

NO. 19-\_\_\_\_\_

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In the  
Supreme Court of the United States

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CORNELIUS LORENZO WILSON,

*Petitioner,*

v.

DENNIS GRIMES; SID J. GAUTREAUX, III; LINDA OTTESEN; CITY OF BATON ROUGE/PARISH OF EAST BATON ROUGE CONSOLIDATED GOVERNMENT; DR. RAMAN SINGH; TAMRYA YOUNG; and KAREN COMEAUX,

*Respondents.*

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**MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS**

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Petitioner asks for leave to file the attached petition for a writ of certiorari without prepayment of costs to proceed *in forma pauperis*. Petitioner is incarcerated in the custody of the Louisiana Department of Corrections and without the financial means to pay for the costs of this case or to give security.

In support of this Motion, Petitioner attaches hereto an Affidavit (Exhibit A); a Department of Corrections Statement of Account (Exhibit B); and an Order from civil action 18-698 (M.D. La 10/19/18) authorizing Mr. Wilson to proceed *in forma pauperis* in a different civil matter (Exhibit C)



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September 18, 2019

## **EXHIBIT A**

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

I, Cornelius Wilson, 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		
	Not Married	You	Spouse	You	Spouse
Employment <i>Incarcerated</i>		\$ 0	\$ 0	\$ 0	\$ 0
Self-employment		\$ 0	\$ 0	\$ 0	\$ 0
Income from real property (such as rental income)		\$ 0	\$ 0	\$ 0	\$ 0
Interest and dividends		\$ 0	\$ 0	\$ 0	\$ 0
Gifts		\$ 150	\$ 0	\$ 150	\$ 0
Alimony		\$ 0	\$ 0	\$ 0	\$ 0
Child Support		\$ 0	\$ 0	\$ 0	\$ 0
Retirement (such as social security, pensions, annuities, insurance)		\$ 0	\$ 0	\$ 0	\$ 0
Disability (such as social security, insurance payments)		\$ 0	\$ 0	\$ 0	\$ 0
Unemployment payments		\$ 0	\$ 0	\$ 0	\$ 0
Public-assistance (such as welfare)		\$ 0	\$ 0	\$ 0	\$ 0
Other (specify): _____		\$ 0	\$ 0	\$ 0	\$ 0
<b>Total monthly income:</b>		<b>\$ 1,800</b>	<b>\$ 0</b>	<b>\$ 150</b>	<b>\$ 0</b>

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
in carcere			\$
			\$
			\$

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
No Spouse			\$
			\$
			\$

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.

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

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

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	Amount owed to you	Amount owed to your spouse
_____	\$_____	\$_____
_____	\$_____	\$_____
_____	\$_____	\$_____

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
NIA	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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.

in Carcerated	You	Your spouse
Rent or home-mortgage payment (include lot rented for mobile home)	\$ 0	\$ _____
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		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 0	\$ _____
Home maintenance (repairs and upkeep)	\$ 0	\$ _____
Food	\$ 0	\$ _____
Clothing	\$ 0	\$ _____
Laundry and dry-cleaning	\$ 0	\$ _____
Medical and dental expenses	\$ 0	\$ _____

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 0	\$ 0
Recreation, entertainment, newspapers, magazines, etc.	\$ 0	\$ 0
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ 0	\$ 0
Life	\$ 0	\$ 0
Health	\$ 0	\$ 0
Motor Vehicle	\$ 0	\$ 0
Other: _____	\$ 0	\$ 0
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ 0	\$ 0
Installment payments		
Motor Vehicle	\$ 0	\$ 0
Credit card(s)	\$ 0	\$ 0
Department store(s)	\$ 0	\$ 0
Other: _____	\$ 0	\$ 0
Alimony, maintenance, and support paid to others	\$ 0	\$ 0
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0	\$ 0
Other (specify): _____	\$ 0	\$ 0
<b>Total monthly expenses:</b>	<b>\$ 0</b>	<b>\$ 0</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.

will be incarcerated

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.

None

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

Executed on: 8-10-2019

  
(Signature)

## **EXHIBIT B**

**STATEMENT OF ACCOUNT**  
(Certified Institutional Equivalent)

I hereby certify that Cornelius Wilson, inmate number 356241,  
the plaintiff herein has the following sums of money on account to his credit at ENCC,  
the institution where he is confined:

Prison Drawing Account: \$ 10.73

Prison Savings Account: \$ 6.88

A. Cash N/A

B. Bonds N/A

I further certify that the average monthly deposits for the preceding six months is  
\$148.11.

(The average monthly deposits are to be determined by adding the deposits made during a given month and dividing that total by the number of deposits made during that month. This is repeated for each of the six months. The average from each of the six months are to be added together and the total is to be divided by six.)

I further certify that the average monthly balance for the prior six months is  
\$183.73.

(The average monthly deposits are to be determined by adding the deposits made during a given month and dividing that total by the number of deposits made during that month. This is repeated for each of the six months. The average from each of the six months are to be added together and the total is to be divided by six.)

8-19-19

Date Certified

  
Signature of Authorized Officer of Institution

DEPARTMENT OF CORRECTIONS  
INMATE MASTER RECORD INFORMATION

DATE : 08/19/19  
TIME : 11:20:18

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DOC NUMBER....: 356241 STATUS.....: ACTIVE  
LAST NAME : WILSON FIRST NAME : CORNELIUS M.I.: L  
SENT LENGTH : 060 YRS. 00 MONS. 00 DAYS  
RACE : BLACK DOC SYSTEM ENTRY DATE : 11/23/15  
SEX : MALE DISCHARGE DATE : 07/01/73  
LAST UPDATE : 08/13/19 SAVINGS BONDS : n

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LIVING QTRS : FOX 2 TIER B LIVING QTRS # : 6021

BEDS 27-52 COMPOUND 1

WORK ASSIGNMENT : CONSTRUCTION MGMT ACADEMY WORK ASSIGNMENT # : 3B6F  
EDUCATION PAY RATE : .040

INC.PAY XFER FLAG: INC.PAY XFER DATE.: 20190320

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DRAWING BALANCE : \$ 10.73 ->LAST 6 MONTH AVERAGE....: \$ 183.73  
SAVINGS BALANCE : \$ 6.88 ->LAST 6 MONTH AVERAGE....: \$ 0.00  
RESERVE BALANCE : \$ 0.00  
TOTAL DEBT OWED : \$ 0.00 LAST 6 MTH AVG EARNINGS.: \$ 148.11  
ACCURED SALES : \$ 00.00 INSTITUTION LIMIT : \$ 175.00  
PERSONAL PROP. ACCRUED:\$ 0.00 PERSONAL PROPERRTY LIMIT: \$ 250.00

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PRESS XMIT TO REQUEST ANOTHER INQUIRY : (ENTER X TO CANCEL FUNCTION)

## **EXHIBIT C**

UNITED STATES DISTRICT COURT  
MIDDLE DISTRICT OF LOUISIANA

CORNELIUS WILSON (#356241)

CIVIL ACTION

VERSUS

18-698-SDD-RLB

TIMOTHY HOOPER, ET AL.

**ORDER REGARDING MOTION TO  
PROCEED *IN FORMA PAUPERIS***

Considering the plaintiff's Motion for Leave to Proceed *In Forma Pauperis* filed in the above-captioned proceeding (R. Doc. 2),

**IT IS ORDERED** that the plaintiff's Motion (R. Doc. 2) be and is hereby **GRANTED** for the purpose of service of process by the United States Marshal's Office, as provided in Rule 4(c)(3) of the Federal Rules of Civil Procedure.

**IT IS FURTHER ORDERED** that the plaintiff's Motion (R. Doc. 2) be and is hereby **GRANTED** for the purpose of the filing fee. However, in accordance with 28 U.S.C. § 1915(b), all prisoners granted *in forma pauperis* status are assessed and are required to pay the full amount of the Court's filing fee (\$350.00)<sup>1</sup>. The plaintiff is required to pay an initial partial filing fee and, thereafter, prison officials are required to forward monthly payments from the plaintiff's inmate account(s) until the entire filing fee is paid.

**IT IS FURTHER ORDERED** that, within twenty-one (21) days of the date of this Order, the plaintiff shall make an initial partial filing fee in the amount of \$144.51 to the Clerk of this Court or this action shall be dismissed. It is the plaintiff's responsibility to pay the initial

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<sup>1</sup> Although there is an additional \$50.00 administrative fee associated with the filing of civil actions in the federal courts, this fee is not assessed where pauper status is granted under 28 U.S.C. § 1915.

partial filing fee. The prison will NOT forward payment of the initial partial filing fee without the plaintiff's written authorization.

**IT IS FURTHER ORDERED** that, following the payment of the initial partial filing fee, the plaintiff shall make monthly payments of twenty (20) percent of the preceding month's income credited to his inmate account(s) until he has paid the total filing fee of \$350.00. The monthly amount shall automatically be collected from the plaintiff's account(s) and forwarded to the Court without further action by the plaintiff.

**IT IS FURTHER ORDERED** that, following the payment of the initial partial filing fee, the agency having custody of the plaintiff shall collect the monthly amount from the plaintiff's inmate account(s) and shall forward same to the Clerk of Court for the Middle District of Louisiana each time that the amount collected exceeds \$10.00, until the \$350.00 filing fee is paid.

**IT IS FURTHER ORDERED** that the Clerk of Court shall mail, or deliver by electronic means, a copy of this Order to the plaintiff, and to the Centralized Inmate Banking Section for the Louisiana Department of Public Safety and Corrections.

Signed in Baton Rouge, Louisiana, on October 29, 2018.



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**RICHARD L. BOURGEOIS, JR.**  
**UNITED STATES MAGISTRATE JUDGE**