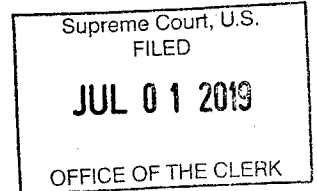


No. 19-5141

IN THE
SUPREME COURT OF THE UNITED STATES

ORIGINAL



William Wade — 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):

The Tenth Circuit of Appeals and District Court of Denver

☐ 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.

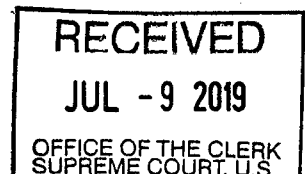
☐ Petitioner's affidavit or declaration is **not** attached because the court below appointed counsel in the current proceeding, and:

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

☐ a copy of the order of appointment is appended.

Bill Wade
Mr. William Wade

(Signature)



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

I, William Wade, 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	\$ 00.00	\$ NA	\$ 00.00	\$ NA
Self-employment	\$ NA	\$ NA	\$ NA	\$ NA
Income from real property (such as rental income)	\$ NA	\$ NA	\$ NA	\$ NA
Interest and dividends	\$ NA	\$ NA	\$ NA	\$ NA
Gifts	\$ 150-200	\$ NA	\$ 150-200	\$ NA
Alimony	\$ NA	\$ NA	\$ NA	\$ NA
Child Support	\$ NA	\$ NA	\$ NA	\$ NA
Retirement (such as social security, pensions, annuities, insurance)	\$ NA	\$ NA	\$ NA	\$ NA
Disability (such as social security, insurance payments)	\$ NA	\$ NA	\$ NA	\$ NA
Unemployment payments	\$ NA	\$ NA	\$ NA	\$ NA
Public-assistance (such as welfare)	\$ NA	\$ NA	\$ NA	\$ NA
Other (specify): _____	\$ NA	\$ NA	\$ NA	\$ NA
Total monthly income:	\$ 150-200	\$ NA	\$ 150-200	\$ NA

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? \$
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
Inmate Trust Account	\$	\$ 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 NA Value 00	<input type="checkbox"/> Other real estate NA Value 00
<input type="checkbox"/> Motor Vehicle #1 NA Year, make & model 00 Value 00	<input type="checkbox"/> Motor Vehicle #2 NA Year, make & model 00 Value 00
<input type="checkbox"/> Other assets NA Description Value 00	

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.

	You	Your spouse
Rent or home-mortgage payment (include lot rented for mobile home)	\$ NA	\$ NA
Are real estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No NA		
Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No NA		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ NA	\$ NA
Home maintenance (repairs and upkeep)	\$ NA	\$ NA
Food	\$ 150.00	\$ NA
Clothing	\$ NA	\$ NA
Laundry and dry-cleaning	\$ 10.00	\$ NA
Medical and dental expenses	\$ NA	\$ NA

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ NA	\$ NA
Recreation, entertainment, newspapers, magazines, etc.	\$ NA	\$ NA
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ NA	\$ NA
Life	\$ NA	\$ NA
Health	\$ NA	\$ NA
Motor Vehicle	\$ NA	\$ NA
Other: _____	\$ NA	\$ NA
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ NA	\$ NA
Installment payments		
Motor Vehicle	\$ NA	\$ NA
Credit card(s)	\$ NA	\$ NA
Department store(s)	\$ NA	\$ NA
Other: _____	\$ NA	\$ NA
Alimony, maintenance, and support paid to others	\$ NA	\$ NA
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ NA	\$ NA
Other (specify): <u>Phone?Email Usage</u>	\$ 30-40.00	\$ NA
Total monthly expenses:	\$ 190-200	\$ NA

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? NA

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

NA

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? NA

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

NA

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

I am medically unable o work and the funds I receive
come from my family gifts and vary each month

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

Executed on: June 30th, 2019

Mr. William Wade, 43404-013

(Signature)

Deposits



Inmate Reg #: 43404013
Inmate Name: WADE, WILLIAM
Report Date: 06/10/2019
Report Time: 11:05:07 AM

Current Institution: Butner FCC
Housing Unit: BTF-O-C
Living Quarters: O03-004U

<u>Date/Time</u>	<u>Transaction Type</u>	<u>Amount</u>	<u>Ref#</u>	<u>Sender Last Name</u>	<u>Sender Zip</u>
5/12/2019 9:02:56 AM	Western Union	\$420.00	33319132	SMITH	80205
4/14/2019 10:03:13 AM	Western Union	\$425.00	33319104	SMITH	80205
4/13/2019 8:15:52 PM	Lockbox - CD	\$300.00	70181501		75115
3/25/2019 3:04:46 PM	Western Union	\$50.00	33319084	GUTIERREZ	80239
3/17/2019 9:03:17 AM	Western Union	\$400.00	33319076	SMITH	80205
2/16/2019 12:04:01 PM	Money Gram	\$405.00	33419047	SMITH	80239
1/26/2019 11:03:45 AM	Western Union	\$120.00	33319026	SMITH	80205
1/13/2019 9:02:50 AM	Western Union	\$300.00	33319013	SMITH	80205
12/15/2018 11:03:31 AM	Money Gram	\$400.00	33418349	SMITH	80239
12/1/2018 12:05:07 PM	Western Union	\$60.00	33318335	MOORE	92504
11/17/2018 5:04:18 PM	Western Union	\$400.00	33318321	SMITH	80205
10/28/2018 10:03:22 AM	Western Union	\$310.00	33318301	SMITH	80205
10/20/2018 10:03:52 AM	Western Union	\$125.00	33318293	SMITH	80205
9/29/2018 9:06:27 AM	Western Union	\$150.00	33318272	JAY	30083
9/28/2018 7:05:21 AM	Western Union	\$50.00	33318271	PALMER	80010
9/16/2018 9:03:06 AM	Western Union	\$480.00	33318259	SMITH	80205

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Inmate Inquiry



Inmate Reg #: 43404013 Inmate Name: WADE, WILLIAM Report Date: 06/10/2019 Report Time: 11:05:50 AM	Current Institution: Butner FCC Housing Unit: BTF-O-C Living Quarters: 003-004U
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[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: 7460
 PAC #: 029522777
 Revalidation Date: 13th
 FRP Participation Status: Completed
 Arrived From: OKL
 Transferred To:
 Account Creation Date: 9/30/2016
 Local Account Activation Date: 10/22/2016 4:16:42 AM
 Sort Codes:
 Last Account Update: 6/6/2019 9:06:33 AM
 Account Status: Active
 Phone Balance: \$8.67

Pre-Release Plan Information

Target Pre-Release Account Balance: \$2,500.00
 Pre-Release Deduction %: 70%
 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: \$62.73
 Pre-Release Balance: \$61.00
 Debt Encumbrance: \$0.00
 SPO Encumbrance: \$0.00
 Other Encumbrances: \$0.00
 Outstanding Negotiable Instruments: \$0.00

Administrative Hold Balance: \$0.00
 Available Balance: \$1.73
 National 6 Months Deposits: \$2,820.00
 National 6 Months Withdrawals: \$2,833.00
 Available Funds to be considered for IFRP Payments: \$2,370.00
 National 6 Months Avg Daily Balance: \$223.91
 Local Max. Balance - Prev. 30 Days: \$739.58
 Average Balance - Prev. 30 Days: \$358.42

Commissary History

Purchases

Validation Period Purchases: \$342.85
 YTD Purchases: \$2,845.36
 Last Sales Date: 6/6/2019 9:06:33 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: \$170.00
 Expended Spending Limit: \$169.60
 Remaining Spending Limit: \$0.40

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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