

No. 19-5141

ORIGINAL

IN THE  
SUPREME COURT OF THE UNITED STATES

Supreme Court, U.S.  
FILED

JUL 01 2019

OFFICE OF THE CLERK

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.

Mr. William Wade

(Signature)

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OFFICE OF THE CLERK  
SUPREME COURT, U.S.

**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.

<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>00.00</u>	\$ <u>NA</u>	\$ <u>00.00</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>150-200</u>	\$ <u>NA</u>	\$ <u>150-200</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>
<b>Total monthly income:</b>	<b>\$ <u>150-200</u></b>	<b>\$ <u>NA</u></b>	<b>\$ <u>150-200</u></b>	<b>\$ <u>NA</u></b>

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>
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.)

<b>Employer</b>	<b>Address</b>	<b>Dates of Employment</b>	<b>Gross monthly pay</b>
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.

<b>Type of account (e.g., checking or savings)</b>	<b>Amount you have</b>	<b>Amount your spouse has</b>
	\$	\$
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.

Home NA  
 Value 00

Other real estate NA  
 Value 00

Motor Vehicle #1 NA  
 Year, make & model 00  
 Value 00

Motor Vehicle #2 NA  
 Year, make & model 00  
 Value 00

Other assets NA  
 Description \_\_\_\_\_  
 Value 00

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

<b>Person owing you or your spouse money</b>	<b>Amount owed to you</b>	<b>Amount owed to your spouse</b>
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").

<b>Name</b>	<b>Relationship</b>	<b>Age</b>
NA	NA	NA
	NA	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.

	<b>You</b>	<b>Your spouse</b>
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

	<b>You</b>	<b>Your spouse</b>
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>Phone?Email Usage</u>	\$ <u>30-40.00</u>	\$ <u>NA</u>
<b>Total monthly expenses:</b>	<b>\$ <u>190-200</u></b>	<b>\$ <u>NA</u></b>

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 to 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 30<sup>th</sup>, 2019

*Bill Wade*  
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	<u>Lockbox - CD</u>	\$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      **Current Institution:** Butner FCC  
**Inmate Name:** WADE, WILLIAM      **Housing Unit:** BTF-O-C  
**Report Date:** 06/10/2019      **Living Quarters:** O03-004U  
**Report Time:** 11:05:50 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: 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

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## 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

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## 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