

No. 19-6137

IN THE
UNITED STATES SUPREME COURT OF APPEALS



William Widmyer - PETITIONER

VS.

Fourth Circuit Court of Appeals - 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*.

Petitioner has previously been granted leave to proceed *in forma pauperis* in any other Court (s).

Fourth Circuit Court of Appeals

US District Court, Northern District, West Virginia

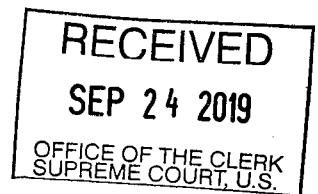
West Virginia Supreme Court of Appeals

Jefferson County Circuit Court

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.

William Widmyer
(Signature)



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

I, William Widmyer, 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 therefore, 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, bi-weekly, 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	\$ 51.00	\$ N/A	\$ 51.00	\$ N/A
Self-employment	\$ 0.00	\$ N/A	\$ 0.00	\$ N/A
Income from real property (such as rental income)	\$ 0.00	\$ N/A	\$ 0.00	\$ N/A
Interest and Dividends	\$ 0.00	\$ N/A	\$ 0.00	\$ N/A
Gifts	\$ 135.00	\$ N/A	\$ 135.00	\$ N/A
Alimony	\$ 0.00	\$ N/A	\$ 0.00	\$ N/A
Child Support	\$ 0.00	\$ N/A	\$ 0.00	\$ N/A
Retirement (such as social security, pensions, annuities, insurance)	\$ 0.00	\$ N/A	\$ 0.00	\$ N/A
Disability (such as social security, insurance payments)	\$ 0.00	\$ N/A	\$ 0.00	\$ N/A
Unemployment Payments	\$ 0.00	\$ N/A	\$ 0.00	\$ N/A
Public-Assistance (such as welfare)	\$ 0.00	\$ N/A	\$ 0.00	\$ N/A
Other: [<i>description</i>]	\$ 0.00	\$ N/A	\$ 0.00	\$ N/A
Total Monthly Income:	\$ 186.00	\$ N/A	\$ 186.00	\$ N/A

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
Mt. Olive Correctional Complex	One Mountainside Way Mt. Olive, WV 25185	2000-Present	\$ 51.00
			\$
			\$

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
N/A			\$
			\$
			\$

4. How much cash do your or your spouse have? \$ 0.00

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

Financial institutional	Type of Account	Amount You Have	Amount Your Spouse Has
N/A		\$	\$
		\$	\$
		\$	\$

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

Asset	Year, Make & Model	Value
Home	N/A	\$
Other Real Estate	N/A	\$

Motor Vehicle #1	N/A	\$
Motor Vehicle #2	N/A	\$
Other Assets:	[description]	\$
	[description]	\$

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

7. State the person[s] who rely on you or your spouse for support.

Name	Relationship	Age
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)		
Are real estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ 0.00	\$ N/A
Utilities (electricity, heating fuel, water sewer, and telephone)	\$ 3.00	\$ N/A
Home maintenance (repairs and upkeep)	\$ 0.00	\$ N/A
Food	\$ 100.00	\$ N/A
Clothing	\$ 0.00	\$ N/A

		You	Your Spouse
Laundry and dry-cleaning	\$ 0.00	\$ N/A	
Medical and dental expenses	\$ 3.00 - 10.00	\$ N/A	
Transportation (not including motor vehicle payment)	\$ 0.00	\$ N/A	
Recreation, entertainment, newspapers, magazines, etc.	\$ 0.00	\$ N/A	
Estimated Average Monthly Expenses (Continued)		You	Your Spouse
Insurance (not deducted from wages or included in mortgage payments)			
Homeowner's or renter's	\$ 0.00	\$ N/A	
Life	\$ 0.00	\$ N/A	
Health	\$ 0.00	\$ N/A	
Motor Vehicle	\$ 0.00	\$ N/A	
Other: [<i>description</i>]	\$ 0.00	\$ N/A	
Taxes (not deducted from wages or included in mortgage payments)			
Specify: [<i>description</i>]	\$ 0.00	\$ N/A	
Installment payments			
Motor Vehicle	\$ 0.00	\$ N/A	
Credit Card(s)	\$ 0.00	\$ N/A	
Department Store(s)	\$ 0.00	\$ N/A	
Other: [<i>description</i>]	\$ 0.00	\$ N/A	
Alimony, maintenance, and support paid to others	\$ 0.00	\$ N/A	
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0.00	\$ N/A	
Other: Personal Hygiene and Shoes	\$ 50.00	\$ N/A	
Total Monthly Expenses:	\$ 186.00	\$ 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: **Attorney's Name** -

Address -

Telephone Number -

11. Have you paid - or will 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: **Person's Name** -

Address -

Telephone Number -

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

I am incarcerated and thereby only receive minimal amount monthly and outside support is always just by the grace of God.

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

Executed on: **September 12, 2019.**

William Wdmyer
(Signature)