

ORIGINAL

Supreme Court, U.S.
FILED

MAR 25 2019

OFFICE OF THE CLERK

18-8603

No. 19- _____

In The
Supreme Court of the
United States

GRAYLYN WHITE,

Petitioner,

v.

UNITED STATES OF AMERICA,

Respondent.

*On Petition for Writ of Certiorari to the
United States Court of Appeals for the
Fifth Circuit*

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MAR 27 2019

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SUPREME COURT, U.S.

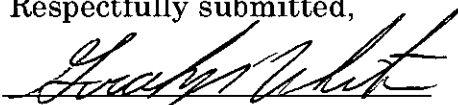
PRO SE MOTION FOR LEAVE TO PROCEED
IN FORMA PAUPERIS

Pursuant to Supreme Court Rule 39, the above named Petitioner seeks leave of this Court to file the accompanying Petition for Writ of *Certiorari* to the United States Court of Appeals for the Fifth Circuit without prepayment of costs and to proceed *in forma pauperis* before this Court on the questions and issues submitted herewith. Petitioner was not granted *in forma pauperis* status in the district or appellate courts in this case.

Dated: This 12 day of March, 2018

Respectfully submitted,

By:



Graylyn White, *Pro Se*

No. 17725-280

FCI Beaumont - Medium

P.O. Box 26040

Beaumont, Texas 77720

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

I, Gralyn White, 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>NA</u>	\$ <u>NA</u>	\$ <u>NA</u>	\$ <u>NA</u>
Self-employment	\$ <u>NA</u>	\$ <u>NA</u>	\$ <u>NA</u>	\$ <u>NA</u>
Income from real property (such as rental income)	\$ <u>NA</u>	\$ <u>NA</u>	\$ <u>NA</u>	\$ <u>NA</u>
Interest and dividends	\$ <u>NA</u>	\$ <u>NA</u>	\$ <u>NA</u>	\$ <u>NA</u>
Gifts	\$ <u>150.00</u>	\$ <u>NA</u>	\$ <u>100.00</u>	\$ <u>NA</u>
Alimony	\$ <u>NA</u>	\$ <u>NA</u>	\$ <u>NA</u>	\$ <u>NA</u>
Child Support	\$ <u>NA</u>	\$ <u>NA</u>	\$ <u>NA</u>	\$ <u>NA</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>NA</u>	\$ <u>NA</u>	\$ <u>NA</u>	\$ <u>NA</u>
Disability (such as social security, insurance payments)	\$ <u>NA</u>	\$ <u>NA</u>	\$ <u>NA</u>	\$ <u>NA</u>
Unemployment payments	\$ <u>NA</u>	\$ <u>NA</u>	\$ <u>NA</u>	\$ <u>NA</u>
Public-assistance (such as welfare)	\$ <u>NA</u>	\$ <u>NA</u>	\$ <u>NA</u>	\$ <u>NA</u>
Other (specify): _____	\$ <u>NA</u>	\$ <u>NA</u>	\$ <u>NA</u>	\$ <u>NA</u>
Total monthly income:	\$ <u>NA</u>	\$ <u>NA</u>	\$ <u>NA</u>	\$ <u>NA</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
NA	NA	NA	\$ NA

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
NA	NA	NA	\$ NA

4. How much cash do you and your spouse have? \$ None
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
NA	\$ NA	\$ NA

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

<input type="checkbox"/> Home Value <u>NA</u>	<input type="checkbox"/> Other real estate Value <u>NA</u>
<input type="checkbox"/> Motor Vehicle #1 Year, make & model <u>NA</u> Value _____	<input type="checkbox"/> Motor Vehicle #2 Year, make & model <u>NA</u> Value _____
<input type="checkbox"/> Other assets Description <u>NA</u> 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

NA

\$ NA

\$ NA

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

NA

NA

NA

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.

Rent or home-mortgage payment
(include lot rented for mobile home)

Are real estate taxes included? ☐ Yes ☐ No

Is property insurance included? ☐ Yes ☐ No

You

Your spouse

\$ NA

\$ NA

Utilities (electricity, heating fuel,
water, sewer, and telephone)

\$ NA

\$ NA

Home maintenance (repairs and upkeep)

\$ NA

\$ NA

Food

\$ NA

\$ NA

Clothing

\$ NA

\$ NA

Laundry and dry-cleaning

\$ NA

\$ NA

Medical and dental expenses

\$ NA

\$ NA

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>NA</u>	\$ <u>NA</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>NA</u>	\$ <u>NA</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>NA</u>	\$ <u>NA</u>
Life	\$ <u>NA</u>	\$ <u>NA</u>
Health	\$ <u>NA</u>	\$ <u>NA</u>
Motor Vehicle	\$ <u>NA</u>	\$ <u>NA</u>
Other: _____	\$ <u>NA</u>	\$ <u>NA</u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ <u>NA</u>	\$ <u>NA</u>
Installment payments		
Motor Vehicle	\$ <u>NA</u>	\$ <u>NA</u>
Credit card(s)	\$ <u>NA</u>	\$ <u>NA</u>
Department store(s)	\$ <u>NA</u>	\$ <u>NA</u>
Other: _____	\$ <u>NA</u>	\$ <u>NA</u>
Alimony, maintenance, and support paid to others	\$ <u>NA</u>	\$ <u>NA</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>NA</u>	\$ <u>NA</u>
Other (specify): _____	\$ <u>NA</u>	\$ <u>NA</u>
Total monthly expenses:	\$ <u>NA</u>	\$ <u>NA</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? \$2,500

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

J.B. Stafford
Lawyers paralegal services
5700 Granite Pkwy. STE 200
Plano TX 75024

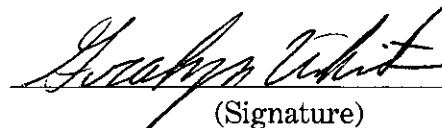
#(214) 702-9707

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

I've been in custody since 2011 and I do not have a steady income

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

Executed on: February 20, 2019


(Signature)

Inmate Inquiry

Inmate Reg #: 17725280 **Current Institution:** Beaumont FCC
Inmate Name: WHITE, GRAYLYN **Housing Unit:** BMM-K-B
Report Date: 03/04/2019 **Living Quarters:** K03-124U
Report Time: 2:56:22 PM

[General Information](#) |
 [Account Balances](#) |
 [Commissary History](#) |
 [Commissary Restrictions](#) |
 [Comments](#)

General Information

Administrative Hold Indicator: No
 No Power of Attorney: No
 Never Waive NSF Fee: No
 Max Allowed Deduction %: 100
 PIN: 1255
 PAC #: 584104359
 Revalidation Date: 16th
 FRP Participation Status: Completed
 Arrived From: OKL
 Transferred To:
 Account Creation Date: 5/4/2009
 Local Account Activation Date: 6/23/2018 3:14:34 AM
 Sort Codes:
 Last Account Update: 3/4/2019 6:24:32 AM
 Account Status: Active
 Phone Balance: \$0.31

Pre-Release Plan Information

Target Pre-Release Account Balance: \$0.00
 Pre-Release Deduction %: 0%
 Income Categories to Deduct From:
 ☐ Payroll
 ☐ Outside Source Funds

FRP Plan Information

FRP Plan Type	Expected Amount	Expected Rate
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Account Balances

Account Balance: \$34.44
 Pre-Release Balance: \$0.00
 Debt Encumbrance: \$0.00
 SPO Encumbrance: \$0.00
 Other Encumbrances: \$0.00
 Outstanding Negotiable Instruments: \$0.00

Administrative Hold Balance: \$0.00
 Available Balance: \$34.44
 National 6 Months Deposits: \$870.00
 National 6 Months Withdrawals: \$904.02
 Available Funds to be considered for IFRP Payments: \$420.00
 National 6 Months Avg Daily Balance: \$40.16
 Local Max. Balance - Prev. 30 Days: \$109.64
 Average Balance - Prev. 30 Days: \$38.35

Commissary History

Purchases

Validation Period Purchases: \$106.05
 YTD Purchases: \$433.35
 Last Sales Date: 2/26/2019 8:00:01 AM

SPO Information

SPO's this Month: 0
 SPO \$ this Quarter: \$0.00

Spending Limit Info

Spending Limit Override: No
 Weekly Revalidation: No
 Bi-Weekly Revalidation: Yes
 Spending Limit: \$180.00
 Expended Spending Limit: \$0.00
 Remaining Spending Limit: \$180.00

Commissary Restrictions

Spending Limit Restrictions

Restricted Spending Limit: \$0.00
 Restricted Expended Amount: \$0.00
 Restricted Remaining Spending Limit: \$0.00
 Restriction Start Date: N/A
 Restriction End Date: N/A

Item Restrictions

List Name	List Type	Start Date	End Date	Active
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Comments

Comments:
