility

Michigan Reformatory

Court Case Number(s)

319267

Defendant/Respondent/Appellee

COA WILLIAM O. WATTERS

Total Receipts

\$130.24

Total Disbursements

\$61.91

Current Balance

\$11.62

Fill in the SHADED AREAS Court Case/ Plaintiff & Defendant
Return to C. Croel, Business Office.

Check one below State or Federal Court

State Court / 12 month statement
(Circuit Court or Court of Appeals)

Federal Court / 6 month

District Court Western, Eastern, Court of Appeals for Sixth Circuit/Supreme Court)

X

If this is not what you wanted, cross of the information and return to the Business Office with the correct information

ms excel/s/RMI Business Office/Copy of 2009 Account Certification

FEDERAL COURT

Prisoner-Plaintiff/Petitioner/Appellant name and number

SALLE E. ERWIN

319267

V

Defendant/Respondent/Appellee name

COA WILLIAM O. WATTERS

CERTIFICATE OF PRISONER INSTITUTIONAL/TRUST FUND ACCOUNT ACTIVITY

I am employed by the Michigan Department of Corrections at the facility identified below, at which the prisoner identified as the Defendant/Respondent/Appellee is currently incarcerated:

Attached is a computer printout which accurately reflects the current spendable balance and all activity within this prisoner's account during the preceding six months or, if the prisoner has been incarcerated for less than six months, for the period of incarceration. "Credit" on the printout represents a withdrawal from the account and "Debit" represents a deposit to the account.

This Certificate of Prisoner Account Activity reflects, for the reported period, an average monthly account deposit (i.e., total deposits divided by number of months) \$21.71, an average monthly balance (i.e., total deposits less total withdrawals divided by number of months) of \$11.39.

There is a current spendable account balance of \$11.62.

Date: 01/08/19

Crystal Chell, Carol Lech
Signature of Custodian of Prisoner Institutional/Trust Fund Account

Michigan Reformatory

Trust Account Statement

For the period 07/08/2018 to 01/08/2019

MDOC Nbr.: 363886	Name: WATTERS, WILLIAM ONEAL	Current Lock Loc.: I-5:016:Bot:O	
Birth Date: 08/25/1982	Location: MICHIGAN REFORMATORY	Jurisdiction Dates: 10/07/2013	Active: Yes
Current Balance: 11.62	Hold Balance: .00	Account Dates: 05/06/2015	A/C. Status: Active

Sub Account Details

Account Code	Account Name	Balance As of 07/08/2018	Balance As of 01/08/2019
Trust-Riverside/Deerfield/RMI Facility Caseload			
2101	Offender Funds	0.00	11.62
2198	Freeze	0.00	0.00
Trust-Saginaw Regional Caseload			
2101	Offender Funds	0.00	0.00
2198	Freeze	0.00	0.00
Trust-Brooks Facility Caseload			
2101	Offender Funds	0.00	0.00
2198	Freeze	0.00	0.00
Trust-Ryan/Mound Facility Caseload			
2101	Offender Funds	0.00	0.00
2198	Freeze	0.00	0.00
Trust-SMR Jackson Caseload			
2101	Offender Funds	0.00	0.00
2198	Freeze	0.00	0.00
Trust-Bellamy Creek Facility Caseload			
2101	Offender Funds	0.00	0.00
2198	Freeze	0.00	0.00
Trust-Central Office Caseload			
2101	Offender Funds	0.00	0.00
2198	Freeze	0.00	0.00

Debts & Obligations

Deduction Type	Information No.	Effective Date	Original Amount	Amount Paid	Amount Owed
Trust-SMR Jackson Caseload					
COC	Court Ordered Charges Obligation	13-000735-01-FC	11/25/2013	1,538.00	271.44
					1,266.56

Transaction Details

GJ No.	Date	Description	Debit	Credit
Trust-Riverside/Deerfield/RMI Facility Caseload				
83991741	07/18/2018	DEND Dental Co-Pay Disbursement	5.00	
		2101 Offender Funds	0.00	
		2588 Dental Fee(s) Payable - Direct		0.00
		Narration: Batch: 2385848, Ref:RMI DENTAL VISIT 6/26/18 -		
84438939	08/16/2018	LCPBD Legal Copies Disbursement (PBF)	.70	
		2101 Offender Funds	0.00	
		2580 Copies (PBF) Payable - Direct		0.00
		Narration: Batch: 2395596, Ref:RMI LEGAL COPIES -		
84439672	08/16/2018	STPDD State Property Destroyed Disbursement	5.73	
		2101 Offender Funds	0.00	
		2586 State Prop. Destroyed Payable - Direct		0.00
		Narration: Batch: 2395762, Ref:RMI DEST. PROP. QM 6/28/18 -		
84884120	09/17/2018	LPOSPBF Legal Postage Disbursement (PBF)	.47	
		2101 Offender Funds	0.00	

Trust Account Statement

For the period 07/08/2018 to 01/08/2019

MDOC Nbr.: 363886	Name: WATTERS, WILLIAM ONEAL	Current Lock Loc.: I-5:016:Bot:O	
Birth Date: 08/25/1982	Location: MICHIGAN REFORMATORY	Jurisdiction Dates: 10/07/2013	Active: Yes
Current Balance: 11.62	Hold Balance: .00	Account Dates: 05/06/2015	A/C. Status: Active

GJ No.	Date	Description	Debit	Credit
Trust-Riverside/Deerfield/RMI Facility Caseload				
		2582 Postage (PBF) Payable - Direct		0.00
		<i>Narration: Batch: 2405715, Ref:Loan -</i>		
84898127	09/18/2018	LCPBD Legal Copies Disbursement (PBF)	.50	
		2101 Offender Funds	0.00	
		2580 Copies (PBF) Payable - Direct		0.00
		<i>Narration: Batch: 2405961, Ref:RMI LEGAL COPIES -</i>		
84926952	09/20/2018	LPOSPBF Legal Postage Disbursement (PBF)	.47	
		2101 Offender Funds	0.00	
		2582 Postage (PBF) Payable - Direct		0.00
		<i>Narration: Batch: 2407422, Ref:Loan -</i>		
85272054	10/12/2018	LCPBD Legal Copies Disbursement (PBF)	.10	
		2101 Offender Funds	0.00	
		2580 Copies (PBF) Payable - Direct		0.00
		<i>Narration: Batch: 2414891, Ref:RMI LEGAL COPIES -</i>		
85772457	11/16/2018	PR Payroll Receipt	15.12	
		1116 Payroll Receipts	15.12	
		2510 Medical Co-Pay Payable		4.12
		2101 Offender Funds		11.00
		<i>Narration: Batch: 2424583, Ref:RMI RECREATION PPE 10/31/18</i>		
85802599	11/16/2018	JPAYJD JPay Media Credit Payable	9.75	
		2101 Offender Funds	9.75	
		2600 JPay Media Credit Payable		9.75
		<i>Narration: Batch: 2426350, Ref:0043335915-JPAY E-STAMP -</i>		
85807205	11/17/2018	JPAYJD JPay Media Credit Payable	1.25	
		2101 Offender Funds	1.25	
		2600 JPay Media Credit Payable		1.25
		<i>Narration: Batch: 2426441, Ref:0043419146-JPAY E-STAMP -</i>		
85823036	11/19/2018	LPOSPBF Legal Postage Disbursement (PBF)	.47	
		2101 Offender Funds	0.00	
		2582 Postage (PBF) Payable - Direct		0.00
		<i>Narration: Batch: 2426928, Ref:Loan -</i>		
85979866	12/04/2018	LPOSPBF Legal Postage Disbursement (PBF)	.47	
		2101 Offender Funds	0.00	
		2582 Postage (PBF) Payable - Direct		0.00
		<i>Narration: Batch: 2431489, Ref:Loan -</i>		
86241174	12/14/2018	PR Payroll Receipt	15.12	
		1116 Payroll Receipts	15.12	
		2510 Medical Co-Pay Payable		0.88
		2511 Dental Fee(s)		3.24
		2101 Offender Funds		11.00
		<i>Narration: Batch: 2433411, Ref:RMI RECREATION PPE 11/30/18</i>		
86262711	12/15/2018	JPAYJD JPay Media Credit Payable	11.00	
		2101 Offender Funds	11.00	
		2600 JPay Media Credit Payable		11.00
		<i>Narration: Batch: 2435499, Ref:0044893919-JPAY E-STAMP -</i>		
86350774	12/26/2018	GTL GTL EFT Receipts	100.00	
		1121 GTL EFT Receipts	100.00	
		2568 Court Ordered Charges Payable		32.56
		2511 Dental Fee(s)		1.76
		2508 Postage (PBF) Payable		0.05
		2508 Postage (PBF) Payable		0.47
		2508 Postage (PBF) Payable		0.47
		2508 Postage (PBF) Payable		0.47

Trust Account Statement

For the period 07/08/2018 to 01/08/2019

MDOC Nbr.: 363886

Name: WATTERS, WILLIAM ONEAL

Current

Lock Loc.: I-5:016:Bot:O

Birth Date: 08/25/1982

Location: MICHIGAN REFORMATORY

Jurisdiction Dates: 10/07/2013

Active: Yes

Current Balance: 11.62

Hold Balance: .00

Account Dates: 05/06/2015

A/C. Status: Active

GJ No.	Date	Description	Debit	Credit
Trust-Riverside/Deerfield/RMI Facility Caseload				
		2508 Postage (PBF) Payable		1.63
		2508 Postage (PBF) Payable		1.21
		2508 Postage (PBF) Payable		0.68
		2565 Indigent Postage Loan Payable		0.47
		2565 Indigent Postage Loan Payable		0.94
		2559 Indigent Loan Payable		10.88
		2565 Indigent Postage Loan Payable		0.47
		2565 Indigent Postage Loan Payable		0.47
		2565 Indigent Postage Loan Payable		0.47
		2508 Postage (PBF) Payable		0.47
		2506 Copies (PBF) Payable		0.70
		2516 State Property Destroyed Payable		5.73
		2508 Postage (PBF) Payable		0.47
		2506 Copies (PBF) Payable		0.50
		2508 Postage (PBF) Payable		0.47
		2506 Copies (PBF) Payable		0.10
		2565 Indigent Postage Loan Payable		0.47
		2508 Postage (PBF) Payable		0.47
		2101 Offender Funds		37.62
	Narration: Batch: 2438097, Ref:WATTERS,SERENITY-12/22/2018			
86362427	12/26/2018	JPAYJD JPay Media Credit Payable	18.00	
		2101 Offender Funds	18.00	
		2600 JPay Media Credit Payable		18.00
	Narration: Batch: 2438701, Ref:0045410521-JPAY E-STAMP -			
86373383	12/27/2018	JPAYJD JPay Media Credit Payable	5.00	
		2101 Offender Funds	5.00	
		2600 JPay Media Credit Payable		5.00
	Narration: Batch: 2439219, Ref:0045489305-JPAY E-STAMP -			
86440041	01/03/2019	JPAYJD JPay Media Credit Payable	3.00	
		2101 Offender Funds	3.00	
		2600 JPay Media Credit Payable		3.00
	Narration: Batch: 2440612, Ref:0045756999-JPAY E-STAMP -			

Total Receipts: 130.24

Total Disbursements: 61.91