

18-8654

ORIGINAL

No. 6:13-cr-00816-TMC

Supreme Court, U.S.  
FILED

DEC 20 2018

OFFICE OF THE CLERK

IN THE

SUPREME COURT OF THE UNITED STATES

KARYEA WILLIAMS — PETITIONER  
(Your Name)

VS.

UNITED STATES OF AMERICA 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):

IN THE UNITED STATES COURT OF APPEALS FOR THE FOURHT CIRCUIT

THE US District Court / South Carolina- Greenville Division

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.

Kanya R. Miller  
(Signature)

RECEIVED

MAR 26 2019

OFFICE OF THE CLERK  
SUPREME COURT, U.S.

IN THE SUPREME COURT OF THE UNITED STATES

Karyea Williams

v.

United States Of America

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Karyea Williams

Case No. 6:13-cr-00816-TMC

Plaintiff

DECLARATION IN SUPPORT

v.

OF REQUEST TO PROCEED

UNITED STATES OF AMERICA,

IN FORMA PAUPERIS

Defendants

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The plaintiff, Karyea Williams hereby moves for leave to proceed in forma pauperis, pursuant 28 USC § 1915(d), in this case and submits the following in support thereof:

I, Karyea Williams, declare that I am the movant in the above entitled case; that in support of my motion to proceed without being required to prepay fees, costs or give security there of, I state that because of my poverty, I am unable to pay the costs of said proceeding or to give security therefor; that I believe I am entitled to relief.

Furthermore, I pray that the Court excuse my inability to provide the requisite number of copies of each document because of my poverty.

Respectfully Submitted,

Karyea Williams Reg. No.

Karyea Williams #26621-171

I am a prisoner - Pro Se Declaration is included

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

I, Karyna R. Williams, 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.

<b>Income source</b>	<b>Average monthly amount during the past 12 months</b>		<b>Amount expected next month</b>	
	<b>You</b>	<b>Spouse</b>	<b>You</b>	<b>Spouse</b>
Employment	\$ <u>11/11</u>	\$ <u>11/11</u>	\$ <u>11/11</u>	\$ <u>11/11</u>
Self-employment	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Income from real property (such as rental income)	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Interest and dividends	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Gifts	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Alimony	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Child Support	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Disability (such as social security, insurance payments)	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Unemployment payments	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Public-assistance (such as welfare)	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Other (specify): _____	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
<b>Total monthly income:</b>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <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.)

<b>Employer</b>	<b>Address</b>	<b>Dates of Employment</b>	<b>Gross monthly pay</b>
<u>    </u>	<u>N/A</u>	<u>N/A</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>N/A</u>

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.)

<b>Employer</b>	<b>Address</b>	<b>Dates of Employment</b>	<b>Gross monthly pay</b>
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>N/A</u>

4. How much cash do you and your spouse have? \$ N/A

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

<b>Financial institution</b>	<b>Type of account</b>	<b>Amount you have</b>	<b>Amount your spouse has</b>
<u>N/A</u>	<u>N/A</u>	<u>\$</u> <u>\$</u> <u>N/A</u>	<u>\$</u> <u>\$</u> <u>N/A</u>

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**

N/A

**Amount owed to you**

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

**Amount owed to your spouse**

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

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

**Name**

**Relationship**

**Age**

N/A

N/A

N/A

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? Yes  No  
Is property insurance included? Yes  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

\$ N/A

\$ 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.

Homeless, indigent, debt (child support)

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

Executed on: March 13<sup>th</sup>, 20 19

Karyea R. West  
(Signature)

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

## Inmate Inquiry



**Inmate Reg #:** 26621171      **Current Institution:** Edgefield FCI  
**Inmate Name:** WILLIAMS, KARYEA      **Housing Unit:** EDG-A-A  
**Report Date:** 02/21/2019      **Living Quarters:** A02-220L  
**Report Time:** 8:22:07 AM

[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: 5421

PAC #: 875463247

Revalidation Date: 4th

FRP Participation Status: Completed

Arrived From: ATL

Transferred To:

Account Creation Date: 11/6/2014

Local Account Activation Date: 2/26/2015 3:15:31 AM



Sort Codes:

Last Account Update: 2/20/2019 5:25:03 PM

Account Status: Active

Phone Balance: \$4.04

### 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:	\$75.07
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: \$75.07  
 National 6 Months Deposits: \$1,411.50  
 National 6 Months Withdrawals: \$2,112.35  
 Available Funds to be considered for IFRP Payments: \$961.50  
 National 6 Months Avg Daily Balance: \$287.49  
 Local Max. Balance - Prev. 30 Days: \$257.27  
 Average Balance - Prev. 30 Days: \$162.57

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## Commissary History

### Purchases

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Validation Period Purchases: \$155.20  
 YTD Purchases: \$589.35  
 Last Sales Date: 2/20/2019 12:22:23 PM

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### SPO Information

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

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### Spending Limit Info

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Spending Limit Override: No  
 Weekly Revalidation: No  
 Bi-Weekly Revalidation: No  
 Spending Limit: \$360.00  
 Expended Spending Limit: \$147.50  
 Remaining Spending Limit: \$212.50

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## Commissary Restrictions

### Spending Limit Restrictions

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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

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### Item Restrictions

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List Name	List Type	Start Date	End Date	Active
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*End of Report*  
*Consular C. Brown*