

No.

19-7657

IN THE

SUPREME COURT OF THE UNITED STATES

In Re Marion Lament Sherrod Jr. - Petitioner

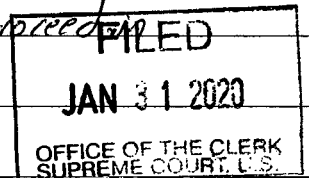
v.

ORIGINAL

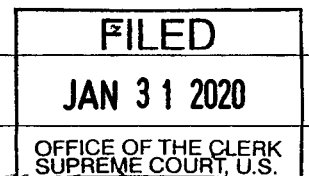
Sid Hacklewood, et al. - Respondent(s)

MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

The Petitioner asks leave to file the attached Petition for Writ of Certiorari without prepayment of costs and to proceed forma pauperis.



Petitioner has previously been granted leave to proceed in forma pauperis in the following court(s):



UNITED STATES DISTRICT COURT FOR THE WESTERN

DISTRICT OF NORTH CAROLINA

UNITED STATES DISTRICT COURT FOR THE EASTERN

DISTRICT OF NORTH CAROLINA

Petitioner's affidavit or declaration in support of this motion is attached hereto.

Marion Leacock Sherrod Jr.
Petitioner, pro se

AFFIDAVIT OR DECLARATION

IN SUPPORT OF MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

I, Marion Lamont Sherrad Jr., 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 give security thereof; 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 twelve (12) months. Adjust any amount that was received weekly, biweekly, quarterly, semi-annually, or annually to show the rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average amount during the past 12 months.		Amount Expected next month.	
	You:	Spouse:	You:	Spouse:
Employment-	\$ 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 -	\$ 0	\$ 0	\$ 0	\$ 0
Alimony -	\$ 0	\$ 0	\$ 0	\$ 0
Child Support-	\$ 0	\$ 0	\$ 0	\$ 0
Retirement (social security,		\$		
Pensions, annuities, insurance-	\$ 0	\$ 0	\$ 0	\$ 0

Income source (cont.)	Average amount during the past 12 months		Amount Expected next month	
	You:	Spouse:	You:	Spouse:
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 -	\$ -0-	\$ -0-	\$ 0	\$ 0
Total monthly income:	\$ -0-	\$ -0-	\$ 0	\$ 0

2. List your employment history, most recent employer first, (Gross monthly pay is before taxes or other deductions.)

Employer:	Address:	Dates of Employment:	Gross Monthly Pay:
N/A	N/A	N/A	-0-

3. List your spouse's employment history, most recent employer first. (Gross Monthly pay is before taxes or other deductions.) N/A

4. How much cash do you and your spouse have? 0

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

Financial Institution:	Type of Account:	Amount you have:	Your spouse has:
N/A	N/A	0	0

5. List the assets, and their value, which you own or your spouse owns.

Do not list clothing and ordinary household furnishings.

Home (value): Other real estate (value): Motor Vehicle (value):

0

0

0

Other assets - Description: 0

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

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

0

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, semiannually, or annually to show the monthly rate.

	You:	Your Spouse
Rent or home-mortgage payment (include mobile home lot rent)	\$ 0	\$ 0
Utilities	\$ 0	\$ 0
Home maintenance	\$ 0	\$ 0
Food	\$ 0	\$ 0

Clothing	\$ -0-	\$ 0
Laundry and dry cleaning	\$ 0	\$ -0-
Medical and dental expenses (includes medications from commissary)	\$ 0	\$ 0
Transportation (does not include motor vehicle payments)	\$ 0	\$ -0-
Recreation, entertainment, newspapers, magazines, etc.	\$ -0-	\$ -0-
Insurance	\$ 0	\$ 0
Taxes	\$ 0	\$ -0-
Life	\$ 0	\$ -0-
Health	\$ 0	\$ 0
Motor Vehicle	\$ 0	\$ -0-
Alimony, maintenance, and support paid to others (includes child support)	\$ -0-	\$ 0
Regular expenses for operation of business, profession or farm (attach detail)	\$ -0-	\$ -0-
Other (specify) Commissary personal hygiene, etc.	\$ 0	\$ 0
Total Monthly Expenses:	\$ 0	\$ 0

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months? No

10. Have you paid - or will you be paying an attorney any money for service in connection with this case, including the completion of this form? No

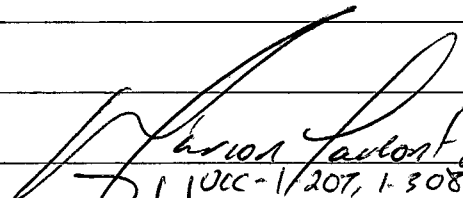
11. Have you paid - or will you be paying - anyone other than an attorney (such as a paralegal or a typist) any money for services in connection with this case, including the completion of this form? No

12. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.

I have been incarcerated since 2002.

I declare upon penalty for perjury that the above and foregoing is true and correct to the best of my personal knowledge and belief.

Executed on: January 4, 2020


UCC-1/207, 1-308
Petitioner, pro se

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In Re MARION L. SHERROD - Petitioner;

v.

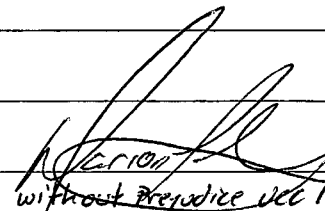
SID HARKLEROD, et al. - Respondent(s)

PROOF OF SERVICE

I, the undersigned, do swear or declare that on this date, January 30, 2020, as required by Supreme Court Rule 29 I have served the enclosed MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS AND PETITION FOR WRIT OF CERTIORARI on each party to the above proceeding or that party's counsel, and on every other person required to be served, by depositing an envelope containing the above documents in the U.S. Mail properly addressed to each party and with sufficient first-class postage prepaid.

The names and addresses of those served as follows.

Elizabeth McCullough	Joseph Finarelli	Martha Thompson
Madeline Pfefferle	Corrine Lusic	STOTT, HOLLOWELL
Young Moore & HENDERSON, P.A. P.O. Box 31627 Raleigh, NC 27612	NORTH CAROLINA DEPT. OF JUSTICE P.O. Box 624 Raleigh, N.C. 27602	PALMER & WINDHAM, LLP P.O. Box 445 Gastonia, NC 28053


without prejudice DEC 1-2019/20
Marion L. Sherrod Jr.
Power of Attorney in Fact with
the autograph
opus NO. 0553272
c/o 4600 Swamp Fox Road
Highway West
Tabor City, North Carolina
28463