

No. 19-1433

IN THE
SUPREME COURT OF THE UNITED STATES

TERRY WADE — PETITIONER
(Your Name)

VS.
WARDEN — 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):

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: _____, or _____

a copy of the order of appointment is appended.

(Signature)

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

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

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
<i>N/A</i>	_____	<i>N/A</i> 11 11 11 11	\$ <i>N/A</i> \$ 11 11 \$ 11 11
<i>n</i> <i>a</i>	_____		
<i>a</i> <i>o</i>	_____		

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
<i>N/A</i>	11	_____	\$ <i>N/A</i> \$ 11 11 \$ 11 11
<i>n</i> <i>a</i>	_____		
<i>a</i> <i>o</i>	_____		

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
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

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

Home
Value _____

Other real estate
Value _____

Motor Vehicle #1
Year, make & model _____
Value _____

Motor Vehicle #2
Year, make & model _____
Value _____

Other assets
Description _____
Value _____

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
_____	_____	_____
_____	_____	_____
_____	_____	_____

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		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ _____	\$ _____
Home maintenance (repairs and upkeep)	\$ _____	\$ _____
Food	\$ _____	\$ _____
Clothing	\$ _____	\$ _____
Laundry and dry-cleaning	\$ _____	\$ _____
Medical and dental expenses	\$ _____	\$ _____

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

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? \$15,000 and \$10,000 - sisters paid

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

Linda SHEFFIELD
576 N. Palisades Circle SE
Marietta GA 30067 770-671-1234

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 See above

If yes, how much? _____

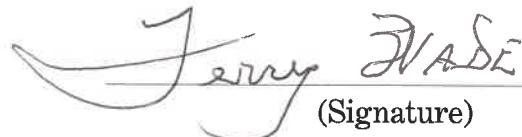
If yes, state the person's name, address, and telephone number:

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

my sisters are suffering financially now.

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

Executed on: 4/1, 2020


(Signature)

60 Day Account Statement

WADE, TERRY

Printed By: MONROE, ROXIE

GDC ID: 1248360

Spendable Amount	Reserved Amount	Receipts On Hold	Funds Balance	Obligations/Court Charges
\$185.99	\$10.00	\$0.00	\$195.99	\$0.00

RECEIPTS

Receipt Date	Transaction ID	Receipt Type	Receipt Details	Receipt Amount
03/31/2020	20567168	JPAY DEPOSIT RECEIPT	JPAY - WADE, RHONDA - 114106621	\$40.00
03/21/2020	20531742	JPAY DEPOSIT RECEIPT	JPAY - BONDURANT, MARCY - 113687236	\$85.00
03/04/2020	20469506	JPAY DEPOSIT RECEIPT	JPAY - BONDURANT, MARCY - 112912462	\$100.00
02/13/2020	20391548	JPAY DEPOSIT RECEIPT	JPAY - WADE, RHONDA - 111975892	\$40.00
02/03/2020	20354158	JPAY DEPOSIT RECEIPT	JPAY - BONDURANT, MARCY - 111527472	\$100.00

WITHDRAWALS

Date	Request Date	Location Paid	Withdrawal Type	Payable To	Detail	Amount	Check No
04/01/2020		CENTRAL ACCT-OFFENDER TRUST	WITHDRAWAL FOR OBLIGATION	GEORGIA DEPARTMENT OF CORRECTIONS	Monthly Processing Fee 04/2020	\$1.00	
03/30/2020		CENTRAL ACCT-OFFENDER TRUST	STORE PURCHASE	VALDOSTA STATE PRISON	STORE PURCHASE	\$3.09	BOA ACH-2010000133
03/30/2020		CENTRAL ACCT-OFFENDER TRUST	STORE PURCHASE	VALDOSTA STATE PRISON	STORE PURCHASE	\$29.79	BOA ACH-2010000133
03/23/2020		CENTRAL ACCT-OFFENDER TRUST	STORE PURCHASE	VALDOSTA STATE PRISON	STORE PURCHASE	\$30.83	BOA ACH-2010000133
03/16/2020		CENTRAL ACCT-OFFENDER TRUST	WITHDRAWAL FOR OBLIGATION	GEORGIA DEPARTMENT OF CORRECTIONS	RECORD ID = 28297999. 3/6/20	\$5.00	186282
03/16/2020		CENTRAL ACCT-OFFENDER TRUST	STORE PURCHASE	VALDOSTA STATE PRISON	STORE PURCHASE	\$38.84	BOA ACH-2010000133
03/14/2020		CENTRAL ACCT-OFFENDER TRUST	WITHDRAWAL FOR JPAY KIOSK	JPAY CORPORATION	KIOSK PURCHASE @ VALDOSTA STATE PRISON - JPAY JPAY DOLLAR PURCHASE	\$4.99	185946
03/10/2020		CENTRAL ACCT-OFFENDER TRUST	WITHDRAWAL FOR OBLIGATION	GEORGIA DEPARTMENT OF CORRECTIONS	RECORD ID = 28287972. MEDICAL 3/6/2020	\$5.00	186232
03/09/2020		CENTRAL ACCT-OFFENDER TRUST	STORE PURCHASE	VALDOSTA STATE PRISON	STORE PURCHASE	\$44.73	BOA ACH-2010000133
03/02/2020		CENTRAL ACCT-OFFENDER TRUST	STORE PURCHASE	VALDOSTA STATE PRISON	STORE PURCHASE	\$1.80	BOA ACH-2010000133
03/02/2020		CENTRAL ACCT-OFFENDER TRUST	STORE PURCHASE	VALDOSTA STATE PRISON	STORE PURCHASE	\$44.01	BOA ACH-2010000133
03/01/2020		CENTRAL ACCT-OFFENDER TRUST	WITHDRAWAL FOR OBLIGATION	GEORGIA DEPARTMENT OF CORRECTIONS	Monthly Processing Fee 03/2020	\$1.00	186234
02/24/2020		CENTRAL ACCT-OFFENDER TRUST	STORE PURCHASE	VALDOSTA STATE PRISON	STORE PURCHASE	\$39.92	BOA ACH-2010000132
02/17/2020		CENTRAL ACCT-OFFENDER TRUST	STORE PURCHASE	VALDOSTA STATE PRISON	STORE PURCHASE	\$2.71	BOA ACH-2010000132
02/17/2020		CENTRAL ACCT-OFFENDER TRUST	STORE PURCHASE	VALDOSTA STATE PRISON	STORE PURCHASE	\$3.32	BOA ACH-2010000132
02/17/2020		CENTRAL ACCT-OFFENDER TRUST	STORE PURCHASE	VALDOSTA STATE PRISON	STORE PURCHASE	\$2.90	BOA ACH-2010000132
02/17/2020		CENTRAL ACCT-OFFENDER TRUST	STORE PURCHASE	VALDOSTA STATE PRISON	STORE PURCHASE	\$47.13	BOA ACH-2010000132
02/17/2020		CENTRAL ACCT-OFFENDER TRUST	WITHDRAWAL FOR JPAY KIOSK	JPAY CORPORATION	KIOSK PURCHASE @ VALDOSTA STATE PRISON - JPAY JPAY DOLLAR PURCHASE	\$5.00	185108

60 Day Account Statement

WADE, TERRY

Printed By:

MONROE, ROXIE

GDC ID: 1248360

Date	Request Date	Location Paid	Withdrawal Type	Payable To	Detail	Amount	Check No
02/14/2020		CENTRAL ACCT-OFFENDER TRUST	WITHDRAWAL FOR JPAY KIOSK	JPAY CORPORATION	KIOSK PURCHASE @ VALDOSTA STATE PRISON - JPAY JPAY DOLLAR PURCHASE	\$2.00	185073
02/10/2020		CENTRAL ACCT-OFFENDER TRUST	STORE PURCHASE	VALDOSTA STATE PRISON	STORE PURCHASE	\$2.93	BOA ACH-2010000132
02/10/2020		CENTRAL ACCT-OFFENDER TRUST	STORE PURCHASE	VALDOSTA STATE PRISON	STORE PURCHASE	\$41.20	BOA ACH-2010000132
02/09/2020		CENTRAL ACCT-OFFENDER TRUST	WITHDRAWAL FOR JPAY KIOSK	JPAY CORPORATION	KIOSK PURCHASE @ VALDOSTA STATE PRISON - JPAY JPAY DOLLAR PURCHASE	\$4.99	184941
02/06/2020		CENTRAL ACCT-OFFENDER TRUST	WITHDRAWAL FOR JPAY KIOSK	JPAY CORPORATION	KIOSK PURCHASE @ VALDOSTA STATE PRISON - JPAY JPAY DOLLAR PURCHASE	\$7.00	184869
02/04/2020		CENTRAL ACCT-OFFENDER TRUST	STORE PURCHASE	VALDOSTA STATE PRISON	STORE PURCHASE	\$3.70	BOA ACH-2010000132
02/03/2020		CENTRAL ACCT-OFFENDER TRUST	STORE PURCHASE	VALDOSTA STATE PRISON	STORE PURCHASE	\$39.21	BOA ACH-2010000132
02/01/2020		CENTRAL ACCT-OFFENDER TRUST	WITHDRAWAL FOR OBLIGATION	GEORGIA DEPARTMENT OF CORRECTIONS	Monthly Processing Fee 02/2020	\$1.00	185404

OBLIGATIONS

Paid Status: P = Partially paid; Y = Paid in full; R = Reversed; W = Written off

Date	Location Incurred	Obligation Type	Payable To	Obligation Detail	Amount	Paid
04/01/2020	CENTRAL ACCT-OFFENDER TRUST	MONTHLY PROCESSING FEE	GEORGIA DEPARTMENT OF CORRECTIONS	Monthly Processing Fee for 04/2020	\$1.00	Y
03/16/2020	CENTRAL ACCT-OFFENDER TRUST	RX-COPAY	GEORGIA DEPARTMENT OF CORRECTIONS	3/6/20	\$5.00	Y
03/10/2020	CENTRAL ACCT-OFFENDER TRUST	MEDICAL CO-PAY	GEORGIA DEPARTMENT OF CORRECTIONS	RECORD ID = 28287972. MEDICAL 3/6/2020	\$1.00	Y
03/01/2020	CENTRAL ACCT-OFFENDER TRUST	MONTHLY PROCESSING FEE	GEORGIA DEPARTMENT OF CORRECTIONS	Monthly Processing Fee for 03/2020	\$1.00	Y
02/01/2020	CENTRAL ACCT-OFFENDER TRUST	MONTHLY PROCESSING FEE	GEORGIA DEPARTMENT OF CORRECTIONS	Monthly Processing Fee for 02/2020	\$1.00	Y

COURT CHARGES

No court charges for this offender in the past 60 days.

COURT CHARGE MODIFICATIONS

No court charges modifications for this offender in the past 60 days.

3 Total Pages