In the
Supreme Court of the
United States

Re: Belser V. Woods et al
U.S.C.A. 6 No. 17-2411
No. 18-8548

Petition for Rehearing

Now comes Petitioner Marvin Belser #352904; petitioning the Supreme Court for rehearing of the above entitled case in good faith and not for delay; Petitioners A.D.A. and (PREA) rights are currently being violated by (M.D.O.C.); On 1-11-2019 Petitioner was raped while I slept on my bunk and I received a misconduct ticket for hitting my brunky in the nose and knocking him out; see Exhibit-A Misconduct Report; and investigation report; also Petitioner was threaten by two other inmates and wrote (PREA) statement on 4-12-2019; See Exhibit-B. Petitioner filed a request and motion for a court ordered Spawn See Exhibits-C Petitioner sent two bites to facility A.D.A. representitive Miss Galson See Exhibits -D.

Date: 6-20-2019

Respectfully Submitted

Pursuant to 28 U.S.C. § 1746 the undersigned declare and verify under penalty of perjury under the laws of the United States of America that the foregoing is true and Correct

Marvin Belser #352904
Macomb Correctional Facility
34625, 26 Mile Road
Lenox; Michigan
48048-3002

In the
Supreme Court of the
United States

Re: Belser V. Woods et al
S.C.U.S.# 18-8548
U.S.C.A.-6 No. 17-2411

Motion to file by leave a petition for rehearing;
In Forma Pauperis an Extraordinary Writ.

Now Comes Petitioner Marvin Belser #352904; Motion for leave to file a petition for rehearing; In Forma Pauperis; persuant to Rule 44.2 and 39.1, and 39.2; petition for a writ of Certiorari was denied on May 20, 2019. A Waiver was submitted by the office of Solicitor General of the United States pursuant to rule 29.4 (a); See exhibit-A, Petitioner Marvin Belser #352904 was not appointed an attorney per the rule under the Criminal Justice Act of 1964; see 18 U.S.C.§ 3006A (d)(6); or under any other applicable federal statute; Also seeking an extraordinary writ authorized by 28 U.S.C§1651(a) Because this is a "Capital Case" petitioner was not provided Equal protection Clause of the fourteenth Amendment, U.S.C.S Const. Amend. 14.§1

Jurisdiction

Congress has vested only the supreme Court with jurisdiction to review State Court decisions; 28 U.S.C. 1257 (a)(b); and (2)(5) for direct appeals and 28 U.S.C.S.§1254 Court of Appeals; Certiorari
Date: 6-3-2019

Exhibit - A 2-pages

MICHIGAN DEPARTMENT OF CORRECTIONS

CSJ-228
10/10 4835-3228

MISCONDUCT REPORT

Prisoner Number:	Prisoner Name:	Facility Code:	Lock:	Violation Date:
352904	Belser	MRF	3-62-B	01/11/2019

Time and Place of Violation: 0200 Housing Unit 3, cell 62

Contraband Removal Record Provided to Prisoner? ☐ Yes Date _____ ☒ N/A

Misconduct Class: ☒ I ☐ II ☐ III Charge(s): Assault and Battery (prisoner victim)

Describe Violation (If contraband involved, describe in detail; identify any other employee witnesses):
On the above date and time prisoner Hollins 287778 (3-62-T) reported to me, "My bunkie just went crazy and punched me in my face." I interviewed prisoner Belser 352904 (3-62-B) and he stated, "I was on my bunk sleeping and woke up to my bunkie touching my dick through my diaper, so I punched him in the face." I escorted prisoner Hollins to healthcare and he had injuries to his nose consistent with being struck with a closed fist. Prisoner Belser's ID verified from his state issued ID card.

Reporting Staff Member's Name (Print)	Reporting Staff Member's Signature	Date and Time Written
Sergeant Orlandino	Sgt. Orlandino	01/11/2019 0250

REVIEW

Location/Verification/Condition of Evidence: BOND Re-instated per Lt. Walsh Due to Lack of SEGREGATION BED SPACE

Elevated to Class I at review: ☒ No ☐ Yes If "yes", explain reason:

COMPLETE THIS SECTION ONLY FOR REVIEW OF CLASS I MISCONDUCT

Status Pending Hearing: ☒ Bond ☐ Segregation ☐ Confinement to Cell/Room ☐ Other
Reason if Non-Bond: ☐ Non-Bond List ☐ Bond Revoked (must give reason)

Date and Time Given this Status:	Who Notified in Housing Unit of Status:
1/11/2019 0250	HODGES
Hearing Investigator Requested? ☐ No ☑ Yes	Witnesses Requested? ☑ No ☐ Yes If yes, list:
Relevant Documents Requested? ☑ No ☐ Yes If yes, list:	
Additional Comments:	Prisoner Waives 24 Hour Notice of Hearing? ☐ No ☑ Yes Hearing Date: 1/18/2019

Reviewing Officer's Name (Print)	Reviewing Officer's Signature	Review Date and Time
Sgt. Amalfitano	Sgt. Amalfitano	1/11/19 0310
I have received a copy of this report. My signature does not necessarily mean that I agree with the report. ☐ Prisoner refused to sign. Copy given to prisoner.	Prisoner's Signature Belser	Date 1/11/19

WAIVER OF CLASS I OR II HEARING

I understand I have a right to a hearing. I waive my right to a hearing and plead guilty to all charges. I also waive my right to appeal and accept the sanctions imposed.	Prisoner's Signature	Date

SANCTIONS IMPOSED (Hearing Investigator enters begin and end dates for Class II misconducts)

_____ Days Toplock Begins: _____ Ends: _____ ☐ Counseling/Reprimand (Class III only)
_____ Days Loss of Privileges Begins: _____ Ends: _____ ☐ $ _____ Restitution (Class II only)
_____ Hours Extra Duty Begins: _____ Ends: _____

Property Disposition If Applicable: _____

Employee Accepting Plea and Imposing Sanction (Print)	Employee's Signature	Date
Hearing Investigator's Name (Print)	Hearing Investigator's Signature	Date

Distribution: Prisoner; Counselor File; Record Office File (Class I and II); Central Office File (Class I); Hearing Investigator (Class I & Class II)

MICHIGAN DEPARTMENT OF CORRECTIONS

CAJ-1021
12/13

PRISON RAPE ELIMINATION ACT (PREA)
PRISONER NOTIFICATION OF SEXUAL ABUSE AND SEXUAL HARASSMENT INVESTIGATIVE FINDINGS AND ACTION

INSTRUCTIONS: To be completed and provided to a prisoner victim following the completion of a sexual abuse investigation; staff-on-prisoner sexual harassment investigation; and/or following specific action taken against an alleged abuser following a finding of sufficient evidence. A copy of this form shall be maintained for the PREA Audit.

BASIC INFORMATION

Prisoner Victim Name	Prisoner Number	Incident Location (Facility)
Belser	352904	MRF
Date of Incident	**Sexual Abuse Type**	**AIPAS #**
1/11/2018	Non-Consensual Sexual Act (prisoner-on-prisoner)	27516
Suspect Name	**Suspect Type**	
Hollins #287778	☐ Staff ☒ Prisoner	

INVESTIGATIVE FINDING (Sexual Abuse or Staff-on-Prisoner Sexual Harassment)

A thorough investigation into your complaint was completed on 3/3/19. The investigation found SUFFICIENT EVIDENCE to support that the alleged conduct occurred.

SUFFICIENT EVIDENCE FINDING – STAFF SUSPECT (Sexual Abuse and Sexual Harassment)

The following action has been taken:

☐ Disciplinary Action ☐ No longer assigned to your housing unit ☐ No longer employed at the incident location

☐ Indicted on a charge related to this allegation ☐ Convicted on a charge related to this allegation

SUFFICIENT EVIDENCE FINDING – PRISONER SUSPECT (Sexual Abuse)

The following action has been taken:

☐ Indicted on a charge related to this allegation ☐ Convicted on a charge related to this allegation

PROVIDED TO PRISONER VICTIM

Date	Time
3/4/19	1442 hours

COMPLETED BY

Name	Date
Inspector Holcomb; Herbert	3/4/19

Belser

Carbon Copy made

To: MRF-Medical Staff and Custody 4-12-2019

(PREA) Statement

From: Marvin Belser #352904

HU:3, C-Wing; 61-Bottom

Due to stroke I am unable to speak, talk, stand or walk nor can I defend myself, I need help transfering to and from my wheelchair; dressing and making and Changing my bunk; I also have incontinate issues; I have been sexually harassed and confronted by two inmates before and after I was transfered to (JCF) Cotton facility ① Richard Shaw ② Fred Oscar Brinson; Shaw would help me some times to and from my Call-outs, he made advances sexual toward me the day that the facility gave all inmates the Chocolate cake back in February 2019 he asked me could he suck my dick and give him a shot of ass after that I would allow him to push me again; then I was transfered to (JCF) for five days and was transfered back to (MRF) after I returned Richard Shaw was the laundry man for HU:3; he told me that Im lucky to get my laundry back at all and if I dont give him sex that he will throw all my laundry in the garbage; so I filed a (PREA) Complaint. Fred Oscar Brinson stated to me in the middle day room in HU:3 at or between the time of 6:30 pm til 7:00 pm or 18:30 hr and 19:00 hr. On 4-9-2019 that he would rape and kill me because I cant defend myself or talk and tell any body if he did; also on 4-10-2019 at or between 4:15 AM and 4:30 AM I was in the shower when Fred Oscar Brinson came in and stated to me that I better watch my back; also while in the day room on

Exhibits B - 2 pages

turn over →

P. H. A.
Detroit, Mi
Travelers 46

MICHIGAN DEPARTMENT OF CORRECTIONS
PRISONER STATIONARY

CSJ-110 1/90

TO: Clerk of the Court, Dept 404

NAME		
Oakland County Circuit Court		
NO. AND STREET OR R.R.		
Courthouse Tower 1500 N. Telegraph Rd.		
CITY	STATE	ZIP
Pontiac	Michigan 48341	-0404

FROM:

NAME		
Past Grand Master Marvin Belser		
NO. 352904	LOCK Hu; 3, C-wing, 61-B	
INSTITUTION		DATE
Macomb Corr. fac.		48048-3002

IN CORRESPONDENCE, USE NAME AND NUMBER ON YOUR LETTER AND ENVELOPE

Re: Fred Oscar Brinson #271381
LC No. 00-171477FC; C.O.A.# 228265

Subject: Court ordered spawn

Due to stroke Im unable to speak, talk, stand or walk nor can I defend myself; Im confined to a wheelchair permanatly; on date 4-9-2019 I Marvin Belser #352904 was told by Fred Oscar Brinson. #271381 that he would rape and kill me because I Cant tell any body or defend myself and he bragged about how he was convicted for the shooting death of my Cousin Joseph Lee; shooting him in the head with a shot gun on 10-30-1997 on roselawn St in Pontiac, Mi; Im requesting that the court write to this facility ordering a spawn between Fred Oscar Brinson #271391 and Marvin Belser #352904; that I may begain a wrongful death law suit against Fred Oscar Brinson because we are currently still at the same facility until the order is sent by the courts please; thank you for your time and assistance in this matter.

Respectfully Submitted

Date 6-4-2019

Pursuant to 28 U.S.C. § 1746 the undersigned declare and verify under penalty of perjury under the laws of the United States of America that the foregoing is true and correct

Marvin Belser #352904
Macomb Correctional Facility
34625; 26 Mile Road
Lenox; Michigan
48048-3002

Exhibits - C-two pages

Carbon Copies Made; Second request

To: MRF.-Assistant Administrator &
A.D.A. Representitive
Miss Golson

6-4-2019

From: Marvin Belser #352904
HU: 3, C-Wing; 61-Bottom

Dear Miss Golson,

Im sending a second request for a singal cell accommodation under P.D. 04.06.155 title II of 504 (A.D.A.) and P.D. 04.06.160 and a TTY phone to use because I am unable to speak, talk, stand or walk after suffering apoplexy; Cerebrovascular accident; Ive been raped by my brunky sence I been back at MRF and two other attempts after I transfered backs from JCF that I have reported and filed (PREA) I also have incontinate issues that are some times very servere with blood discharge; Im currently preparing a law suit on the issues in federal Court; 42 U.S.C. § 1983 and a copy of this letter will be sent also; thank you for your time and assistance

Exhibits-D 2 pages

Carbon Copies Made; Second request

To: M.R.F. Assistant Administrater & 6-14-2019
A.D.A. Representitive
Miss Golson

From: Marvin Belser #352904
HU:3, C-Wing; 61-Bottom

Dear Miss Golson;

Im sending a sebond request for a singal Cell accommodation under P.D.04.06.155 title II of 504 (ADA) and P.D.04.06.160. and a TTY phone to use because Im unable to speak, talk, stand or walk, after suffering apoplexy Cerebrovascular accident I have been raped since Ive been at MRF and two other attempts have been made since I transfered back from JCF that I have reported and filed (PREA), I also have incontinate issues that are some times very servear with blood discharge, I am currently preparing a law suit for federal court 42 U.S.C. 1983 and a copy of this letter will be sent; thank you for your time and assistance.

Carbon Copy made

CAJ-534
08/06

Title II of the Americans with Disabilities Act
COMPLAINT FORM

Instructions: Please fill out this form completely, in black ink or type. Sign and return to the address below.

Complainant: Marvin Belser #352904

Address: 34625; 26 Mile Road

City, State and Zip Code: Lenox, Michigan 48048-3002

Telephone: Home: (586) 749-4900 Business: _____

Person Making the Complaint: _____
(if other than the complainant)

Address: _____

City, State and Zip Code: _____

Telephone: Home: _____ Business: _____

Department/Agency which your complaint is against:

Name: Macomb Correctional Facility (M.D.O.C.)

Address: 34625; 26 Mile Road

City, State and Zip Code: Lenox Michigan 48048-3002

County: Macomb Telephone Number: (586) 749-4900

1.) When did the event occur? Date: _____

2.) Describe in detail the event providing the name(s) where possible for the individuals who were involved (use the bottom of page two if necessary):

On 1-11-2019 I was raped by my brunky while I was sleep; I woke up and hit him in the nose; and he fell on the floor, got up and told the correctional officer that I went crazy and hit him

3.) My disability is ☐ Mental Characteristic ☑ Physical Characteristic
(check as appropriate)

4.) Describe the functional limitations caused by your disability for which you are requesting an accommodation. (Attach medical documentation.)

I had a stroke or apoplexy; Cerebrovascular accident; Im unable to stand, walk, speak or talk, Im permanently confined to a wheelchair I have incontinate issues some times servere with blood discharge Im unable to defend myself; Iv been raped by four different brunkies at three different facilities because of my condition

5.) Describe any accommodations that you believe would minimize or eliminate the barriers for your participation in the specific program, activity or service provided by the Department.

It would eliminate the barriers and prevent me from being raped or jumped in my sleep if I am granted perminate singal cell detail by medical and M.D.O.C. Administration

Signature: Marvin Belser #352904 Date: 6-14-2019
(or signature of representative)

Return to: Ms. Joanne M. Bridgford
Equal Opportunity Administrator
Michigan Department of Corrections
P.O. Box 30003
Lansing, MI 48909

&Please keep a copy of this complaint for your records.

Continued from previous page:

2.) (cont'd.)

CAJ-534
08/06

Title II of the Americans with Disabilities Act
COMPLAINT FORM

Instructions: Please fill out this form completely, in black ink or type. Sign and return to the address below.

Complainant: Marvin Belser #352904

Address: 34625; 26 Mile Road

City, State and Zip Code: New Haven; Michigan 48048-3000

Telephone: Home: (586) 749-4900 Business: _____

Person Making the Complaint: _____
(if other than the complainant)

Address: _____

City, State and Zip Code: _____

Telephone: Home: _____ Business: _____

Department/Agency which your complaint is against:

Name: (M.D.O.C) Macomb Correctional Facility

Address: 34625; 26 Mile Road

City, State and Zip Code: New Haven; Michigan 48048-3000

County: Macomb Telephone Number: 586-749-4900

1.) When did the event occur? Date: 5-11-2018

2.) Describe in detail the event providing the name(s) where possible for the individuals who were involved (use the bottom of page two if necessary):

On 5-11-2018, I arrived at MRF; Macomb Correctional Facility, on a emergency ride out because of order of the governor of the state of Michigan to the Director of (MDOC) at the time Heidi Washington

3.) My disability is ☐ Mental Characteristic ☑ Physical Characteristic
(check as appropriate)

4.) Describe the functional limitations caused by your disability for which you are requesting an accommodation. (Attach medical documentation.)

I have incontinate issues; I have bloody discharge; and some sores on my bottom; due to strobe on the left side of my body Im unable to move independantly; transfer to and from wheelchair, make and change bed; or dress; speak or talk, stand or walk; and Im a fall risk;

5.) Describe any accommodations that you believe would minimize or eliminate the barriers for your participation in the specific program, activity or service provided by the Department.

to have a singal cell mean that my bunky and I wont be in danger; he wont be a barrier or in my way, and I wont be in his way; I wont have to change my incontinate garments in his presence; and I wont be in danger of getting raped again like at the last two facilities I came from;

Signature: Marvin Belser #352904 Date: 7-24-2018
(or signature of representative)

Return to: Ms. Joanne M. Bridgford
Equal Opportunity Administrator
Michigan Department of Corrections
P.O. Box 30003
Lansing, MI 48909

&Please keep a copy of this complaint for your records.

Continued from previous page:

2.) page 1 (cont'd.) I arrived with detail for Barrier free/wheelchair accessible cell; I have server incontinate issues; I also have a permanate wheelchair detail due to stroke, or apoplexy, a Cerebrovascular accident; because if stroke, Im unable to speak, talk, stand walk; Ir had a heart attack; I have to be assisted in and out of my wheelchair; for shower and bed; I need assistance dressing; making and hanging bunk; on 7-21-2018 I accidently rolled out of bed on to the floor, at 1:30 Am shortly after my bunky left for work; the correctional officer that was on duty made rounds looked in and saw me on the floor at 5:00 Am and would not help me; at 5:30 Am I whistle and another inmate came to help me off of the floor and when he did; he and I was given tickets for two inmates occupying dwelling; by the same Correctional officer who refused to try and assist me or allow any one else to help me; I made a Critical Care report with health servu on 7-21-2018; also the ARUS of HU:3, C-wing refuse to provide a singal Cell per ADA regulations; sgambati; And the correctional officer that refused to help me name is C/o Narbus;

U.S. Department of Justice
Civil Rights Division
Disability Rights Section

OMB No. 1190-0009

Title II of the Americans with Disabilities Act Section 504 of the Rehabilitation Act of 1973 Discrimination Complaint Form

Instructions: Please fill out this form completely, in black ink or type. Sign and return to the address on page 3.

Complainant: Marvin Belser

Address: 34625; 26 Mile Road

City, State and Zip Code: Lenox; Michigan 48048-3002

Telephone: Home:

Business:

Person Discriminated Against:
(if other than the complainant)

Address:

City, State, and Zip Code:

Telephone: Home:

Business:

Government, or organization, or institution which you believe has discriminated:

Name: Macomb Correctional Facility; Michigan Department of Corrections

Address: 34625; 26 Mile Road

County: Macomb

City: Lenox

State and Zip Code: Michigan 48048-3002

Telephone Number: (586) 749-4900

When did the discrimination occur? Date: 5-11-2018

Describe the acts of discrimination providing the name(s) where possible of the individuals who discriminated (use space on page 3 if necessary): Due to stroke or apoplexy Cerebrovascular accident I am unable to speak, talk stand or walk; I have incontinate issues sometimes very severe; I am denied singal cell accommodations and detail

Have efforts been made to resolve this complaint through the internal grievance procedure of the government, organization, or institution?

Yes X No_____

If yes: what is the status of the grievance? step I and Sites

Has the complaint been filed with another bureau of the Department of Justice or any other Federal, State, or local civil rights agency or court?

Yes X No_____

If yes:

Agency or Court: Supreme Court of the United State; Case #18-8548

Contact Person: Clerk of the court

Address: One First Street, N.E.

City, State, and Zip Code: Washington. D.C. 20543-0001

Telephone Number: (202) 479-3011

Date Filed: 3-25-2019

Do you intend to file with another agency or court?

Yes X No

Agency or Court: Solicitor General of the United States; Department of Justice

Address: 950 Pennsylvania Avenue, N.W.; Room 5616

City, State and Zip Code: Washington, D.C. 20530-0001

Telephone Number:

Additional space for answers:
by facility medical staff and assistant Administrater and ADA Representitive Miss Golson; sence I have been at this facility Ive been raped robbed and seuject to assaults by my bunkies and other inmates because Im unable to defend myself.

Signature: Marvin Belser #352904

Date: 6-20-2019

Return to:

U.S. Department of Justice
Civil Rights Division
950 Pennsylvania Avenue, NW
Disability Rights - NYAV
Washington, D.C. 20530

Paperwork Reduction Act Statement:
A federal agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Public burden for the collection of this information is estimated to average 45 minutes per response. Comments regarding this collection of information should be directed to the Department Clearance Officer, U.S. Department of Justice, Justice Management Division, Office of the Chief Information Officer, Policy and Planning Staff, Two Constitution Square, 145 North Street, N.E., Room 2E–508, Washington, D.C. 20530.

OMB No. 1190-0009. Expiration Date: May 31, 2015.

last updated May 7, 2012

Additional material from this filing is available in the Clerk's Office.